Dr. Toby Watkinson, M.D.

Genome research money with an ASD hat on its head? The experts say genetics can only explain 5-10 percent of the ASD we are seeing today but they continue to pour money into genetics in place of looking at the real potential causes and cures. It seems the push to complete the Genome is a bigger priority than actually figuring out the process and causes of chronic illness which are overtakeing us. As for genetic modifications, we are only now beginning to see the results of Monsanto's work in this area and it is frightening. Modifying human genes will obviously be the next big step in the Genome paradise and no, we are not at the brink of all looking like we belong in the cock- tail lounge in the original Star Wars movie.

A More Practical Application of Technology

Let's imagine another picture for a moment. Think of a much more advanced yet inexpensive method to look at patients. No sitting in disease- filled waiting rooms, no repeating your symptoms over and over and not having anyone get the picture. Think of an exam experience like the computer system used on the newer motor vehicles. The technician plugs the car's computer into the screen is a picture of everything that is out of the normal range for your vehicle. Imagine this for the human body. Image how such a machine could integrate the input from your body into an informational health matrix and it could all be done from your living room if need be.

The Chinese government has been working to establish a more westernized health care delivery system in recent years. The rural areas of China have been served for hundreds of years by a system of barefoot doctors who went from village to village administering herbs and doing acupuncture as they cared for the Chinese people. With the westernization of health care in the last few years of this old system has broken down as young people want the modern technologies. Many of the older rural populations have been left without the only system they had come to depend upon. For this reason, the government is looking at technologies to better serve their people who may not be close to the cities where the modern medical facilities are located.

Recently a researcher from Stanford and his team, along with the Chinese government, undertook a study to compare 200 patients receiving an extensive 48 hour traditional physical exam at the leading medical hospital in China to a 5 minute virtual exam performed on the patient from a remote location. The virtual...
Maria: A Case in Point

Maria lives in Dallas, Texas and is a petite, 49 year old lady who appears younger than her age. During one of her frequent visits to our practice, she related a story about her daughter, who had been diagnosed with Lyme disease. Maria had been experiencing recurrent right-sided facial weakness for over two years. Maria had been told that she had a brain tumor and was referred to a neurologist. Maria was convinced that she had a brain tumor and was referred to a neurologist. Maria was convinced that she had a brain tumor and was referred to a neurologist. However, her neurologist was unconvinced and referred her to another neurologist. Maria was diagnosed with a brain tumor and underwent surgery. Maria had a large tumor removed, but the symptoms persisted. Maria was referred to a radiologist, who performed an MRI scan of her brain. The MRI scan revealed a large tumor, which was removed during a second surgery. However, the symptoms persisted, and Maria was eventually diagnosed with a brain tumor.

Maria’s symptoms included headaches, dizziness, memory loss, and fatigue. She was prescribed a variety of medications, but none of them seemed to help. Maria was referred to a pathologist, who performed a biopsy of the tumor. The biopsy revealed that the tumor was a benign meningioma, but that it was growing rapidly. Maria was referred to a radiation oncologist, who performed a course of radiation therapy. However, the tumor continued to grow, and Maria was eventually referred to a surgeon, who performed a second surgery to remove the tumor.

After the surgery, Maria’s symptoms improved, but she continued to experience residual effects. She was referred to a physical therapist, who helped her to regain strength and mobility. Maria was referred to a psychologist, who helped her to cope with the stress of her illness.

In conclusion, Maria’s case highlights the importance of early diagnosis and treatment of brain tumors. Early diagnosis and treatment can improve outcomes and quality of life for patients with brain tumors. Maria’s story is a testament to the importance of early diagnosis and treatment of brain tumors.

By Ginger Savel, DNP

How many of you have struggled with a diagnosis to fit the symptoms that you or one of your loved ones was experiencing? As a nurse practitioner I often see patients who, when dissatisfied with a diagnosis (or lack of diagnosis) given to them by a health care provider, look to the Internet to discover what is really wrong with them.

Many of my colleagues scoff at this behavior, saying that the Internet is the worst thing that has ever happened to health care. They are dispelled when patients come in with a probable diagnosis already in mind and present a list of facts they are convinced are needed in order to prove or disprove their conclusion. The concern of many health care providers is that the information on the Internet is unreliable and that it encourages patients to obsess over symptoms and even to imagine new symptoms in order to fit the criteria necessary for a certain diagnosis. “A little bit of knowledge is a dangerous thing,” they often say.

Most of the patients I see have been through the mill when it comes to doctors and testing and have lost their faith in the health care system that has failed them. So, it comes as no surprise to me that these patients have learned to take their health care into their own hands and to look to the point of being able to speak “medicalese” like a pro. Time and time again I have observed that this tendency on the part of patients to become medically educated has been to their advantage, and many a life has been saved or bettered through the process. In my opinion, this proactive behavior on the part of patients should be encouraged.

...
The Marshall Protocol is the only known therapy which addresses this aspect of the bacterial survival process. If you want to try the Marshall Protocol out of the Lyme Disease treatment toolbox, there is no comparable tool to replace it.

The Marshall Protocol is a complicated therapy and one that continually evolves as a result of new research and information. Naturally, books are static and do not change. Therefore, in order to obtain the most recent information about this treatment, visit the official information about the Marshall Protocol out of the Lyme Disease treatment toolbox, there is no comparable tool to replace it.

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The Lyme Life Merry-Go-Round by Jennifer Allton

Take this moment to ride with me on a Merry-Go-Round. I was at a conference recently where I heard a story.

FAITH FACTOR

Invisible Illness and Mixed Emotions: 5 Ways to Cope

by Joan Vinter

Usually when we hear the word motivational we m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m"m m"m"m"m"m...
The summer of 2009 revealed two inconvenient truths about vaccination: first, the Gardasil vaccine is not as safe for girls as the government, medical organizations and Merck have said it is; and second, the H1N1 influenza pandemic is not as serious as health officials are telling us it is. Which means that fast-tracked swine flu vaccines children will get in schools this fall may end up being more risky than getting the flu.

Doctors Question Benefits & Risks of Gardasil

In the early 1980’s, parents were well served by health officials whenever they sought advice on whether to have their children vaccinated. In those days, there was no HMO, no government health officials running around telling us to vaccinate our children. We were told to get our children’s vaccines from a pediatrician, and we knew that the health professionals working for a private practice were going to be safe and effective. The National Childhood Vaccine Injury Act of 1986 has also codified into every state vaccination laws that the experimental swine flu vaccine manufacturers shielded from liability in that law. Why are we letting employees working for government agencies and pharmaceutical companies steam up vaccines that may not be necessary or safe and effective and – certainly – are not properly monitored for safety after they are given to tens of millions of children and adults? It is time to demand that government officials and drug companies stop conducting vaccination studies and release the data to the American people. The Fourth International Public Health Alert was held on October 2-4, 2009 in Washington, D.C. For more information, go to http://www.nvic.org/. www.publichealthalert.org Page 5

**Feature**

**Gardasil & Swine Flu Vaccines: Inconvenient Truths**

The summer of 2009 revealed two inconvenient truths about vaccination: first, the Gardasil vaccine is not as safe for girls as the government, medical organizations and Merck have said it is; and second, the H1N1 influenza pandemic is not as serious as health officials are telling us it is. Which means that fast-tracked swine flu vaccines children will get in schools this fall may end up being more risky than getting the flu.

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exam, called a biosurvey, was focused on autonomic respons- ens to computer signal or signature for the biomarkers such as teeth, vertebrae and the Traditional Chinese Medicine meridian system. The medical exam did labs, x-rays, physical exams and even CAT scans and MRI. Once all the data were collected and analyzed there was an 87% correlation between the body systems found to be compromised in each method of exam. For the last 30 some years I have been looking at all the tools and techniques to help sick people. Before that, I spent years in school and working in nursing in the experimental psycho- psychology, learning behavior, acupuncture, chiropractic, lasers, bone beds, clinical nutrition and several years in research on contract to the Aerospace Medical Research Laboratory. In any dreams I had I always hoped to find a technol- ogy which could look beyond the diagnostic processes and see and bridge the gap between man and technology to test and measure the unmeasurable respon- sencies in the human design. I can’t believe myself but this technology is already at work figuring out my patients and helping me make important clinical decisions. Let me tell you how it works and how it has great benefit in looking at chronic illness when all else has been chasing the wrong cause or, for that matter, the wrong diagnosis. The Technology at Work Through the years I have been asked by the family of hospice cases to see their passing family member. I have also been asked to consult with parents when they were told their child was of grave prognosis and their child was not showing signs of life. I have visited the bedsides and have seen the pain free face. I have seen the child unable to walk, not be able to speak, help him in speech. The child, fingers because the clawing went on and on and, although his feet were not only did he see an eagle, he drew a picture of the one he saw and gave it to me as a gift. From this experience, I never turn away terminal cases. I never turn down the opportu- nity to learn or to beat the odds. Case Studies With this as my pledge to my patients, I recently received two referrals that were told they had grave and termin- al disease. One case had already been referred to Hospice. The one was a four-year-old boy with a terminal form of Tay-Sachs disease. For those of you who are not familiar with the condition, it is a genetic occurrence. It is called when a harmful amount of gan- giocid accumulate in the brain and the nervous system. It has an increased prevalence in Ashkenazi Jews, French Canadians and occasionally in Louisiana Cajuns. Once the young patient was diagnosed with the genetic marker, sing it to me was as a gift to “go home and prepare”. That was all the many-care-managed hos- pital would tell them and not on the attempt’s part to discuss other factors was enter- tained. There were two factors that made specific surveys. One was that the boy and his family had an Asian-Pacific heritage. Another genetic factor was the work up which showed it was an “unusual genetic variant” of Tay-Sachs. But no matter what the parents said, they denied further consultation or diagnostics to look for other children. When the child was seen the child, he was unable to walk, to speak, help him in speech. He was fighting a very fast war with a lymphoma. Not being smart enough to agree with the diagnosis, I began to comb the literature. I developed a complete array of biomarkers, the parents were told that the prognosis and symptomatology. I performed multiple biosurveys, looking for clues that would point me to possible causes for these symptoms. I finally ran a Lyme array and sure enough, there it was: a Borrelia Lysate IgM. I then scanned the parents and, sure enough, it showed on both of them as well. As you review the biosur-veys’ results below, you will see there are markers, for the Tay-Sachs which do show significant responses to chromo- some abnormalities and the GM2 markers but there are other markers that are non- responsive and considered incon- range. When you review the results of the biosurvey below, you can see that indeed he has a more significant response to the Lyme marker than he does a Tay-Sachs marker. The biosur- vey is not a diagnosis; it’s more like a bio health history filled by the body. Its value is to guide the practitioners in mak- ing better decisions and using the computerized arrays to look at large libraries of data. Once I saw these results, I ordered the Lyme Panel, which came back positive. My subse- quent diagnosis was genetic Lyme disease and, yes, there were Tay-Sachs findings, but there are many carriers of Tay- Sachs who do not die. Once treatment was begun, the child returned in two weeks and was able to grip my fingers because the clawing hands and fingers had normal- ized, although his feet were not normal yet. My next such case was a middle-aged golf instructor who had been given a tentative diagnosis of Shy-Drager Syndrome, a degenerative neu- rological condition also referred to as Multiple System Atrophy (MSA). I immediately began to look for the chemicals a golf instructor could be exposed to every day. Next, I looked at the neuro-degenerative evidence. These were both dead ends. I then turned to him and asked, “Have you ever been bitten by a tick?” He said, “Why yes, I had been and all the tests for Lyme were negative”. I did a Lyme biosurvey anyway and he was correct that there were no Lyme responses of significance. (See scan below). Earlier this year, I had 4 cases of African tick fever (Rickettsia) which were baf- fling a Florida ER until I scanned the patients and con- sulted with an expert in South Africa where the patients had visited. With this experience, I felt there are so many other...
then. My mom did research, but there was very little on these conditions. So, how do you make this rare disease that airstrikes 1 in 100,000? Some patients recover to a degree and some don't. For me, it just took time.

At the time, for treatment options I had to weigh one side and I think blood donations with dialysis. I opted not to do dialysis. There was no screening for HIV. I figured time would take care of it. I'm not sure if it was a day-by-day recovery. The mental atrocity was the hardest, but I was alive as a gnat. Little by little, I was able to swallow and form words. The neurologist from telling me to eat rice and so forth. My body needed time to heal, and I was still full function.

I also had intense head pain because of the aftereffects for severe arthritis. I didn't like the medication, because it altered my thinking. I realized I didn't want to be on mood-altering drugs. After one month, my doctor told me I wouldn't be able to have children. But two years later, I met my husband, Mark, we married, and even though I was high risk, I gave birth to my son, Cody. During my pregnancies, I experienced Guillain-Barre Syndrome again, and the same thing happened when I gave birth to my child, Christie. After my daughter was born, my neurologist and the obstetrician said it wasn't a good idea to have any more babies.

In 1999, I had severe sciatica again. They were just like the headaches I had. I was pretty sure I would never forget when I went to Mayo Clinic and the doctors said they would never see anything like it. I was in fetal position from the severe pain, a pain that made me black out. I'd be standing up one moment and then I would be on the floor. My little five-year-old girl, rubbing my head would say, "It's gonna be alright, Mama." And my son who was ten asked, "Do I need to call 911?" This happened for about a week, and after the doctors didn't know what was going on. Thankfully, they found some medication that helped.

Then, to top it off, at age 26, I was diagnosed with end-stage colon cancer. I was getting treated through the hospice program. I had emergency surgery to remove a tumor the size of my fist that was dou- lous, and then I was readmitted to forty-eight hours. I also went for a second opinion at Stanford Medical City, and they gave me a twenty- percent chance of survival, due to the aggressiveness of my cancer.

The cancer had spread quickly. I was fitted for my surgery, I was stage three and four days later I was stage four. It had already metastasi- zed and was going toward the major organs. So, it wasn't a good sign. I didn't have the emergency surgery was performed on the morning of September 11, 2001. In fact, all surgeries in that hospital were stopped that day, due to the events of 9/11, all surgeries except for mine. After that, my husband went into research mode and found that the traditional chemo was not really any more treatment options that were available. You see, after all the dollars that have been raised for cancer research, cancer cure and racing for the cure that has been going on for the last forty years, they still only have two major chemotherapies and radiation.

But after that, my husband went into research mode and found that the traditional chemo was not really any more treatment options that were available. You see, after all the dollars that have been raised for cancer research, cancer cure and racing for the cure that has been going on for the last forty years, they still only have two major chemotherapies and radiation. The day I was discharged from the hospital after the surgery, Mark had been on the computer researching and thinking about how to get this a bit more for me. I had heard of something that he couldn't help me, but out of pocket. This made the decision that much harder. At the time, even though my sur- gery and the six-month, follow-up chemother- apy treatment were covered at eighty percent, I was still a whopping $232,000. So, even though we had money at the time, it was a financial dilemma because it was just so high.

I decided to try the new cancer center and the new research that was done with Vitamin C and ozone ther- apy, and really focused on the nutrition aspect, which is the key. But then there's also the attitude. And I really think it's all attitude first to get rid of the cancer and then whatever other treatments you have to be a part of that are necessary in fighting off disease.

I'm forty-five years old when I was diagnosed, but the difference was that I was thirty-nine. Since the Guillain-Barre Syndrome, my body really had to fight back in the disease battle.

It was a hard decision, but I was able to make it. The nutrition and stress. Those are the big fac- tors of disease. I was off bal- ance. I was running a business and raising two kids. It was just that question of time and nutrition and stress.

I never made myself a priority, because I'm a giver. Everybody seemed to come first and then I took the leftovers. I had a ten-year-old and a two-year-old. So, for longevity. You've really got to find that balance.

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Dear Friends,

Dr. Jemsek of Jemsek Specialty Clinic in South Carolina has helped thousands of HIV/AIDS and Lyme patients all over the world for decades, and now his family needs our help.

1.) Purchase a special children’s coloring book available after 10/15/09 that has been custom-made for Jordan and all children dealing with serious illness. The book is titled “Jordan and the Naughty Camel.” This original book was written and illustrated by, and will be available through author and Lyme patient PJ Langhoff. Funds from book sales will be donated directly to the family. Please visit the web site for more info at: www.allegorypress.com for details on how to purchase this adorable coloring book for kids of all ages. The immediate family does not know about the book yet, so please keep this fact secret until the book is available.

2.) Monetary donations are being accepted. Please make check out to “Dr. Joseph Jemsek.” Checks may be mailed to: Allegory Press LLC PO Box 444 Stamford, WI 53034.

3.) Jordan’s cousin Elizabeth has established a web site for people to visit to send words of encouragement and to read Jordan’s progress and see photographs of the family. The CaringBridge website may be visited here: www.caringbridge.org Visit jordjemsek or go to www.caringbridge.org and enter the website name “jordjemsek.” When you visit you’ll be asked to log in, because the site is private. Feel free to leave a note in the guestbook or sign up for e-mail notifications and progress reports. There is an opportunity also to donate to the hospital, which will benefit all patients there.

Thank you so much for your encouragement and support!

P.J. Langhoff
pj@allegorypress.com

To order the Fund-Raising Coloring Book go to www.allegorypress.com

Monetary Donations: Make checks payable to Dr. Joseph Jemsek and mail to Allegory Press LLC PO Box 444 Hustisford, WI 53034.

Visit Jordan’s Caring Bridge Site for Updates www.caringbridge.org

Enter the website name as “jordjemsek” (no spaces)

Sweet Fire
A DVD Presentation by Mary Toscano, CNE

She felt she was too young to feel so old. Mary became a certified nutrition educator and now shares her experiences and knowledge with others.

Toscano’s DVD thoroughly discusses the different forms of sugar, the numerous foods it is found in and how much sugar is in each food. Mary goes over the typical foods that people consume in a day and physically shows us how they are not as healthy as we may have thought. She does this by adding up the sugar amounts on the labels of these foods and pouring this actual amount of sugar into clear containers so we can get a visual impression of the stress we are placing on our bodies. Toscano makes the point that sugar, not healthy fats, is the main culprit concerning heart disease and backs up what she says with scientific facts.

Using entertaining props, Mary painlessly discusses the chemistry of sugar and the way it reacts in our bodies. She explains the crucial differences between healthy complex carbohydrates and their unhealthy refined form. Mary gives the following example: “The granite you get from broccoli is the same glucose that you get from candy.

However, broccoli is a whole food with fiber and enzymes, which help to digest it. When you eat candy, it comes with nothing. When eating candy, you actually deplete your vita-min stores while the body works harder to digest this unnatural food. Vitamins and minerals are drawn from the body to aide in digestion and assimilation and leaves you with a negative balance in your body's bank account. Instead of saying that a junk food has ‘empty calories,’ Toscano goes further and calls them ‘take away calories.’

Through audience participation, Toscano helps listeners understand the importance of the rate at which sugar is absorbed into the bloodstream. The measure of this rate of absorption is called the glycemic index. Mary explains why it is so important that we eat foods which are on the lower end of the glycemic index. The foods on the lower end of this index are absorbed into the body more slowly and evenly, producing much less strain on the body than foods which are on the higher end of the glycemic index. The latter foods are absorbed into the bloodstream too quickly, causing repeated shock to our digestive organs and eventually wearing them out. It’s simple…when you get tired, we get tired. This can negatively affect our energy levels, our mental state and many other physiological processes of the body.

Some of the end results of this process are diabetes and hypertension. These subjects are also covered in the video.

Toscano realizes that it is very difficult, if not impossible, to totally change your diet overnight. Her motto is:...the more good foods you keep adding to your diet, the more the bad foods will fall away. Returning to a more healthy and natural way of eating does not have to be a struggle. I am currently going through this process and am finding that it can be a very exciting time of experimentation and discovery.
Since 2007, Nutramedix has been supplying practitioners with a free 6-month Cowden Support Program for one of their patients that cannot afford treatment. We are now extending the free offer to include one patient from each support group.

Practitioners and Support Group Leaders contact us for additional information.
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This job will allow you to work from home! We are in need of people who have good telephone skills as well as good email communication etiquette.

Our advertising sales people will need to be able to generate ad sales by contacting people, businesses and companies whose products or services would benefit the PHA readers.

This job is a commission-based position with earnings based on a percentage of the ads sold. It won’t pay your mortgage, but you will likely get gas or grocery money if you work hard to get new clients.

We are looking for someone with experience in ad sales or someone who is self-motivated and passionate about the cause of Lyme disease awareness.

It will be important that the ad sales person have some internet research ability to generate leads for prospective advertisers. We will provide you with an electronic press kit and training by phone and email.

Send resume or letter of interest to: editor@publichealthalert.org

Dallas - Fort Worth Lyme Support Group

Monthly Meetings:
2nd Saturday each month 2-4 p.m.

Harris Methodist Hospital- HEB
1600 Hospital Parkway
Bedford, TX 76022-6913

We meet in the left wing when facing the front of the building.

Contact our group leaders for more information:
Rick Houle, email: Pedler3710@aol.com
Home: 972.263.6158 or Cell: 214.957.7107

John Quinn
jquinn@dart.org

Southern California Lyme Support
Serving Los Angeles & Orange Country areas

Contact: Earis Corman
13904 F Rio Hondo Circle
La Mirinda, CA 90638-3224

562. 947. 6123
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Six Medical Myths Busted!

by Dr. Jacob Teitelbaum, MD

The truth? Do the things that feel good, and you may live longer.

When making the choices needed to optimize health, it is critical to have accurate information. Otherwise, our diet and lifestyle sacrifices, for which we sometimes give up things we enjoy, may kill us instead of helping.

Because of this, I would like to look at common, and simply wrong, medical myths about things we avoid for our health, and then let’s look at what the science really shows. Along the way, you may find you get to enjoy your pleasures again — guilt free!

Let’s examine 6 medical myths, along with my “but” for each of them!

Medical Myth 1: Skinny People Live Longer

Being overweight won’t kill you — it may even help you live longer. That’s the latest from a study that analyzed data on 11,326 Canadian adults ages 25 and older who were followed over a 12-year period. The report, published online last week in the journal Obesity, found that, overall, people who were overweight but not obese were actually less likely to die than people of normal weight.

The risk of dying was 73% higher than that of normal weight people, while the risk of dying for those who were overweight was 17% lower than for people of normal weight. The finding adds to a simmering scientific controversy over the optimal weight for men.

Medical Myth 2: Salt is Bad for You

That myth has been well busted. Repeated studies show that people with higher salt intakes live longer.

Medical Myth 3: Oily Food is Bad for You

This depends on the kind of fat. Trans fats (added to many processed foods — especially margarine, which was touted as “heart healthy” but the usual trans fat intake can also cause heart disease) are a major killer. Butter is much healthier.

Fish is healthy and usually healthy. Fish oil deficiency is the 6th leading cause of death in the U.S. Omega-3 deficiency is the sixth biggest killer of Americans and more deadly than excess trans fat intake, according to a new study. The Harvard University researchers who looked at 12 dietary, lifestyle and metabolic risk factors such as tobacco smoking and high blood pressure and used a mathematical model to determine how many fatalities could have been prevented if better practices had been observed. The study, jointly funded by the Centers for Disease Control and Prevention (CDC) through the Association of Schools of Public Health, drew on 2005 data from the U.S. National Health and Nutrition Examination Survey. They determined that there were 72,000-96,000 preventable deaths each year due to omega-3 deficiency, compared to 63,000-97,000 for high trans fat intake.

Medical Myth 4: Eggs Raise Cholesterol and are Bad for You

Over 6 studies (at my last count) showed that eating 6 eggs a day for 6 weeks had no significant effect on cholesterol levels. Meanwhile, eggs are the best (most complete) protein source available — short of being a cannibal and eating other people!

Medical Myth 5: Chocolate is Bad

Dark chocolate has been shown to be high in antioxidants and offers numerous health benefits. Simply enjoy it in moderation.

Medical Myth 6 (the Most Deadly Myth): Avoid Sunshine

This especially dangerous piece of medical mal-advice is causing an epidemic of vitamin D deficiency, and is estimated to be causing 55,000 excess cancer deaths a year in the U.S. Vitamin D deficiency also contributes to obesity, and numerous other medical problems. Proper advice? Don’t sunburn, but sunshine!

The Overriding Fallacy?

The great fallacy is that things that make you feel good are bad for you. I suspect it is quite the opposite, and that these are the things that are GOOD for you! Listen to your body, and see how you feel overall with different pleasures. If they leave you feeling better overall long term, I suspect that odds are they are beneficial. I trust what our body and feelings tell us much more than the busted myths put out by our usually well meaning, but our often wrong, medical system.

All-Overish-Ness

by Dr. Virginia Sherr, MD

Dad lay in bed or was propped up in a chair. He walked in great pain, feebly, and only with assistance. Everyone said that’s what happened when you get to be 99 years old. But I could not understand it. For 90 of those years, he was big, vigorous, a determined biologist and active gardener. I thought that surely something specific must account for his symptoms and his suddenly appearing to have given up.

Not depressed a day of his very zestful life, the change seemed more than likely the syndrome that later developed. The Overriding Fallacy? The Overriding Fallacy?

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improvement in areas where rife machine therapy lagged.  Here's where the kicker was that I couldn't stand.  We knew that kids respond so well to integrative medicine and the use of high-dose vitamin C, ozone therapy and the right nutrition, you stack the odds in your favor.  This family was so excited, because at first, their son's doctors gave them a good prognosis.  What they were told was that, because their son was under eighteen had been diagnosed with this type of cancer, he could not be treated with chemotherapy, which was the standard protocol.  He was not allowed to be treated with Envita. He had to do the six months of chemo.  We talked about the six months of chemotherapy crushed him. He hated it, he didn't want it and it wasn't helping him.  After he got well he was on spring or summer break, when his parents were scraping together money, he would come to Envita for treatments.  The grandparent, his grandfather and his sisters also came out and stayed to help him. Mark and I also gave him a place to stay at our house, so I could take care of him.  He could not come back to Envita until he turned eighteen.

We did whatever we could to get him treatments.  We knew that in a manner, because it was working.  That six months of chemo was the only problem for him.  We see, what most people don't know, is that the chemotherapy picks on the kids who take type of chemo for childhood cancers because they return a form of cancer.

He made it until he was nineteen and a half years old.  He passed away in September of 2008 from lung cancer.  His bone cancer never returned.  It was the side effects of taking the six months of chemotherapy that caused the lung cancer.  We believe Envita Medical Center would have given him his years, and he was getting right up two months before he passed. He was on the football. He was an inspiration and never wavered in his faith or hope.

So, in 2005, we started the Fullness of Life Foundation. Don't Work No More. Patients are told that there are no successful remedies for their disease. We have enough weapons in our arsenal to help stack the odds in their favor. We believe that the more survivors we have, the stronger our voices become, because this is the medicine of the future. This should be heard. It should be.  It's not just one kind of treatment, we treat with everyone.  It's not just one kind of mind, because the pharmaceutical companies have a monopoly on treatments.  It shouldn't be about that.  Why do we have so much cancer today? It's about our nutrition and diet.  Look how North Americans live today.  We have a completely different diet than any other continent. The reason disease rate has tripled in the last ten years, is because of diet. It starts with that.  Our attitude toward health plays a big part, too.  In this society, we think we can take a pill and the pill is going to fix everything.  People want a one-pill-fix, but our bodies are not machines.  You can’t put a machine in your body and cause a reaction, a chemical reaction you can’t put them in any other machine, because every machine has its own function as it should, by giving it the right nutrition, by giving it the right supplements and by giving it the right enzymes and nutrients.  In this way, it can drive and survive and run at its peak capacity throughout your life.

So, that's why we started the Foundation, and already we have had several children and adults the past few years.  We had a girl who came to us at age thirteen, she recovered from hospice care, and before Christmas, was given only a few months to live, again it was Envita.  She had lung cancer.  We treated and we could supplement her with Envita. She is completely cancer-free, and she's a part of the Fullness Family. When you remove the muscle tissue where the cancer was, so she didn't lose her leg after all. It just looked like he had cancer.

Many interesting side notes:  many diseases are caused by cell-wall-deficient bacteria.  We have seen patients from all over the country, from all over the world, who have integrative medicine works.  They just don't realize that integrative medicine is quackery; they just don't realize that integrative medicine is quackery; they just don't realize that integrative medicine is quackery.

Part 2 of this article will be in the next issue of the PHA!
My experiences earlier with African tick fever (Rickettsia) prompted me to scan the biosurvey below and see enough I found a significant marker warranting the running of the Rickettsial IGeneX test which confirmed my suspicion. I had hit pay dirt!!!

The scan for the golf instructor clearly showed a Rickettsial disease which was confirmed with further testing at the IGeneX.

Conclusion and Comments

Today’s doctors are over loaded with complex and chronic diseases to consider in their workup of a sick patient. Most physicians are very familiar with the patient who presents with one symptom or two, but today’s complex cases may present with dozens of symptoms. Diagnosis of chronic disease is an incredible burden financially, physically and emotionally. Imagine the potential diagnostic and exacting in my selection of tests and tools to unwind the complexity of the case. This in turn leads to a confirmed objective diagnosis and a successful treatment plan.

These specialized devices are not to be used for diagnosis or even disease naming, yet with the more advanced arrays can be used to guide decision making by those physicians interested in getting to the bottom of the causal chains of illness.

At present, I see patients both in my San Diego Office and my Orange County office and remotely when necessary. I also consult throughout the world with doctors, often scanning their difficult cases looking for potential pathways to follow to resolve illness.

Interested parties can contact Dr. Watkinson at his Scripps Medical Offices in San Diego, California at 1-858-793-0211.

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About the Author:

Dr. Tobin Watkinson has achieved degrees and certifications in Acupuncture, Chinese Nutrition, Thermography, Chiropractic and Experimental Psychology. Prior to his thirty-three years in practice he worked in research on contract for the Aerospace Medicine Research Lab, as well as, the Life Sciences Directorate of the Aeronautics and Astronautics Division of McDonnell Douglas Corporation.

Dr. Watkinson has appeared on some 60 radio shows throughout the United States and New Zealand and has appeared on ABC and NBC television, as well as, several cable network shows. He has over 70 titles of CDs and DVDs. He has authored over 20 articles, books and professional papers and has lectured at nearly 40 scientific conferences, seminars and meetings.

He is the Past President and President of the International and National Association of Clinical Nutritionists, past Vice President of the California Thermographic Society, past Program Chairman of the Human Factors Society and sits on the Medical Advisory Board of at least four Foundations. Dr. Watkinson holds patents in several areas of allergy and immunity and sits on the board of directors of two corporations and one Charitable Foundation.

Dr. Watkinson has practiced for the past 33 years of which 16 years has been at the Scripps Medical Offices in San Diego, California. Other offices have been in Santa Monica California, Orange County, California, St. Louis Mo. and Escondido California.

Diseases carried by ticks that I decided to run an insect and tick disease array. I bit pay dirt!!!

The biosurvey for the golf instructor showed a significant response to the bio signal

Nothing on the Lyme biosurvey above was significant although retesting was still a consideration if a more exacting test which confirmed my suspicion. I had hit pay dirt!!!

The biosurvey for the golf instructor clearly showed a Rickettsial disease which was confirmed with further testing at the IGeneX.
PUBLIC HEALTH ALERT

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