ACS 200® Proven to Kill Borrelia Burgdorferi in only 8 minutes

by Lyn Hanshew, MD

Some of the most ill people I have tried to help have been diagnosed with Lyme disease. Conventionally, the diagnosis and treatment options are not good. Serological testing has been disappointing and confusing. The use of short-term and long-term antibiotics is problematic. The alternative approach of the paternal use of parental hydrocarbon peroxide and Vitamin C has provided improvement, but those agents are very harsh on the veins and potent tolerated long-term. The history of Lyme disease begins in 1949; Dr. Sven Hedin from the Dermatology Clinic of Karolinska institute in Stockholm, Sweden presented the paper “Erythema chronicum migrans” at the 43rd Annual Meeting of the Southern Medical Association in Cincinnati, Ohio. He presented convincing evidence that both the erythema and subsequent meningio-neuro-trophic symptoms may develop following a tick bite. He also reported on the successful treatment of his patient with penicillin, a drug shown previously by his colleague Dr. Robert Reffert to be effective in the treatment of Ehrlichia chronicum migrans (ECM). In the United States, ECM was first reported in 1990, a physician bitten by a tick in northeastern Wisconsin. The attending physician, Dr. Ralph G. Senteria, recognized the similarity of the patient’s skin reaction to the lesions of European ECM and successfully treated the patient with penicillin. The treatment of three additional patients with penicillin and one with erythromycin resulted in complete resolution of symptoms within 48 to 72 hours. Since 1972, residents in the eastern Connecticut towns of Lyme, Old Lyme, and East Haddam had been suffering from an illness characterized by recurrent attacks of asymmetric swelling and pain in large joints, especially the knee. Since such arthritic conditions were not known to be associated with ECM in Europe, the illness was thought to be a local clinical entity and was named Lyme arthritis, later changed to Lyme disease when it was determined that arthritis was only one of several mani-festations of this disease. The diagnosis of Lyme disease is a clinical one and is based on the development and recognition of the skin lesion a few days, weeks, or even months after the bite of an infected tick. Unfortunately in up to 40% of the patients, the skin lesion does not develop or is not recognized. Without treatment, the organism spreads throughout the body and may affect the muscular, skeletal, cardiac and nervous systems. Because of the difficulty in culturing Borrelia bacteria in the laboratory, diagnosis of Lyme disease is typically based on the clinical exam findings and a history of exposure to endemic Lyme areas. The ECM rash, which does not occur in all cases, is considered sufficient to establish a diagnosis of Lyme disease even when serologic blood tests are negative. Serological testing can be used to support a clinically sus-pected case but is not diagnos-tic by itself. Many researchers have found no correlation between levels of specific B. burgdorferi antibodies detected with a recombinant antigen ELISA and the number of protein fractions developed with these antibodies by immunoblot. Moreover, Lyme patients who have live spiro-chetes in body fluids may have low or negative levels of Borrelia antibodies in their sera.

Diagnosis of late-stage Lyme disease is often difficult because of the many symptoms that can mimic other diseases. Lyme disease may be misdiag-nosed as multiple sclerosis, rheumatoid arthritis, fibromyalgia, chronic fatigue syndrome, lupus, or other autoimmune and neurodegenerative diseases.

The search for effective antibiotics in the treatment of Lyme disease began in 1982 with Dr. William Burgdorfer's discovery of the spirochete now known as Borrelia burgdorferi as the causative agent of Lyme disease, ECM and related disorders (acroder-matitis chronica atrophicans, lymphadenosis benigna cutis) in Europe. The antibiotics initially found to be effective include tetracyclines (doxycy-cline, minocycline), penicillins (penicillin G, amoxicillin), cephalosporins (cefotaxime, ceftriaxone), and erythromycin. Use of these drugs depends on the timeframe of diagnosis. Early Lyme disease is conventionally treated orally, whereas late Lyme disease uses parenteral or a combination of parenteral and oral applica-tions. Treatment failures have been reported for each of these drugs particularly for the tetta-cyclines that are only tem-porarily effective unless they are applied over long periods of time, i.e. months to years. The difficulties with long-term antibiotic protocols include the expense, lack of insurance cov-erage, side-effects, potential for development of resistance and lack of studies demonstrating efficacy.

Due to the obvious and desperate need for an effective anti-Borrelia agent and that Advanced Cellular Silver (ACS) 200® in previous stud-ies has been proven to be a safe and effective anti-bacter-ial, anti-viral and anti-fungal agent, the following independ-ent studies were conducted.

Indipendent studies performed by Dr. Robison at BVU generated the following kill-time data using ACS 200® against B. burgdorferi. The kill-time studies used loss of motility of the spirochetes as the kill criteria as observed via dark field microscopy. It is important to know that the Borrelia kill-time protocol used for this test was originated by Dr. William Burgdorfer.

B. burgdorferi baseline count: Mean number of motile organisms: 150 field The estimated volume of 1 field is approximately 3.4 x 107 ml. Therefore, the starting concentration of the B. burgdorferi culture was approximately 3.8 x 1011 organism/ml.

ACS 200: Time No. motile organisms 1.5 min 17 4 min 1 6 min 1 8 min 0

PSS: (Control) Time No. motile organisms 1 min 11 4 min 10 8 min 10

Since a 1:10 dilution of the culture was performed in both the test and PSS control suspensions, the number of live organisms observed after 8 minutes in the PSS control was about 77% of that expected.

Conclusion

Since years of extensive research, ACS 200® has now killed Borrelia...
Looking for a health care provider to treat your tick-borne diseases or other chronic illnesses can be challenging and daunting. There are many factors to consider in choosing the health care provider who is right for you - be it a physician, naturopathic doctor, osteopathic doctor, nurse practitioner or physician's assistant.

Some patients prefer the medical model of health care, a hierarchical approach in which the patient follows the orders of the LLP who is put in an embarrassing position when asked to defend his approach of another's. Ultimately you will need to follow your gut and take a leap of faith. The patients who are the most satisfied with their care and who seem to improve the fastest are those who stick with one LLP and one approach to care and do not waver. Admittedly, this requires a leap of faith on the part of the patient who puts himself in the hands of the LLP and trusts that all of the LLP's choices will be in his best interest.

I am always impressed and impressed by the faith that my patients place in me to make the correct choices for their care. I am awed by the responsibility that this implies and the confidence my patients have in me. All of us who treat tick-borne diseases spend much time reading, learning and trying to incorporate research, the experience of other clinicians and our own personal findings into the care we give. There is no "right" way - unfortunately treating tick-borne diseases does not lend itself to a cookbook approach. So, for the best care, let your goal be to pick one LLP whom you trust implicitly. Jumping around from one LLP to another or trying to see several at once does not prove to be beneficial in the long run. Moreover "doctor shopping" is expensive as patients incur numerous pricey first consult fees and the costs of redundant lab testing.

What is the most important factor to consider when choosing an LLP? You must have the utmost confidence in his or her abilities. Because there isn't a specific, correct way to treat tick-borne diseases, confidence in your provider is paramount so that you will not constantly question and worry about his decisions. Listen to what others report about the LLP and read what he has written. Then follow your instinct and take a leap of faith. Your commitment to your LLP will enable him to learn more about you and allow the two of you to develop a health care relationship based on continuity of care, trust and mutual respect.

Ginger Savely, DNP is a nurse practitioner who treats tick-borne diseases in San Francisco. fsavely@gmail.com
been shown to achieve complete kill against Borrelia Burgdorferi in only 8 minutes. These test results represent a significant feat as the Lyme disease associated microorganism is extremely difficult to kill and kill. Most of the B. burgdorferi mortality ceased after about 4 minutes of exposure to the ACS 200® solution. No motility was observed after 8 minutes of exposure. Dr. Burgdorfer described similar in vitro testing results using a colloidal silver preparation. He surmised that silver does not allow the (X) 


daily. ACS 200 is such an important part of my wellness program that I carry a bottle in my purse. It is also great for sinus infections, pink eye and ear infections. Make sure you hold the solution in your mouth for 1 to 5 minutes if you can. Lyme patients have severe dental problems and by holding each in your mouth, it helps our gums. I make sure I spray my mouth several times daily. A North Carolina movie theater kindly showed the movie during the screening.

About the Author
Dr. Hansheuw practiced medicine on the seaside of Seattle for 15 years. She achieved Board-Certified in Family Medicine and Bariatric Medicine. She has also specialized training in Anti-Aging Medicine, Natural Hormone Replacement and Environmental Toxicity issues relating to the exponential rise in the incidence and successful treatment of Autism, Fibromyalgia, ADD, Chronic Fatigue, Multiple Sclerosis, Obesity, Anxiety, Depression and Cancer.

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

By Linnette R. Mullin

The institution of marriage is a beautiful thing when it is honored. After God brought all the creatures to Adam to be named, Adam realized they all had companions, but he had none. He was alone. God said, “It is not good that the man should be alone; I will make him a helper fit for him.” (Genesis 2:18, ESV) Adam to be named, Adam realized they all had companions, but he had none. He was alone. God said, “It is not good that the man should be alone; I will make him a helper fit for him.” (Genesis 2:18, ESV)

Imagine Adam's relief when God presented Eve. His response to her attests to the fact that men don't like to be alone. "This at last is bone of my bones and flesh of my flesh; she shall be called 'Woman,' because she was taken out of Man." (Genesis 2:23, ESV, emphasis added)

In response to this, God said, "Therefore a man shall leave his father and his mother and hold fast to his wife, and they shall become one flesh. And the man and his wife were both naked and were not ashamed." (Genesis 2:24-25 ESV)

I puzzled over "They shall become one flesh" for many years. With the divorce rate so high even within the church, this oneness meant for marriage is rarely observed. The physical act of coming together is an obvious given, but I felt there had to be more to it than just physical attraction and flirty feelings. I just couldn't grasp what.

A heart-rending episode over the summer gave me some light on the subject, however. It was one of those "here we go again!" kind of things that triggered a wall of silence. My husband and I went to bed that night speaking only enough to function in the care of our children. However, I couldn't sleep. I said there trying to not cry, but to no avail. I was in emotional pain. Tossing and turning, I in and out of bed, I spent the night in agony until I finally cried myself to sleep.

When the alarm went off, my husband got in the shower and readied for work. I expected he would leave without a word and my heart was breaking. We rarely ever fight, but when we do the emotional pain is traumatic. Just as I thought he was walking out the door he put his arms around me and held me close. I cried and told him I was still frightened and worried in my heart and he listened.

He said, "It kills me when I'm emotionally separated from you." He said, "Me, too." And there you have it. It wasn't what he said so much as the way he said it. I caught a glimpse into his heart and knew he understood my emotional pain because he felt it, too. In my mind I realized what it meant to "be one." Engulfed in his arms, I could almost see an invisible, unbreakable cord weaving in and out, between and around us - binding us together. God stitched us together with His cord of love in such a way that even when we are apart, we are always together. I knew at that moment that we were going to be ok. Apart from death, nothing would separate us. Peace settled in my soul.

"Reality check? Yes, there will be more disagreements. No, things aren't going to be all rosy. There is no such thing as euphoria in this world. But, while trials persist, they would not prevail.

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I would like to emphasize that the vast majority of patients who know they have Lyme disease in the United States do not seek medical advice. It is not my intention to draw attention to an issue that further increases the stigma that LD patients already receive. However, it is my intention to methodically look at the association that seems to exist between LD and aggressive behavior in a minority of chronic LD patients.

Deficits caused by LD that are sometimes associated with increased risk for reactive behavior may include:

1. Decreased frustration tolerance (This is magnified by the increased frustration caused by a chronic illness).
2. Decreased impulse control.
3. When mild, the combination of decreased frustration tolerance and decreased impulse control leads to irritability. When more extreme, this combination can result in outburst of anger.
4. Hypersensitivity and hypervigilance caused by LD, both of which increase interferential frustration.
5. Dysfunction causing different forms of obsessive compulsive disorder, which results in intrusive thoughts, images, and compulsions that are of an aggressive nature.

Some dysfunctions result in a decreased bonding capacity.

6. Increased startle reflex - particularly increased acoustic startle.
7. Hypervigilance and paranoia
8. Delusions and hallucinations
9. Increased aggression.

Any combination of the above impairments can result in aggressive behavior. When changes occur in a mature adult, the patient misses some functions - they recognize it is pathological and attempt to compensate for the deficits. However, children who never had a chance to learn these functions may have difficulty compensating for the deficits. Since this is a late stage manifestation, the increasing number of individuals infected with BB is not as dangerous as it can be for younger people who are affected by the disease.

It is not my intention to prevent a possible future epidemic of violence. The question of a perfect cure has not been addressed.

In conclusion, based on my observations and clinical experience, I have reason to believe LD at times causes aggressive behavior which manifests itself in a number of different ways. Since this is an aggression associated with a CNS disease, it can potentially be treated and prevented. If only a small percent of LD patients are affected, the total number of cases is still quite significant. Since this is a late stage manifestation, the increasing number of individuals infected with BB is not as dangerous as it can be for younger people who are affected by the disease.

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National Multiple Sclerosis Association: www.nams.org
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3840 Ridgeway Drive
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Phone: 1-800-FLIGHT-MS
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What foods are good or bad for us, has been for the purpose of perpetuating our agricultural society where the few have control over the many. It has to do with power, money and slavery and nothing to do with creating optimal health or saving the planet.

In The Vegetarian Myth: food, justice and sustainability, Lierre Keith explains how the practice of agriculture has allowed us to expand our numbers beyond the earth's carrying capacity. Intensive agriculture eventually destroys the soil, kills native animal communities and makes us dependent on food grown in countries far away. This disconnection from our food supply makes it very difficult to assess our impact on the ecological systems of the world. Keith presents historical data which suggests that it is the practice of agriculture which has encouraged domination, slavery and genocide. I feel the author sums up this idea well in the following quote.

“A colonial arrangement where most of the raw materials and cheap labor from the colony, destroying our local economy and their local land bases, is what we used to call “imperialism.” Now we call it “globalization.” No one calls it “judaization.””

Keith goes further and explains how making countries dependent on other countries to provide their sustenance does much more harm than good.

The author practiced a vegan lifestyle for approximately 20 years and she strongly feels that her health was destroyed by her total avoidance of all animal products. Her declining health and her aching desire to follow the ways of nature in a human fashion motivated her to conduct far more research and to write this groundbreaking book. She tried desperately to be vegan and organic, hoping not to have to take life in order to preserve her own. However the more frantically she tried, the sicker she became and the more she realized that in order for something to live, it has to take the life of another…...whether directly or indirectly. Keith softens this hard fact a bit by saying that you will take turns giving life to the benefit of other life. While the reader might not agree with everything the author writes, she makes a compelling read and provides much food for thought for vegetarians, vegans and the rest of us.

Keith classifies vegetarians into three basic groups: those who are vegetarians for moral reasons, those who chose to eat only plant material for political reasons and those who feel that a vegetarian diet is much healthier than the diet of an omnivore. The author devotes an entire chapter to each of these classifications. I found the whole book to be fascinating, thought provoking and paradigm shifting but I especially enjoyed the section on nutrition. In this chapter the author thoroughly deals with the cholesterol myth. She also looks at the human immune system, how it functions and what foods it was apparently designed for. How carbohydrates are metabolized and the effect they have on our blood sugar and digestive system was also discussed. Keith warns about the dangers of soy and tells us more about the historical role it has played in the Asian diet.

Keith feels that our food supply has often pacted over why we can’t find broccoli, tomatoes, string beans, etc, grown in out undeveloped woods and meadows. Where did they come from? How did nature know what to do? Why? I think not still I have the answers to those questions but Keith’s book definitely helped to give me more insight into this area of confusion.

Keith feels that our food population made possible by agriculture is one of the main factors which will destroy our planet. She advocates not having children, giving up your car and growing your own food through perennial polyculture. The author strongly encourages us to begin to take the health of our food system seriously, before it is too late. She laments that we may already be treading on the path of no return.

Some readers may question whether all of the author’s statements are based on actual truth. However, on the whole I feel Keith presents quite a few legitimate facts. My main concern with the book is her take on the population dilemma. Will the crisis the author describes precipitate inhumane methods of controlling or reducing the population? Will it lead to the very genocidal and global control that she claims to abhor? For Lierre Keith’s writing is passionate, beautiful and sometimes a bit sarcastic. It is never boring. This book may make you sick of meat eating, but it will not make you feel less guilty. But regardless of the emotions Lierre Keith’s conclusions stir in us, this book is an absolute must-read for anyone who cares about their health and the future of our planet.

The Vegetarian Myth will not leave you in the same condition in which you found it.
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Due to the efficacy and the science behind the products, these are my favorites - Joseph J. Barrassano Jr. M.D.

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