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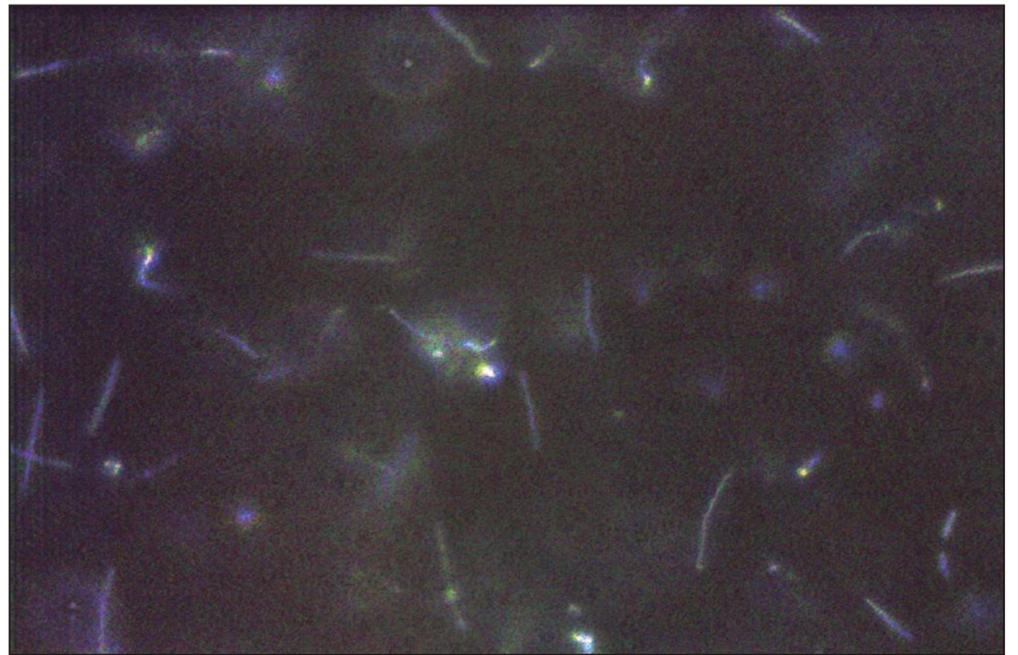
## ACS 200® Proven to Kill Borrelia Burgdorferi in only 8 minutes

by Lyn Hanshaw, MD

Some of the most ill people I have tried to help have been diagnosed with Lyme disease. Conventionally, the diagnostic 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 parenteral use of parental hydrogen peroxide and Vitamin C has provided improvement, but these agents are very harsh on the veins and poorly tolerated long-term. The history of Lyme disease begins in 1949; Dr. Sven Hellerstrom from the Dermatological Clinic of Karolinska institute in Stockholm, Sweden presented the paper "Erythema chronicum migrans Afzelius with meningitis" at the 43rd Annual Meeting of the Southern Medical Association in Cincinnati, Ohio. He presented convincing evidence that both the erythema and subsequent meningocerebrospinal 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. Hollstrom to be effective in the treatment of Erythema chronicum migrans (ECM).

In the United States, ECM was first reported in 1970 on a physician bitten by a tick in northeastern Wisconsin. The attending physician, Dr. Rudolf Scrimenti, 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 of 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 new clinical entity and was named Lyme arthritis, later changed to Lyme disease when it was determined that arthritis was only one of several mani-



**Non-motile Borrelia by dark field microscopy**

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, skeleton, 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 suspected case but is not diagnostic 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 spirochetes 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 misdiagnosed 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 (acrodermatitis chronica atrophicans, lymphadenosis benigna cutis) in Europe. The antibiotics initially found to be effective include tetracyclines (doxycycline, 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 applications. Treatment failures have been reported for each of these drugs particularly for the tetracyclines that are only temporarily 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 coverage, 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 studies has been proven to be a safe and effective anti-bacterial, anti-viral and anti-fungal agent, the following independent studies were conducted.

Independent studies performed by Dr. Robison at BYU 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 Borellia kill-time protocol used for this test was originated by Dr. William Burgdorfer.

### **B. burgdorferi baseline count:**

Mean number of motile organisms: 130/field  
The estimated volume of 1 field is approximately 3.4 x 10<sup>6</sup> ml. Therefore, the starting concentration of the B. burgdorferi culture was approximately 3.8 x 10<sup>7</sup> organisms/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
6 min	3
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**

After years of extensive research, ACS 200® has now "Dead Borrellia" ...con't pg 3

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# Doctor Shopping: Time for a Leap of Faith



by *Ginger Savely, DNP*

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 all-knowing health care provider. Others are more comfortable with a patient-focused, holistic approach, where patient

and clinician form a team to explore how to achieve optimum health. Education, experience, bedside manner, patience, organization and efficiency of office staff are a few of the things to consider when choosing the health care provider who is right for you.

When looking for a provider to treat illnesses as complex as Lyme disease, it is tempting to want to prolong the search, hoping that around the corner is the elusive dream-come-true clinician who will steer you to wellness with little effort and expense on your part and an abundance of charisma and expertise on his. In the world of health care we refer to patients who won't commit to one clinician as "doctor shoppers". These patients are seen as never satisfied, always convinced they may be missing the elusive key to recovery by not visiting one more clinician to see what is in his bag of tricks.

Although doctor shopping may seem like a valid way to proceed for many, there are detrimental aspects to this sort of unrest. Every Lyme literate practitioner (LLP) has a slightly different approach, based on his or her style, background, training and experience with the disease. To see many LLPs at once

leads to stress and confusion for the patient who is paralyzed by not knowing which LLP to believe. It is also awkward for the LLP who is put in an embarrassing position when asked to defend his approach over 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 moved and impressed with 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 cook-

book 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. lymesf@gmail.com*

## 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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## “Dead Borrellia” cont'd from pg 1

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 culture, test and kill. Most of the *B. burgdorferi* motility 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 disables the enzyme(s) used by bacterial, fungal and viral agents for their oxygen metabolism, causing them to suffocate upon contact. There have been reports of elimination of late-stage Lyme symptoms using colloidal silver preparations.

This data provides the scientific basis for using ACS 200® as an effective anti-Borrelia agent. In the clinical setting, many practitioners currently prescribe ACS 200® to their Lyme patients with excellent outcomes. Adding Advanced Cellular Zeolite (ACZ) nano® to reduce toxic body burden is a very powerful adjunct to the ACS 200® protocol. When taken together, these two products are highly effective in broad treatment.

### Clinical Results

"I have been using the ACS 200 for well over a year and find that I rely on taking it daily. I have the *Varestrongylus* Klapowi worm that Lyme and CFS patients suffer with and I take 2 ounces, 3 times a week, and it has helped to get the worm under control. I also take

5 sprays by mouth, 3 times 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 3 to 5 minutes if you can. Lyme patients have severe dental problems and by holding each dose in your mouth, it helps our gums. I make sure I spray my mouth several times when out in public, especially the movie theater." Linda H.

### About the Author

Dr. Hanshew practiced medicine on the seaside of Seattle for 15 years. She achieved Board-Certified in Family Medicine and Bariatric Medicine. She also has 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.

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pha

**Between You and Your Spouse**

**Maintaining Your Marriage in the Midst of Suffering, Part Four**



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)

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 fluttery 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 tiffs 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 laid there trying to not cry, but to no avail. I was in emotional pain. Tossing and turning, 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 all the things warring in my heart and he listened.

I 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 that moment 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.

The institution of mar-

riage has been under attack from man's first breath and Satan will not rest. He is relentless. He will use whatever means he can to destroy God's people including destroying families. We need to keep this at the forefront of our minds when we go through marital struggles.

Aside from God's abundant mercy and grace, here are some helpful tips on how to fight back.

1) Discover 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. Sometimes it's the issue itself that stirs anger, so explore ways of communication that create the least amount of provocation. For example, you might find emails, texts, or letters to be safe modes. Find what works best for you in your situation.

2) Develop a strong sense of understanding - every family member whether ill or not struggles with the same internal battles, just from a different perspective...fear, guilt, disillusionment, frustration, depression, anger, bitterness, humiliation, helplessness, loneliness, 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 or giving up, but for prayer.

4) Learn patience - be patient with yourself and your spouse as neither of you are 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 or

visa-versa. 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 and two steps back, be thankful. Recognize each step forward for what it is and don't take any of them for granted.

6) Persevere - don't give up no matter how hard things get, no matter how much you think the other person wants to. Saving your marriage really is worth the effort.

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

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 makes all things beautiful in time. (Ecclesiastes 3:11) He 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*

**Persevere - don't give up no matter how hard things get, no matter how much you think the other person wants to. Saving your marriage really is worth the effort.**

Linnette R Mullin is a freelance writer and author. You may visit her at [www.LinnetteMullin.com](http://www.LinnetteMullin.com) or contact her at [Linnette\\_PHA@yahoo.com](mailto:Linnette_PHA@yahoo.com).

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## Priceless Gift



by Jennifer Allton  
http://jmgarnet76.blogspot.com

The best things in life are things that you can not assign a monetary value. A price can not be placed on true friendship. When I was 13, I moved away from the only home I knew. The day I moved, I thought I had lost everything so I held onto the one thing that no one could

take away: my memories. Slowly those memories faded, but sometimes in the night dreams would waken me that were so real it was as if I was actually back at home. I realized it was God just giving me a moment with my friends.

Chronically ill patients sometimes are not very wealthy, but I consider myself rich beyond belief. Commonly when people think of wealth, the things that come to mind are money, valuable belongings and property. People probably think of how wealthy others are to determine how wealthy they think they are. If you live in an area where everyone drives fancy cars and you drive a clunker, then you probably don't feel very wealthy. However if you live in an area where you're surrounded by mobile homes and you live in a two story home, you more than likely feel very rich.

This is the season where

people are thinking about purchasing gifts for loved ones. Somewhere along the way, this gift giving phenomenon has turned into a competition of who gives the better gifts. However if you think back to your favorite memories, those items that you cherish as adults probably had no monetary value assigned at all. Wealth generally means an abundance of something. A year ago if someone were looking in my cabinets, they might find a wealth of needles, syringes, heparin, saline, vitamins and pills.

Now if they were to look into my closet, they would find hangers full of clothes and an unused IV pole. Food would be found in my refrigerator and deep freezer. These are things to which a price can be assigned.

Now if someone were to look into my heart, they would find a wealth of something that

no amount of money can be given. They would find something that no one can take away. They would find an abundance of compassion, laughter, happiness, friends, memories and so much more. I have a wealth of beautiful memories that no one can take away.

God has also given me something that is such a wonderful gift. It's a gift so delightful that you can't assign it monetary value. He gave me friends that have left indelible marks on my soul. So this year when you are thinking about gifts that you can give your family and friends, choose something that is invaluable. Give your time, your friendship and your love. Don't wait for someone to say, "I need you." Offer up prayers constantly, offer up assistance when able and give completely of yourself. Those are the things that decades down the road your

loved ones will remember as the greatest gift of all.

Today I thank God that I am wealthy. My prayer is that all of you can be wealthy too. My challenge for you today is to open up your bible and locate a verse for each of your friends and give it to them. Give them the gift of God as I give my word of God to you:

"Do you not know? Have you not heard? The Lord is the everlasting God, the Creator of the ends of the earth. He will not grow tired or weary, and his understanding no one can fathom. He gives strength to the weary and increases the power of the weak. Even youths grow tired and weary, and young men stumble and fall; but those who hope in the Lord will renew their strength. They will soar on wings like eagles; they will run and not grow weary, they will walk and not be faint." Isaiah 40: 28-32. *pha*

## The "Super" Natural Power of God



by Joan Vetter

"Oh Lord, take your super glue and glue my bone together." This was one of my first prayers after fracturing a bone in my foot. At the time, I did think it was sort of a silly prayer until I read the paperwork from my emergency room visit. It stated, "When a bone

heals, the body puts a CALLUS together across the piece that is "broken." This callus is made of new bone material and will eventually melt or glue the two broken pieces together." What a sweet reassurance that the Lord is indeed with me in my pain, even in the formulation of my seemingly strange prayer.

Being forced to reduce my activities gave me time to reflect on the word broken and the pain involved. I realized my foot would eventually heal and the pain would then be just a memory, or maybe even forgotten. However there are many people living with various degrees of brokenness - a broken relationship, broken health or even being broken hearted.

My natural belief is that a bone progressively heals. My belief as a Christian is that God adds his "super" to the natural and things that are impossible

or difficult have a greater ability to heal when faith is released. In the Bible narrative of the beggar man, who was lame from his mother's womb, he was told, "In the Name of Jesus Christ of Nazareth, rise up and walk!" The story relates that immediately his feet and ankle bones received strength, and he began to walk and leap. This is the "super" element added to that poor man's body. It reads that he was "laid daily" at the gate of the temple, so this man required assistance to even get there. His muscles hadn't been exercised. This was not a progressive healing - it was a miracle. And it was brought about by two of Jesus' disciples who were bold enough to believe that God could raise the man up. How many of us have seen this today? How many of us even believe it could happen?

I couldn't help but com-

pare the word Callus (used for good - to bring healing to my bone) with the word callous, which means "hardened in mind, feelings, etc., unfeeling." My journey toward healing included much soul searching as to what I expected from my faith. It's easy not to have very high expectations. Then there is no disappointment in God. However, the struggle to boost my faith to believe in God's supernatural ability comes with a sinister mocking voice.

A few months ago I was running across the street with my Schnauzer on his leash at night and tripped over the curb and landed flat on my face. It was a miracle I didn't break much more, but I did find out I broke a bone in my wrist.

However, before I knew it was broken I believed for healing, and by the time it was x-rayed the family doctor said it looked like an old break.

Then suddenly the pain went away and I never followed up with the orthopedic doctor. How quickly I forgot the goodness and power of my God.

Perhaps it is like the disciples. Having seen the miracle of Jesus breaking the five loaves of bread to feed 5000 people, they were still upset because they had forgotten to take bread and only had one loaf with them. (Mark 18:13-21) Jesus spoke some heart-breaking words to them. He said, "Why do you reason because you have no bread? Do you not yet perceive nor understand? Is your heart still hardened? ...And do you not remember?" We can end up with a calloused heart when we stop believing that Jesus Christ is the same yesterday, today and forever. We can be fresh from a miracle and still not perceive that our God can do it again. *pha*

## When God Alone Sustains Me



by Dawn Irons

The last 12 months of my life have been a roller coaster ride that I hope to never experience again! The highs and the lows were almost more than I could bear, and there were times I truly felt I would crumble under the pressure.

Isaiah 59:19 says, "When the enemy comes in like a flood, The Spirit of the Lord will lift up a standard against him." There were days in the last year that I had to cling to that verse because I knew I was in a situation that only God could save me. If God alone did not raise up a standard against

the attacks of the enemy, I knew I would be completely consumed! God has been so much more than faithful!

There have been many health battles in the last year, but also many health victories! After being in longterm treatment for Lyme disease for three years, I finally hit a place of remission! I have been off all antibiotic and prescription treatment since April of 2009. I have maintained with the Cowden Protocol using Nutramedix products.

I know that the longterm treatment with antibiotics got me into a place of remission, but it did not come without consequences. Granted, I would take these consequences over what I had lived with for the last 18+ years in pain and bad health!

One of the consequences I experienced with longterm use of doxycycline is a secondary problem called Pseudotumor Cerebri (PTC), which is common in Lyme patients, especially those who are overweight. The tetracycline family of drugs in known to cause this condition over prolonged use. So, as the PTC

developed, I had undergone several spinal taps to relieve the buildup of intracranial pressure. This only brought temporary relief. By August 2009 my neurosurgeon opted to put in a brain shunt to provide a more constant regulation of the pressure. This was an amazing success!

The very next month, in September, I had complete gallbladder failure and had to have the organ removed. This is also common with longterm use of antibiotics.

In November my husband was diagnosed with cancer. It seemed the attacks of the enemy and the pressures of life were just more than I could bear. My prayer life increased by leaps and bounds, all the while calling on the Lord to intervene on our behalf.

My husband had emergency surgery in December to remove the Lymphoma and we received our Christmas miracle when the doctor declared him to be cancer-free! We will still have localized radiation as a recommended by the oncologist, but we finally breathed a sigh of relief!

I think of the story of

Moses when he was praying and, as long as his arms were lifted, the army was winning in battle, but when his arms became heavy with fatigue and began to fall, the army would experience defeat. Moses needed the aid of his friends who came to hold his arms up for him when his own strength failed. God provided Moses with faithful friends to help him gain victory.

As my world seemed to be unraveling around me, God surrounded me with faithful friends who helped me keep my family, the PHA, and other responsibilities afloat. Many people brought meals, made hospital visits, sent donations to help the PHA during my surgical recovery time, and it was amazing to watch our friends from college that we had reconnected with on Face Book (who were all across the country now) rally around us with support and gifts for our kids at Christmas time since Brad had been out of work with his surgery!

Everywhere we turned, there was a provision from God to give us hope that He was right there with us and that we

had not been forsaken.

With all that happened to our family in the last 12 months, I know beyond all knowing, that God alone sustained us! There is only so much stress a human can manage before seriously cracking. I was there. Then at what seemed the 11th hour, God showed up as our mighty rescuer!

I came to a much more intimate understanding of what it means when God says that His grace is sufficient for us. There was another passage in Zechariah 6:8 that says, "It's not by might, nor by power, but by My Spirit, says the Lord."

This verse became a literal life-line during the last part of the year. As the circumstantial issues seemed to escalate far beyond anything that we could control in our own strength, or even sheer act of will or determination, it became very apparent that this was a situation that only God, by the power of His Spirit, could fix.

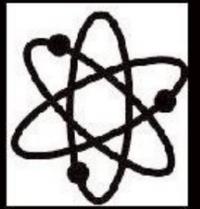
So rather than beat ourselves with exhaustion by living in a panicked frenzy, we simply just stopped...and beheld the glory of God as He moved in our midst. *pha*

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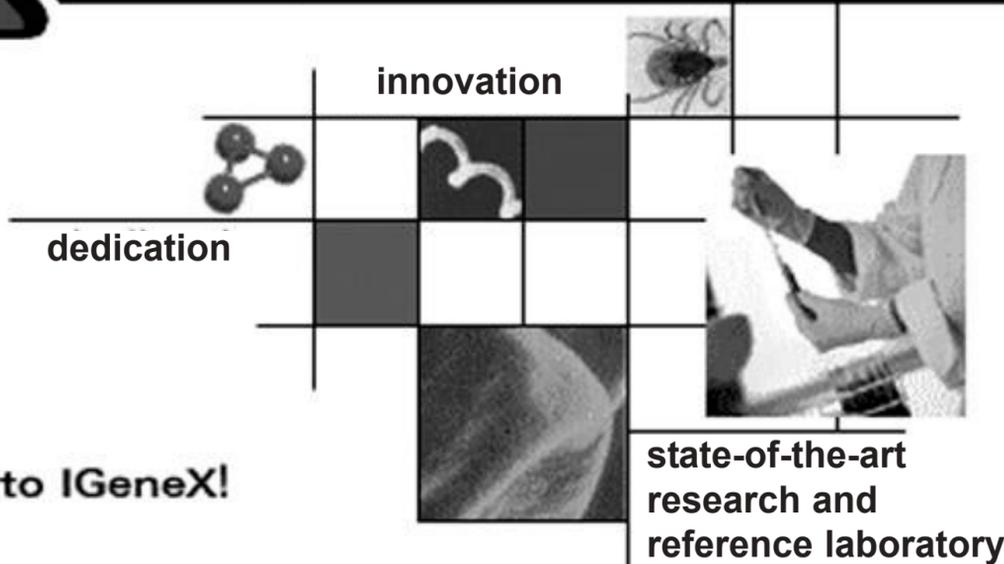
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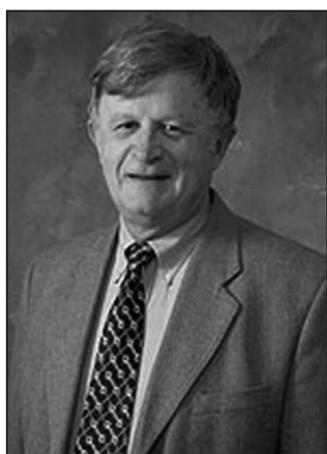
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# Aggression & Lyme Disease



by Robert C. Bransfield, M.D.

Several years ago, I admitted a patient with Lyme disease (LD) to a psychiatric unit. He was paranoid and assaulted five police officers in an episode of rage. During the hospital stay, the patient went to the river behind the hospital to watch the Fourth of July fireworks display. When the fireworks began, the patient jumped into the river. It appeared the loud noise was responsible for an acoustic startle reaction.

At the same time, a female patient with LD was also in the unit. She described puzzling symptoms that consisted of episodes of rage and intrusive, horrific homicidal images. In both cases, the aggressive tendencies improved with treatment.

In reviewing cases involving LD patients, another patient described an incident where someone else pulled into a parking space that he wanted. Jumping out of his car, he knocked the other driver unconscious. Still another patient stated he was driving on the highway when a motorist beeped their horn. He lunged out of his car and began pounding on the windshield of the car, then suddenly stopped in bewilderment because he did not understand or recall why he was behaving in this manner.

A female patient was arrested for shoplifting during a state of confusion. Another patient was accused of pedophilia. I can cite many more examples. When we look at cases of aggression associated with LD, were all of these cases merely a coincidence or a causal relationship between LD and some of this aggressive behavior?

Adler, methodically interviewing hundreds of patients over a period of years, thought it was clear that certain patterns were emerging. The same problems were being seen in too many patients. A causal link was becoming increasing apparent. I would like to emphasize that the vast majority of patients who know they have LD are not violent. 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 does seem to exist between LD and aggressive behavior in a minority of chronic LD patients.

Clearly violence is a very complex issue. Many different factors have contributory or deterrent effects. One study of death row inmates demonstrated that 100% were neurologically impaired. Many also

had a history of abuse. Sometimes the abuse precedes or causes the neurological impairment. Sometimes the neurological impairment precedes or causes the abuse.

Neurological impairments and abuse either alone or in combination are significant risk factors that increase the potential for violence. Other risk factors are significant in some cases.

A triggering event(s) may then occur which provokes violent behavior in a person who is at risk. A normal person given the same level of provocation does not act in a violent manner. In some cases, the trigger is an intrusive, violent image, an obsession or compulsion to do harm, or it may be a perception of threat.

In addition to a provocative factor, there are many deterrents to violence, which include a neurological capacity for restraint, social bonding, victim response, and social structures. When violence occurs, we need to consider some combination of increased risk factors, triggering events, or a failure of deterrents to violence.

It is well recognized that LD causes dysfunction of the central nervous system (CNS). Many other conditions which cause CNS dysfunction are sometimes also associated with violent behavior, i.e.: strokes, brain tumors, lupus, MS, head injuries, developmental disabilities, carbon monoxide poisoning, syphilis and other CNS infections. When reviewing the pathology associated with aggression, we can see dysfunction of a number of different brain areas.

To briefly review the physiology, there is a hierarchy of functioning within the CNS which has developed through evolution. When we go from the most advanced to the most primitive areas of the brain, the hierarchy consists of the prefrontal cortex, other cortical regions, paralimbic associative areas, the limbic system, and the brain stem and hypothalamus. These centers function together with many feed forward and feed back pathways that are both stimulatory and inhibitory. Injury to a higher center can result in a dysfunction or a loss of a function. Injury to an inhibiting pathway will cause a decline or an inability to inhibit that function. As a result, brain injury leads to a decline in our ability to fine-tune our adaptive abilities in an effective manner.

In the case of aggressive functioning, injury can lead to apathy (a failure of stimulation) and/or aggression (a failure of inhibition, modulation, or association). Since circuits controlling aggression are often parallel with sex and feeding, we often see aggressive disorders in combination with sexual dysfunction and eating disorders. Different patterns of brain injury result in different patterns of symptoms.

Now let's look at the association between Lyme and aggression. The first reference

on this subject in the medical literature I could find was made by Fallon, et al in 1992 in 'The Neuropsychiatric Manifestations of Lyme Borreliosis', in which he described a man acutely sensitive to sound was so intensely bothered by the noise his three-year-old son was making that he picked him up and shook him in a sudden and unprecedented fit of violence. Other cases can be found in medical literature cited at Lyme meetings and in newspaper reports. The phrase "Lyme rage" continues to appear on the Internet. There are discussions that some "road rage" is caused by "Lyme rage".

I would estimate aggres-

sive disorder, which results in intrusive thoughts, images, and compulsions that sometimes are of an aggressive nature.

6. Some dysfunction results in a decreased bonding capacity.

7. Increased startle reflex - particularly increased acoustic startle.

8. Hypervigilance and paranoia

9. Delusions and hallucinations.

10. Some patients acquire impairment in their ability to regulate the arousal level of an emotion. As a result, emotions such as anger may be all or none, excessively intense,

and not proportionate to the current situation. This also leads to a decline in the ability to integrate concurrent emotions that exist either within the patient or in a relationship with another person. This symptom may in turn intensify other psychiatric syndromes such as post-traumatic stress disorder, dissociative disorders, borderline personality, and narcissistic personality disorders.

Any combination of the above impairments can result in aggressive behavior. When these changes occur in a mature adult, the patient is surprised by the symptoms - they recognize it is pathological and attempt to compensate for the deficits. However, children who never had the reference point of a mature level of functioning are at a greater risk. Some of the most threatening cases were patients who were infected at a young age.

The following is a quote from a patient describing horrific intrusive images, which many patients with Lyme have described to me:

"Frightening, stabbing, horrific images -usually of death, dying or pain and suffering. Often gory and unreal as in a horror story. Faces mostly with blood or terror exaggerated awful expressions. Visions of stabbing or killing often of those close to you or familiar. These penetrating images add to the already anxious condition of a Lyme. Episodic, not continuous. Fleeting faces most usually of the worse possible situation. Helpless stumped bodies perhaps close to death. These images don't seem to necessarily be associated with a particular occasion, place or time, but come and invade the privacy of my mind. Control over physical well-being is lost with Lyme, but much more disturbing and debilitating is the lack of control or normalcy of the mind both emotionally and cognitive - perhaps worse during a flare when all symptoms often rear their ugly heads. It is a crushing experience to survive these images feeling possessed or evil. If they were to be continuous and not fleeting, no-one could or would survive."

In another case, a

patient had no prior history of mental illness suicidal or homicidal tendencies. The patient went to their HMO primary care physician complaining of an apparent tick bite. It is reported that the doctor neither sent the patient for testing nor initially offered antibiotic treatment. As symptoms progressed, the patient was diagnosed with fibromyalgia. Subsequent symptoms included word substitutions, getting lost, losing items, and an inability to find their car in a parking lot. Eventual tests confirming LD included a Western Blot, brain SPECT, and an ophthalmologic exam.

The patient improved with treatment of several weeks on IV antibiotics and was stopped as per the managed care guidelines. The patient relapsed and further treatment was denied. Their mental state declined and subsequently there was a combined homicide-suicide.

In conclusion, based on my observations and clinical judgment, chronic relapsing LD at times causes aggressive behavior, which can manifest in a number of different forms. Since this is aggression associated with a CNS infection, it can potentially be treated and prevented. If only a small percent of chronic 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 raises serious concern that violence associated with or caused by LD will increase in the future.

What can we do now to prevent a possible future epidemic of violence? Suggestions include high index suspicion for Lyme disease in rageful people, adequate testing for Lyme disease in those who are enraged, adequate treatment of LD, continued LD advocacy efforts, research into the link between aggression and LD, evaluation of violent offenders who demonstrate some of the aggressive patterns seen with LD prior to their release into the community, and vaccinations. When regional epidemics of violence occur, LD and other causes of encephalopathy should be considered. We should exercise every option to prevent crime with medical treatment.

If anyone has information relevant to this issue, I invite him or her to write subsequent articles. *pha*

I would like to emphasize that the vast majority of patients who know they have LD are not violent. 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 does seem to exist between LD and aggressive behavior in a minority of chronic LD patients.

sive behavior has been a significant issue for approximately fifty patients with LD that I have evaluated or treated, although many more have reported some symptoms associated with aggressive potential. When aggression does occur, it may only be present for an interval in the progression of the illness.

**Deficits caused by LD that are sometimes associated with increased risk for aggressive 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 explosive anger.
4. Hyposexuality and hypersexuality caused by LD, both of which cause increased interpersonal frustration.
5. Dysfunction causing different forms of obsessive compulsive

**About the Author:**

Dr. Robert C. Bransfield, M.D., F.A.P.A. is a graduate of Rutgers College and the George Washington University School of Medicine. He completed his psychiatric residency training at Sheppard and Enoch Pratt Hospital. He is board certified by the American Board of Psychiatry and Neurology in Psychiatry.

He has performed research, and has a particular interest in psychopharmacology, a unified theory of mental health and illness, the link between microbes and mental illness, Lyme and other tick-borne disease, violence, and the link between microbes and violence.

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# The Vegetarian Myth : Food, Justice, & Sustainability

A Book Review by Marjorie Tietjen



**Title:** *The Vegetarian Myth : food, justice, and sustainability*  
**Author:** Lierre Keith

Almost everything we have been taught, concerning 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 the power center takes raw materials and cheap labor from the colony, destroying their local subsistence economy and their local land bases, is what we used to call "imperialism". Now we call it "globalization". No one calls it justice." 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 humane fashion motivated her to conduct further research and to write this groundbreaking book. She had 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 we all take turns giving our life for the benefit of other life. While the reader might not agree with everything Keith has to say, this book is a compelling read and provides much food for thought for vegetarians, vegans and omnivores.

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 fas-

inating, 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 digestive 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 ability is also discussed. Keith warns about the dangers of soy and tells us more about the true historical role it has played in the Asian diet.

I have often puzzled over why we can't find broccoli, tomatoes, string beans, etc, growing wild in our undeveloped woods and meadows. Where did they come from originally? How natural are they really? I'm still not sure 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 overpopulation 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 topsoil 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 she portrays incite inhumane methods of controlling or reducing the population? Will it lead to the very genocide and global control that she claims to abhor?

Lierre Keith's writing is passionate, beautiful and sometimes a bit sarcastic. It is never boring. This book may make some vegetarians and vegans furious and many meat eaters 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. I guarantee that *The Vegetarian Myth* will not leave you in the same condition in which it found you. *pha*

## A California Doctor Discusses His Local Perspective of Lyme Disease



by Dr. Jon Sterngold, M.D.

Part 1 of a series

We live in a Lyme disease endemic hotspot. When Lyme disease exploded in New England over 30 years ago, it was unknown in our neck of the woods. Things have changed. A confluence of cli-

mate and land use change with animal and insect migration has produced a tick population in these hills that carries not only the causative, *Borrelia burgdorferi*, which causes Lyme disease, but also the half dozen or so germs that often co-infect people and which contribute to the extreme difficulty in attempts to cure the disease. If you don't have the disease and don't know anyone who does, you will, sooner or later.

In this overview, I will only be referring to late-stage, or chronic Lyme disease complex rather than acute Lyme disease, which can usually be cured with weeks to months of oral antibiotics. When people get the 'bull's-eye' rash following a tick bite, they have a reason to be medically evaluated and treated. Simple. But what happens if someone gets a tick bite and has no initial symptoms? It's not a pretty picture;

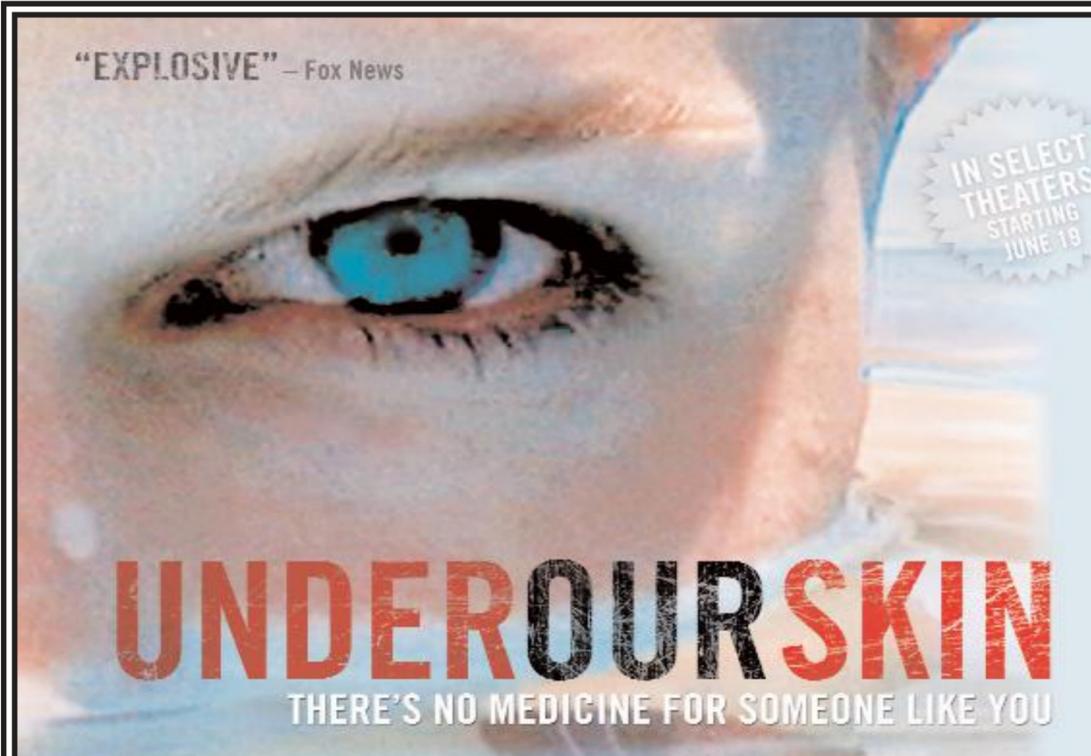
life and well-being can be destroyed, effective treatment can be hard or impossible to obtain, treatment and evaluation can be extremely expensive, and sufferers might discover that the medical association that creates guidelines for treatment of infectious diseases denies that they have a treatable infectious disease. They are told that they probably have psychological issues. It's a real mess out there, and though there are rays of sun peeking through the fog, getting well can be elusive for those who have been ill for years. And there are A LOT of us.

I have a dog in this hunt. I used to be the healthiest guy I knew. I took good care of myself, ate wisely, maintained athletic conditioning all my adult life, and cherished what I thought were longevity genes. In retrospect, I was probably bitten by an infected

tick in the late 80s when I lived on Sherwood Road in woods crawling with ticks. I had no rash or other symptoms at the time but, by the beginning of the 90s, developed some 'weird' symptoms involving my heart and inner ear function. These seemed to pass with time and some medication, though with no antibiotics and no consideration that I might have Lyme. Then in 2000, I developed severe inner ear symptoms, which ENT specialists could not specifically diagnose. That waned and by the end of 2005, I was back to heavy workouts and jogging, at age 59. By spring of 2006, I was unable to stand for the first several hours of the day without holding on to a walking stick. I'd become totally debilitated with back pain, and hadn't a clue why. Several months into this misery, I happened upon an old colleague who, when I told him

that 'aging sucks', suggested that I had Lyme Disease. I replied, 'no way!' Not me. But it was true. And now, 3 1/2 years later, I still struggle with what became far worse than I could ever imagine.

The Lyme disease bacterium loves nerves and cardiac tissue. Brain, nerves, and blood vessels, muscle, and joints become home to this infection. But the symptoms any one person develops are a function of many factors including individual genetics and the role of co-infections. So, late stage Lyme disease can look like anything from nagging aches and pains to devastating brain and life threatening heart syndromes. It's not only a cause of massive suffering for those with the disease, but it's virtually impossible for most doctors to diagnose and treat. The reasons for this will be discussed in a future article. *pha*



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## Immune System Front Line Support

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(1) Journal of the American Nutraceutical Association 2003; 6(1); 23-28.

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