

In This Issue



Cindy Casey, R.N
Update from Morgellons 2010 Conference
p. 1



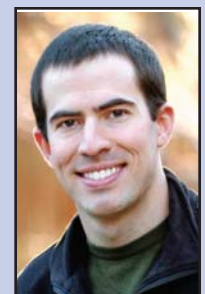
Lisa Copen
Checklist for Starting a Support Group
p. 2



ILADS
Top 10 Tips to Avoid Chronic Lyme Disease
p. 3



Joan Vetter
Deeply Rooted
p. 4



Bryan Rosner
Lithium Orotate in Support of Lyme Treatment
p.5

Summer Advertising Special!

40% off ONLINE advertising!

Advertise your business, support group, or Lyme Event in the PHA

Contact our Advertising Manager at

publichealthalert@yahoo.com

National Patient Support Group Listings

p. 8

Annual Update on Morgellons Disease



by *Cindy Casey, R.N and Gwen Simmons, RN*

Physicians, scientists, activists and patients from across the U.S. and as far away as Mexico and Germany gathered in Austin, Texas on March 27, 2010 for the 3rd Annual Scientific- Medical Conference on Morgellons Disease. The all-day event was sponsored by the Charles E. Holman Foundation (CEHF) also known as the New Morgellons Order. CHEF/NMO is an all-volunteer, non-profit, activist organization created to empower patients through medical education and scientific research of Morgellons Disease. The CEHF emphasizes that progress stems from communication and collaboration. Bringing scientific and medical experts, nurses, patients and supporters together to collaborate on the serious matter of Morgellons Disease has helped to accomplish just that. This event, the only one of its kind in the nation, is held annually at the WestOak Woods Baptist Church in Austin. Elizabeth Anderson, RN, MSN, NP, of the CEHF Medical Advisory Panel coordinated the day's events. Guest speakers traveled from both U.S. coasts and in between, contributing scientific and clinical expertise on the subject of Morgellons.

What is Morgellons Disease?

Morgellons Disease is a systemic condition characterized by novel skin manifesta-

tions and insidious neurological symptoms. The distinguishing characteristic of Morgellons is the presence of microscopic subcutaneous fibers. Lighted microscopy enables the visualization of these unusual fibers, often colored red, blue, white or clear, embedded in open skin lesions as well as their presence beneath completely intact skin. The exact composition of these fibers remains a mystery.

What about the CDC Investigation?

January 16, 2008, the CDC partnering with Kaiser Permanente announced an initial study would be done in California. As of this writing, no information or results have been released. An invitation from the CEHF to the CDC requesting a representative to speak at the conference was declined as the CDC was unable to provide an appropriate speaker for the subject of Morgellons. With warm wishes for a successful event, the CDC suggested contacting the Texas State Department of Health (DOH) as a resource for an appropriate speaker on the subject. Yet, the TX State DOH is still waiting to hear from the CDC with at least an interim report on their investigation.

Where is the Research?

The Center for Investigation of Morgellons was established in 2006 at Oklahoma State University

Center for Health Sciences, under the direction of Dr. Randy S. Wymore, PhD. A secure patient registration form is provided on the OSU website and approximately 20,000 registrations have been received. Realistically, considering the limitations of an on-line self-reporting process, this number may be representative of only a fraction of the actual number of Morgellons cases. OSU-CHS-CIMD is the only academic institution that has stepped up to the plate in full support of Morgellons Disease research. Progress is restricted only by funding issues. Currently, Morgellons research funding is limited to the contributions from patients with Morgellons, their supporters, and fundraising organizations such as the Charles E. Holman Foundation and the Morgellons Research Foundation.

More about the conference presentations...

Randy S. Wymore, Ph.D., Director of Morgellons Research from Tulsa, OK gave both the opening and closing presentations. "Morgellons has a real physical pathology ... despite of the fact that the exact cause is not known." These were powerful words coming in the morning session from keynote speaker, Dr. Randy Wymore, Director of Morgellons Research. Identifying the certainty of Morgellons Disease as a distinct pathology, Dr. Wymore, a Molecular Physiologist & Biophysicist, presented a broad

range of research data including mass spectroscopy, DNA analysis, as well as multiple bacterial and fungal culture results on Morgellons samples. Future research goals concluded Dr. Wymore's afternoon session.

Ginger Savely, DNP, one of the top experts in the U.S. on diagnosis and treatment of Morgellons and tick-borne illnesses presented "Differential Diagnosis" as related to Morgellons Disease. According to Dr. Savely ... "Patients are summarily discounted without clinicians' knowledge of the disease's features that differentiate it from other possible diagnoses, including psychiatric." Identification of the unique objective findings in Morgellons Disease was discussed by Dr. Savely. Later in the day, a demonstration of the visualization technique to observe fibers within patients' skin was provided by Cindy Casey, RN, Director of the CEHF.

Raphael Stricker, MD, world renowned Lyme disease specialist of San Francisco, CA. presented "Morgellons as Related to Lyme Disease". Dr. Stricker discussed the many overlapping symptoms and laboratory findings between Morgellons, Lyme and other tick-borne illnesses. According to recent research, about 97% of Morgellons patients tested positive for Lyme or other tick-borne diseases.

"Morgellons"...cont'd pg 10

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

FEATURE

A Checklist for Starting a Support Group



by Lisa Copen

Beginning a support group shouldn't be a task you take on that overwhelms you. But if you aren't prepared, many obstacles can come up that can threaten the environment of your group. Follow along with this simple checklist so you will save a great deal of time and heartache in the future, and instead be able to enjoy your group.

- [1] **Group's purpose:** Spend a few minutes writing a 1-2 sentence mission statement to help you clarify your goals.
- [2] **Group description:** What exactly is the problem people are dealing with and how do you intend to try to help fix it through your support group?
- [3] **Personal motives:** Take some time to ask yourself "Why do I feel I am the one to lead this group?" Make sure you really want to do it, and are not just saying yes to someone because you'll feel guilty saying no, nor because you are seeking personal glory.
- [4] **Approval:** Does your group need to receive formal approval from a higher source? If you are under an organization or company, for example, have you received their approval?
- [5] **Group's life expectancy:** What do you see as the life of your group? Do you hope it will meet indefinitely until the need fades away, growing and changing as members define it? Or would you rather ask that people commit to the group for a certain amount of time, like four months, and then recommit if they still want to attend?
- [6] **Frequency of meetings:** How often do you want to meet? Weekly, bi-monthly, monthly? Consider the schedules of the participants. Would you rather have seventy percent show up once per month or thirty percent twice per month?

- [7] **Group outline:** How will the time be filled? Is it to network, go through a study, have speakers from the community? What would you prefer? What will your members desire?
- [8] **Location:** Where will your group meet? Will it be a short driving distance for most people? Is it accessible for people with disabilities? Is the atmosphere comfortable or will members feel intimidated? Is the lighting good? If it's in a large building, like a hospital, will there be signs to make sure people don't get lost? Will a receptionist know when and where your group meets? Do they know where to park and will there be a fee for parking?
- [9] **Attendance:** Is anyone welcome at any time or it is closed? For example, are new members welcome for a certain period of time? Is membership required in another group to attend? For example, if it's a group that a church hosts, are you expected to attend the church?
- [10] **Activities:** Will the group be having parties, picnics, or time with family members? About how frequently?
- [11] **Guests:** Can family members or friends come to the meetings? If the answer is yes, is this okay with other members? Is it all right on occasion only, or on a regular basis?
- [12] **Projects:** Do people wish to be involved in outside activities for the well-being of others? For example, does your group want to deliver gift baskets to people who are home-bound or provide a Christmas party for children in a low-income neighborhood?
- [13] **Policies:** Have you written up some basic guidelines for the group? They should contain: a privacy statement, the expectation that everyone will be treated with respect, how to handle conflicts, that the group is not for commercial use, etc. If you are an illness support group, you may want to be specific about how you will handle alternative treatment discussions and people's desire to share their most recent "cure."
- [14] **Handouts:** What kinds of educational or brochures will be available? Can attendees bring handouts, and if so, do they need to get advance approval from you or someone else?
- [15] **Exchange of personal information:** Do group members want their address,
-
- phone and/or emails distributed to other members as a directory or do they want it to remain private and give it out to others themselves?

[16] **Promotion:** What are your plans for letting people know about your group? If your group is formed under an organization, what forms of advertising are acceptable? For example, a classified in the local paper? An announcement in the calendar section of the paper? Flyers? Is there anything not allowed that you should be aware of and do the promotional pieces need approval?

[17] **Media exposure:** Can you write a press release, or find someone who can, about your meetings and purpose? Are there people in your group who would be willing to be interviewed by journalists?

[18] **Videotaping or photos:** It can be helpful to videotape the group meetings for people who are not able to attend so they can hear guest speakers, etc. Inform your attendees so they can choose to sit in view or out of view of the camera. Know when conversation is personal and the camera needs to be turned off. If you aren't sure how you will use the tape, have participants sign a release form. Don't post it online without permission from those who are on the tape. Are attendees comfortable having photos for the media, for example, if a journalist wants a photo of the group for a local story?

[19] **What kinds of promotional pieces do you**
- need to help promote the group and who can design them?** Things like posters, flyers, business cards, and stickers, can all be very useful in spreading the word about your group. Ask if anyone does design or digital scrapbooking for help and ideas.

[20] **Online communication:** Does your group wish to have a "hub" online to exchange information or encourage one another? Do they want something simple, like just email exchanges, or a social network setting available through a source like Ning?

[21] **Online web site:** It's easy to set up a simple web site using free blog software online. This can be a great place to post your group's calendar of events, links of resources, announcements, etc. You can also share online information with your group from other organizations and web sites as well. Use RSS feeds, links to online radio programs, and more. This can quickly give your group the support that they may need that you may not be able to provide on our own.

pha
Don't miss out on the remaining 22-35 vital steps! Visit Lisa Copen's chronic illness and pain support social network for support group leaders. Be prepared for the hurdles. Read Lisa's book, 'So You Want to Start a Chronic Illness Pain Ministry: 10 Essentials to Make it Work' at Comfort Zone Books or Amazon.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.

PHA Staff

Editor: Dawn Irons
Assistant Editor: Susan Williams
Advertising Manager: Laura Zeller
Asst. Advertising Mgr: Tami Conner
Editorial Calander Manager: Linda Heming
Distribution: Randi Dumont, Steve & Rhonda Cope
Contributors:
Mary Budinger, Laura Zeller, Bryan Rosner, Kathleen Liporace, Paul Callahan, Scott Forsgren, Dr. Virginia Sherr, PJ Langhoff, Dr. Robert Bransfield, Tami Duncan, Harriet Bishop, Lisa Copen, Joan Vetter, Jennifer Allton, Linnette R. Mullin.

Website:
www.publichealthalert.org
e-mail:
editor@publichealthalert.org

Donations:
If you would like to make a donation to PHA, you may do so through Paypal. Please send the donations to the following address:

donations@publichealthalert.org

We cannot accept credit card payments. Donations should be sent from a VERIFIED PayPal account.

You may mail your donation to:

**Public Health Alert
821 Sansome Drive
Arlington, TX 76018**

PHA is a free monthly publication. We function on the sale of advertising space and donations from the public.

We have nationwide distribution.

We are a privately-owned business and have the right to refuse publication of articles or advertising we deem inappropriate.

Disclaimer: This newspaper is for informational and educational purposes only. The owners, staff, writers and contributors of this group are not doctors (unless identified as such in their title). Articles in this newspaper are not intended to prevent, diagnose, treat or cure disease. The opinions in the articles are that of the author and not necessarily those of the PHA Editor or other PHA staff members.

Letters to the Editor
You may send letters to the editor:
editor@publichealthalert.org
or by postal mail to:

PHA
821 Sansome Drive
Arlington, TX 76018

All letters to the editor must be signed, and include name, address, and phone number. Letters will be printed as space permits.

Order Bulk Copies for your Support Group, Medical Practice or Special Event

www.publichealthalert.org

Click "Bulk Copies"
Fill out the online form.
Send us your payment for postage.
Your bulk copies will arrive within 2-3 days of receiving your payment.

Texas Lyme Disease Association

Giving Lyme the Boot!

www.txlda.org

All donations are tax exempt.
Donate online with PayPal:
donations@txlda.org

Page 2

www.publichealthalert.org

Public Health Alert

Top Ten Tips to Prevent Chronic Lyme Disease

by ILADS.org

Chronic Lyme disease patients may face a long, hard fight to wellness. People with chronic Lyme can have many debilitating symptoms, including severe fatigue, anxiety, headaches, and joint pain. Without proper treatment, chronic Lyme patients have a poorer quality of life than patients with diabetes or a heart condition.

The fact is Lyme is a complex disease that can be highly difficult to diagnose. Reliable diagnostic tests are not yet available which leaves many—patients and physicians alike—relying on the so called "telltale signs" of Lyme disease: discovery of a tick on the skin, a bull's eye rash, and possibly joint pain. However, ILADS research indicates that only 50%-60% of patients recall a tick bite; the rash is reported in only 35% to 60% of patients; and joint swelling typically occurs in only 20% to 30% of patients. Given the prevalent use of over the counter anti-inflammatory medications such as Ibuprofen, joint inflammation is often masked.

Based on these statistics, a significant number of people who contract Lyme disease are misdiagnosed during the early stages, leading to a chronic form of the disease which can prove even more difficult to diagnose and treat. Lyme disease is often referred to as the "great imitator" because it mimics other conditions, often causing patients to suffer a complicated maze of doctors in search of appropriate treatment. ILADS is committed to the prevention of chronic Lyme disease. The following tips are designed to offer guidance and minimize the risk of contracting chronic Lyme disease.

1. Know that Lyme disease is a nationwide problem

Contrary to popular belief, Lyme disease is not just an "East Coast" problem. In fact, in the last ten years, ticks known to carry Lyme disease have been identified in all 50 states and worldwide. Although the black-legged tick is considered the traditional source of Lyme disease, new tick species such as the Lonestar tick and a

pacific coast tick, have been found to carry *Borrelia burgdorferi*, the corkscrew-shaped bacterium that causes Lyme disease.

Avoiding a tick bite remains the first step in preventing chronic Lyme disease. One needn't have been "hiking in the woods" in order to be bitten by a tick. There can be ticks wherever there is grass or vegetation, and tick bites can happen any time of year. Spraying one's clothes with DEET-containing insecticide, wearing long sleeves and long pants, and "tucking pants into socks" continue to be the best ways to avoid ticks attaching to the skin. But don't forget the post-walk body check.

2. Check your tick facts

Ticks can vary in size from a poppy-seed size nymphal tick to a sesame-seed size adult tick. The ticks can carry other infectious agents besides the spirochete that causes Lyme disease, including *Ehrlichia*, *Anaplasmosis*, *Babesia*, and *Bartonella*. Lyme disease can sometimes be hard to cure if these other infections are not treated at the same time.

3. Show your doctor every rash

The bull's eye rash is the most famous, but there are many other types of rashes associated with Lyme disease. In fact, Lyme disease rashes can be mistaken for spider bites or skin infections. Take photos and make sure a medical professional sees the rash before it fades.

4. Don't assume that you can't have Lyme disease if you don't have a rash

Lyme disease is difficult to diagnose without a rash, Bell's palsy, arthritis, or meningitis, but you can still have Lyme and not have any of those signs or symptoms. Many people react differently to the infection and experience fatigue, headaches, irritability, anxiety, crying, sleep disturbance, poor memory and concentration, chest pain, palpitations, lightheadedness, joint pain, numbness and tingling.

5. Do not rely on test results

Currently there is no reliable test to determine if someone has contracted Lyme disease or is cured of it. False positives and false negatives often occur, though false negatives are far more common. In fact, some studies indicate up to 50% of the patients tested for Lyme disease receive false negative results. As a result, the CDC relies on physicians to make a clinical diagnosis based on a patient's symptoms, health history, and exposure risks. Doctors who are experienced in recognizing Lyme disease will treat when symptoms typical of the illness are present, even without a positive test, in an effort to prevent the development of chronic Lyme disease.

6. Be aware of similar conditions

Chronic Lyme disease is called the "great imitator" because it is often misdiagnosed as another condition such as Multiple Sclerosis, Fibromyalgia, chronic fatigue, or anxiety. Misdiagnosis is a common experience for patients with chronic Lyme disease. Treatments that work for these other illnesses are not appropriate for treating Lyme disease. Currently, the only effective treatment for Lyme disease is antibiotics. Ask your doctor to carefully evaluate you for Lyme disease even if your tests are negative.

7. "Wait and See" approach to treatment may be risky

Up to fifty percent of ticks in Lyme-endemic areas are infected with Lyme or other tick-borne diseases. With odds like that, if you have proof or a high suspicion that you've been bitten by a tick, taking a "wait and see" approach to deciding whether to treat the disease has risks. The onset of Lyme disease symptoms can be easily overlooked or mistaken for other illnesses. Once symptoms are more evident, the disease may have already entered the central nervous system and could be hard to cure. This is one case in which an ounce of prevention really is worth a pound of cure.

8. Don't be afraid to get a second opinion



Recognize that opinions on how to diagnose and treat Lyme disease vary widely among physicians. It is worth getting a second or even a third opinion, especially if you are symptomatic and your doctor advises not to treat, or symptoms recur or persist after treatment. Keep in mind that your physician may focus too narrowly on diagnosing and treating a single symptom. For example, a physician may diagnose a pain in your knee as "arthritis", and not see this as just one part of a larger set of symptoms that adds up to a diagnosis of Lyme disease, which requires different treatment.

9. Know your treatment options

Work with your doctor to identify the appropriate treatment option if your symptoms persist. There is more than one type of antibiotic available. Longer treatment is also an option. You should also work with your doctor to make sure you don't have another condition.

10. Expect success

You should expect to get better. You should not accept "watchful waiting" - the practice of stopping antibiotic treatment before you are well and then waiting for symptoms to clear on their own. Some doctors advocate stopping

Lyme treatment while the patient is still symptomatic and then hoping that he or she will eventually recover without further treatment. Government trials have identified a number of individuals whose symptoms did not clear when treatment was cut off prematurely. There are doctors who feel your symptoms will clear with further antibiotic treatment.

Support by Turn the Corner Foundation

Turn the Corner Foundation (TTCF) is dedicated to the support of research, education, awareness and innovative treatments for Lyme disease and other tick-borne diseases. Since its inception, TTCF has organized and supported countless programs that address Lyme disease education, diagnosis and treatment.

About ILADS

ILADS is a nonprofit, international, multidisciplinary medical society, dedicated to the diagnosis and appropriate treatment of Lyme and its associated diseases. ILADS promotes understanding of tick-borne diseases through research and education and strongly supports physicians and other health care professionals dedicated to advancing the standard of care for Lyme and its associated diseases.

pha

JOIN

TURN THE CORNER

TO

CREATE FOOTPRINTS™

IN THE FIGHT AGAINST LYME DISEASE

TURN THE CORNER™

The Fight Against Lyme Disease

Turn the Corner has partnered with Create Footprints,™ a national program that allows volunteers across the country to plan a walk to raise funds for Lyme disease research and initiatives through TTC. You can become an organizer of an event and raise money in your own neighborhood. Create Footprints™ gives you everything you need, including forms and step-by-step instructions, to execute a successful fundraising walk no matter where you live. The staff at Create Footprints™ and Powered by Professionals will be there to support your efforts every step of the way.

If you would like to host a walk in your area, please email Ken@createfootprints.org to become an organizer.

www.turnthecorner.org

Public Health Alert

www.publichealthalert.org

Page 3

Firmly Rooted



by Joan Vetter

The other day I spent time in my backyard digging up oak trees. Of course these oak trees were only three inches tall, but I was amazed to find about five inches of root below the ground. I chuckled to see the little acorn holding on to the root for dear life. Those little acorns didn't waste time. They dug in their heels and got established. How incredible to think the two huge oak trees in our front yard actually began their lives from something as tiny as my thumb nail. There is no way I could even begin to dig them out.

Then today I went out to plant some grass plugs. Before I knew it, my husband and I were digging up roots from the Crepe Myrtle tree that had reached the cool deck around our pool. We certainly didn't need them travelling under it and puncturing the new vinyl liner.

Later in the day I decided to fertilize our Azalea bush. A wild vine, already about six feet long, had wound it's tendrils around many of the branches. I have to admit I took the easy way out and just

snipped it at root level, fully realizing I'll have to deal with this intruder in the future.

Guess it's God's show and tell time. For weeks now, the Lord has been speaking about roots. It started with the word "stronghold". Then the words "firmly rooted" - followed by the scripture, "Every plant my Heavenly Father has not planted will be rooted up." (Matt. 15:13) Consequently, I have followed these clues on God's treasure hunt with great anticipation to see how it will all come together.

This quest was launched as I began to think of how long-standing problems or diseases seemingly don't budge very easily with prayer. So we are often left with wrong-thinking: this situation is the will of God, God doesn't care or doesn't hear me, or God is not able to do this. Just like the ground that didn't release those little oak trees without much effort, our minds refuse to release long standing erroneous beliefs. And the longer they have held their ground, the harder it is to pull them out.

Perhaps there is something huge in our lives that needs to go - an addiction or

disease such as Lyme that seems too big or impossible to be free of. As we look to scripture, we see a beautiful example of the power Jesus had when he walked on this earth (and we are told as He was, so are we). He spoke to a fig tree. The next morning, as the disciples passed by, they saw the fig tree dried up from the roots. Peter said, "Look, the fig tree which You cursed has withered away." Later Jesus declares, "whatever things you ask when you pray, believe that you receive them, and you will have them."

So, let's get out our Kingdom gardening tools and set to work. We've got some planting to do, but also some uprooting.

First, let's plant love. God says we are to be rooted and grounded in his love. Of course the seed of love is the Word of God. As we meditate on scriptures such as Rom. 5:8 we learn that "God demonstrated His own love toward us, that while we were still sinners, Christ died for us," that seed goes a little deeper. Then we meditate on Jeremiah 3:3, and learn "The Lord has appeared to me saying, 'Yes, I have loved

you with an everlasting love, therefore with loving kindness I have drawn you'." Again, the seed gets more established.

Subsequently we learn that faith works by love, so suddenly faith to uproot an illness springs forth. If we know we're loved by God and we love ourselves, it is easier to believe God wants the best for us.

Perhaps when we try to plant the good seeds we just run into stones, hard ground or roots. For instance a friend kept trying to landscape their yard with no avail. Finally they called in an expert. He discovered a network of roots all over the yard. In Christian meetings she speaks on the root of bitterness and brings a shoebox filled with one of the intertwined roots. If we fail to prepare the ground, we won't have much success getting the seed to grow.

Having planted a crop of love and faith, we prepare for the harvest. I love remembering the time when we lived in Ohio on two acres of land. After experiencing a year of failure due to the ground not being prepared, the following year we finally had our crop of

8-foot tall corn stalks. They were almost ready for harvest when a furious storm blew in, knocking them all down. When it blew over, I was in the garden on my hands and knees lifting up the stalks and patting the mud around each one to make them stand erect. It was so worth it at harvest time. We enjoyed dozens and dozens of ears of sweet, golden corn.

Therefore, spiritually, we may have to get on our knees and protect the harvest even after persistently believing for a breakthrough, but let's not give up - the end result is so sweet and so worth the effort!

pha



FREE Download Available!!

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

"Please count me in as one of your readers who finds your publication valuable, well done, and offers information not readily available anywhere else. I too have learned from your articles, and have referred many to PHA. Bravo, and keep up the good work!" ~Dr. Joseph J. Burrascano



The Poison Plum is a gripping, chilling novel exposing the rampaging epidemic of Lyme disease now sweeping across America and the disease's connection, if any, to the government's top-secret biological research laboratory at Plum Island, New York.

www.LinnetteMullin.com

God Makes All Things Beautiful in its Time...

Lithium Orotate in Support of Lyme Disease treatment

Excerpt from "The Top 10 Lyme Disease Treatments" by Bryan Rosner

Book available from <http://www.lymebook.com>

Protection for your brain

Most people know of lithium only as a powerful antipsychotic drug used in treating severe psychiatric disease. Lithium is most familiar to the public as a treatment for afflictions such as bipolar disorder, schizophrenia, and depression. You may, therefore, be shocked to see it listed here as one of ten breakthrough therapies for Lyme Disease.

Believe it or not, lithium is not a drug - it is actually a mineral - belonging to the same family of minerals (the alkali metals) that includes sodium and potassium. In fact, some forms of lithium are sold over-the-counter as nutritional supplements and are recommended by physicians for healthy people without any disorder, mental or otherwise. So, pause for a few minutes, take a deep breath, and get ready to learn the truth about lithium. Leave your preconceived notions at the door as we embark on a journey to explore one of the most misunderstood minerals in existence.

It is true that lithium is sold as a prescription drug product for serious mental illnesses like bipolar disorder and schizophrenia. It is also true that the pharmaceutical version of lithium is associated with potentially severe and damaging side effects. Pharmaceutical lithium drugs are comprised of a potent form of lithium (lithium citrate or lithium carbonate) and are given in extremely high doses. Consequently, these drugs often cause side effects in the form of lithium toxicity, which we will examine in a few pages.

What is less well-known is that there is an over-the-counter type of lithium, known as lithium orotate, which is given in smaller doses and is associated with numerous brain-boosting/protecting effects. Lithium orotate can be given in low but still therapeutic doses without imposing the risks associated with prescrip-

tion lithium. The properties of drug-form lithium at high doses which are responsible for improving symptoms of severe mental illness are the same properties which are at work in lower doses of over-the-counter lithium. Treatment with lithium orotate can lead to improvement in numerous conditions involving less profound forms of brain dysfunction.

This chapter will first examine the beneficial effects of lithium in both its forms, as a prescription drug and as an over-the-counter nutritional supplement. Then we will look at the very important differences between the two types of lithium. We will show how this information is of value to the Lyme Disease sufferer and describe how lithium therapy might be incorporated into a treatment program.

Lithium and neurotoxicity

Although lithium has other effects on the body, its primary beneficial actions are on the brain. These actions are so numerous that it would require the writing of another book to do justice to this powerful mineral. Lithium is so effective in treating illnesses like obsessive-compulsive disorder, bipolar disorder, schizophrenia, and depression that some researchers have postulated that these conditions are actually caused by a lithium deficiency! Lithium's beneficial effects on the brain are a result of its incredible ability to protect the brain from the damaging effects of numerous types of neurotoxins, including, you guessed it, the Lyme Disease neurotoxin.

The neuroprotective effects of lithium were discovered by researchers who set out to identify the mechanism of action behind lithium's ability to stabilize mood and improve symptoms of mental illnesses. These researchers expected to discover that lithium acts on the parts of the brain which control mood and emotions, in much the same way that antidepressant drugs work, by adjusting this or that neurotransmitter in order to create chemical changes in the brain. To their surprise, lithium had no action at all in these areas. Instead,

the mood stabilizing effects of lithium were found to be attributed to an entirely unrelated method of action, namely, shielding the brain from neurotoxins. Researchers found that lithium can protect the brain from dozens of different offensive chemicals and toxins, both synthetic and naturally occurring.

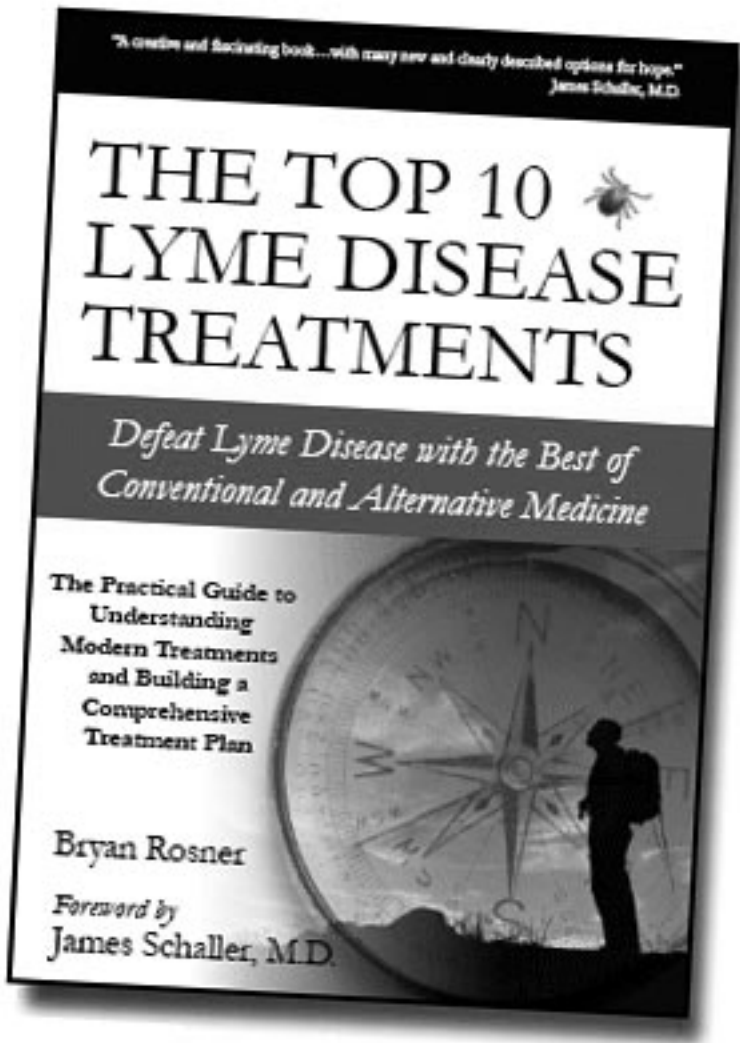
The ramifications of this discovery were groundbreaking and have very important implications in several medical disciplines. First, because we now know that lithium's method of action in helping the brain is to protect it from toxins, and because we also know that lithium is incredibly effective in reducing the symptoms of mental illness, we can conclude that numerous serious mental disorders are actually caused by toxic substances that end up in the brain. This finding validates the medical reality that there is a physiological explanation for many psychiatric disorders (such as schizophrenia, depression and manic-depression, multiple personality disorder, and obsessive compulsive disorder) which have long been disparaged as personality problems or character flaws and are sometimes even blamed on the patient. Many mental illnesses are not in fact bizarre personality variances but instead are the result of poisoning with very common toxins found in nature and industrialized society.

The involvement of toxicity in psychiatric and cognitive problems (as is evidenced by their amelioration with a neuroprotective agent like lithium) makes them just as real as cancer or food poisoning. And in the same way that cancer and food poisoning are no fault of the patient, neither are mental disorders. Lyme Disease patients, much like victims of psychiatric disease, are often blamed for behavioral, emotional, and cognitive problems that are actually a direct result of toxic bacterial byproducts in the brain. Thus, an indirect result of lithium research has been to vindicate Lyme Disease patients by enabling them to defeat age-old stereotypes which lead to demoralization, embarrassment, and feelings of hopelessness.

Unfortunately, the dis-

covery that toxins play a role in mental disease is often wholly ignored by the conventional medical community in favor of less accurate, more drug-friendly models of disease. Nevertheless, as we shall see later in the chapter, the availability of an all-natural, over-the-counter supplement to combat mental dysfunction has the potential to empower patients to stop relying solely on medical practitioners and the pharmaceutical industry and to take back control of their own health.

A second important ramification of the discovery that toxins can cause mental dysfunction has been to enhance the ability of medical practitioners to treat mental illnesses more effectively and safely. Instead of masking symptoms with the over-prescribed, dangerous, and side effect-laden antidepressant/antipsychotic drugs which are so popular in modern medicine, it is now possible to use natural minerals like lithium to actually treat the root cause of the problem and protect the brain. Moreover, when given as over-the-counter lithium orotate, such treatment will save the patient from the ghastly side effects of brain chemistry-altering drugs.




Lithium and Lyme Disease

How does this information about the benefits of lithium relate to Lyme Disease treatment? Since a significant number of Lyme Disease symptoms result from the brain dysfunction caused by Lyme neurotoxins, lithium can play an important role in protecting the brain and minimizing neurological symptoms during the course of Lyme Disease treatment. For some Lyme sufferers, lithium supplementation can replace pharmaceutical treatments for Lyme-related depression, mental confusion, and behavioral instability. Not only can lithium offer increased effectiveness over many prescription antidepressant, anti-anxiety, and other psychotropic drugs, lithium can be safer and have far fewer side effects.

Lithium can be more effective than pharmaceutical solutions to the cognitive ill-effects of Lyme Disease because, as we have said, lithium actually protects the brain from the harmful toxins causing the problem instead of rearranging brain chemistry to mask the symptoms of toxic poisoning. So profound are the neuroprotective effects of lithium

"Lithium" ...cont'd pg 7



Rapid Recovery Hyperbarics


The Secret is Out!

Hyperbaric Oxygen Therapy Helps:

Please Call For Our Information Package

Lyme Disease, Fibromyalgia, Autism, Stroke and Much More!

Rapid Recovery Hyperbarics Oxygen Therapy



www.hbot4u.com
909.889.7626
1455 North Waterman Ave. Ste. 124-126
San Bernardino, CA. 92404
909-889-7626 office
909-889-0517 fax

Public Health Alert

www.publichealthalert.org

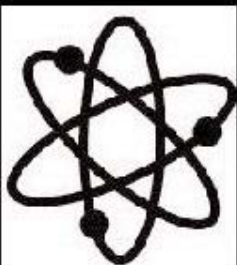
Page 5

Hopewell Pharmacy and Compounding Center

Providing Custom Medications to Fit Individual Patient's Needs



Methylcobalamin
Glutathione: IV, Nasal Spray, Inhalation, Cream
Chelating Agents: DMSA, DMPS (oral or transdermal)



We accept most major insurances for compounds!
One stop shopping for all your prescription and supplement needs



All-Natural Tick and Insect Repellant
DEET- Free Non-Toxic
Repels:

- Mosquitoes
- Flies
- No-see-ums
- Ticks
- Gnats
- Fleas

Use as an effective alternative to toxic, DEET containing formulas
A natural, biodegradable product, free of petrochemicals

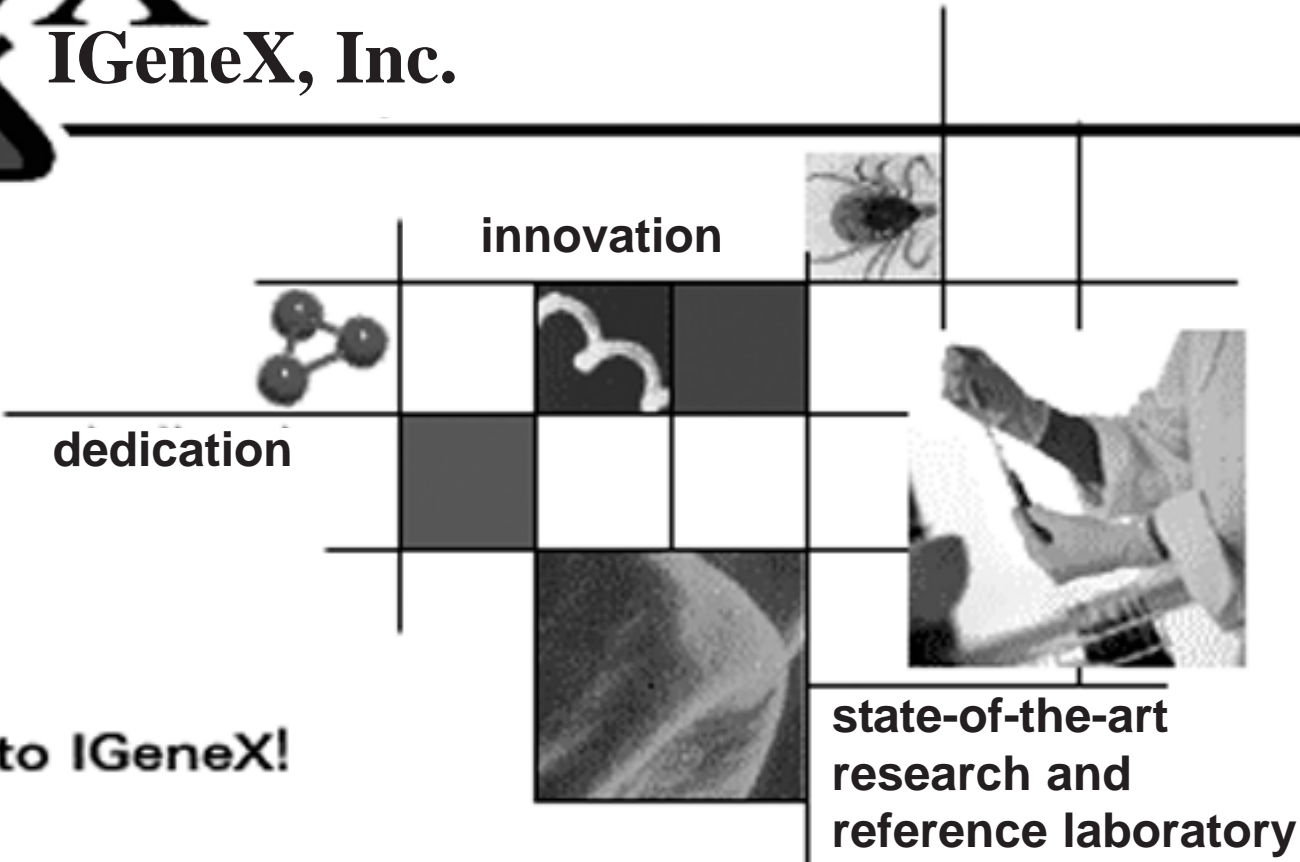
Fast, reliable shipping

www.hopewellrx.com
info@hopewellrx.com

1 West Broad St. Hopewell, NJ 08525
609-466-1960/ 800-792-6670



Specializing in Lyme
Disease and Associated
Tick-Borne Diseases



Welcome to IGeneX!

The laboratory is CLIA-certified,
inspected by the Department of Health and Human Services for Medicare testing,
and is also licensed in those states with special requirements
(California, Florida, Maryland, New York, and Pennsylvania).

795/797 San Antonio Rd.
Palo Alto, CA 94303
800/832-3200

www.igenex.com

“Lithium” ...cont’d from pg 5

um that numerous Lyme Disease sufferers have noticed huge improvements in mood, memory, motivation, aggressive feelings, and other mental functions, simply by adding a very small amount of lithium to their supplementation regimens.

The negative action of Lyme Disease neurotoxins is not limited to behavioral, emotional, and cognitive problems. Many physical symptoms such as fatigue, headaches, vision problems, spatial orientation issues, and vertigo can also be caused by Lyme Disease neurotoxins. Lithium can reduce and even eliminate these symptoms as well.

Lithium supplementation can work synergistically with the detoxification therapies discussed in Chapter 8. Many detoxification therapies send toxins into circulation before they are eliminated. This can cause increased symptoms of toxin circulation as the liver and kidneys and other detoxification pathways work hard to remove the poisons from the bloodstream. Lithium supplementation during this time can greatly reduce symptoms and protect the brain.

Other benefits of lithium

But the story does not end there. Lithium has many other brain boosting and protecting effects. Jonathon V. Wright, M.D., medical director of The Tahoma Clinic in Renton, Washington, is an expert on lithium supplementation. In a two-part article on lithium entitled "The Misunderstood Mineral," he describes some of the many benefits of lithium supplementation. Dr. Wright recommends lithium supplementation not just for disease conditions but also to healthy people for anti-aging and general brain health. Below are some of Dr. Wright's findings and my comments in italics:

1. Lithium prevents brain cell death from reduced blood flow after a stroke. Lithium treated rats experienced 56% less cell death and significantly fewer neurologic deficits than control rats in a study which examined potential for lithium to be used as a treatment for stroke. It is well-known that Lyme Disease caus-

es decreased blood flow to the brain. Therefore, lithium may be beneficial in preventing brain cell death in Lyme Disease.

2. Lithium prevents medication-induced toxic side effects. Scientists use the word "robust" to describe the ability of lithium to prevent neurological side effects during treatment with medications which are known to have a negative impact on the brain. Flagyl (metronidazole), a very effective antibiotic commonly used in treating Lyme Disease, is known to have nasty neurologic side effects. Other medications commonly used in Lyme Disease also have neurologic side effects. Lithium may render Lyme Disease medications safer and more tolerable.

3. Researchers have suggested that "the use of lithium as a neurotrophic/neuroprotective agent should be considered in the long term treatment of mood disorders, irrespective of the primary treatment modality being used for the condition." Lyme Disease is known to cause many mood disorders. Research indicates that lithium would be a helpful treatment to combine with any other treatment a Lyme Disease sufferer is using for management of mood disorders.

4. Lithium can slow progression of, and improve symptoms of, Alzheimer's disease. Lithium may also prevent latent Alzheimer's disease from manifesting. One of the toxins believed to contribute to Alzheimer's disease is the heavy metal aluminum. Lithium's ability to help Alzheimer's disease may be partially a result of its known ability to protect the brain from the negative effects of aluminum. Recent research has found a possible correlation between Lyme Disease and Alzheimer's disease. Also, aluminum poisoning is known to worsen Lyme Disease. Because aluminum is very difficult (if not impossible) to remove from the brain, lithium's ability to

protect the brain from aluminum toxicity is extremely valuable.

5. 10 years of data accumulated from 27 Texas counties indicate that the incidence of homicide, rape, burglary, drug use, and suicide, as well as other crimes, were significantly lower in counties whose drinking water supplies contain 70 to 170 µg of lithium per liter in comparison with counties with little or no lithium in their water. Researchers conclude "these results suggest that lithium at low dosage levels has a generally beneficial effect on human behavior ... increasing human lithium intakes by supplementation or lithiation of drinking water is suggested as a possible means of crime, suicide, and drug-dependency

Not only does lithium protect the brain from Lyme Disease neurotoxins, it also has many other properties which can reduce symptoms and preserve brain health throughout the recovery process.

reduction at the individual and community level." Lyme Disease is very often associated with numerous types of behavioral disorders, ranging from "Lyme rage" and violence to apathy and suicide. Additionally, the Lyme Disease infection has been implicated in other health conditions which involve behavioral disorders, such as autism, Tourette's syndrome, bipolar disorder, obsessive-compulsive disorder, and others. Therefore, lithium may be invaluable in helping Lyme Disease patients who suffer from behavioral disorders.

6. Lithium has been found to help break addictions to alcohol (and possibly other substances). One article in the British Journal of Addiction found that "both controlled and uncontrolled experiments show that symptoms of both alcoholism and of affective distur-

bance are reduced in patients treated with lithium." Additionally, Dr. Wright has found that relatives of alcoholics with alcoholism may benefit from taking lithium even if they themselves do not have problems with alcohol. Although there is no known correlation between alcoholism and Lyme Disease, people with alcohol dependency who suffer from Lyme Disease may find lithium helpful. Additionally, Lyme Disease sufferers are often addicted to sugar and other counterproductive foods as a result of overly acidic pH and other Lyme-related imbalances. Lithium may be helpful in controlling these problems.

7. Fibromyalgia patients have noticed some helpful effect from lithium treatment.

One study which examined three women suffering from fibromyalgia (none of whom had responded to conventional treatment) found that all three noticed a marked reduction in symptoms after lithium was added to their treatment programs. It is generally accepted that there is a strong correlation between fibromyalgia and Lyme Disease. In some cases, fibromyalgia may actually be caused by Lyme Disease. Therefore, as an added bonus, those who use

lithium supplementation to treat neurological symptoms may notice improvement in muscle soreness, fatigue, and other symptoms of fibromyalgia.

8. Cluster headaches have been found to yield to lithium treatment. One study examined lithium's effect on 19 men with cluster headaches. Eight men experienced rapid improvement in just two weeks. Four individuals had both cluster headaches and psychiatric symptoms-these four had almost complete elimination of their headaches. This is just another example of lithium's ability to have a profound effect on a wide range of neurological issues.

9. Viruses, including herpes simplex, adenovirus, Epstein-Barr virus, cytomegalovirus, and the measles virus were found by one study to have inhibited

reproductive capabilities when exposed to lithium. Another study demonstrated a "consistent reduction in the number of herpes episodes per month, the average duration of each episode, the total number of infection days per month, and the maximum symptom severity" during lithium treatment. People suffering from Lyme Disease are also typically affected by co-infection with other bacteria, viruses, protozoa, and parasites. Use of lithium may help control viral co-infections.

10. Several peer-reviewed studies have shown that lithium has anti-aging effects on the brain including the ability to increase gray matter, stimulate production of new brain cells, and prevent brain shrinkage (which is known to occur as the human brain ages). For example, a study published in the Lancet by the University of Detroit found that eight of 10 people taking lithium experienced a 3% increase in gray matter after just four weeks of supplementation. This benefit of lithium is self-evident with regard to Lyme Disease: as the body is desperately fighting off the infection, lithium supplementation will help preserve brain function and integrity. Remember, Lyme Disease is primarily a disease of the central nervous system. So, a treatment that can protect the central nervous system is highly valuable.

The above-listed benefits of lithium add momentum to the already strong argument that lithium deserves a place in the supplement regimens of most Lyme Disease sufferers. Not only does lithium protect the brain from Lyme Disease neurotoxins, it also has many other properties which can reduce symptoms and preserve brain health throughout the recovery process.

Prescription vs. over-the-counter lithium

Now that we have established the benefits of lithium in treating various disorders, including Lyme Disease, we will move on to explore the differences between prescription lithium and over-the-count

“Lithium” ...cont’d pg 9



Fry Laboratories LLC

1-866-927-8075

“Committed to Understanding”

Chronic Diseases Through Diagnostics and Research.

Do you have any of these symptoms?

• Fatigue	• Myalgia	• Arthralgia
• Rash	• Headaches	• Numbness
• Insomnia	• Tick Bites	• Cardiac Complaints

Chronic Diseases are Sometimes Associated with Infectious Agents

• Chronic Fatigue Syndrome	• Autoimmune Disease
• Fibromyalgia	• Lupus
• Gulf War Veterans Illness	• Ulcerative Colitis
• Chronic Lyme Disease	• Scleroderma
• ALS (Lou Gehrig's Disease)	• Rheumatoid Arthritis
• Parkinson's Disease	• Osteoarthritis
• Multiple Sclerosis	• Crohn's Disease
• Autism	

Vector-Borne Diseases and Co-Infections of Interest

• Borrelia (Lyme)	• Babesia	• Bartonella
• Anaplasma	• Ehrlichia	• Q Fever
• Toxoplasma	• Rickettsia	• Plasmodium

We are a CLIA Certified Laboratory and we participate in the College of American Pathologists and American Proficiency Institute Testing Programs

www.frylabs.com

Services

- Advanced and Traditional Microscopy
- Genus-wide PCR with Sequencing
- Oxidative Stress Testing
- Biofilm Detection
- Serology



NATIONAL SUPPORT GROUPS

National Multiple Sclerosis Association:
www.nmss.org

Alabama
3840 Ridgeway Drive
Birmingham, AL 35209
Phone: (205) 879-8881
Phone: 1-800-FIGHT-MS
Email: alc@nmss.org
www.nationalmssociety.org/alc

Northern California
150 Grand, Oakland, CA 94612
Phone: 510-268-0572
toll-free: 1-800-FIGHT MS
Email: info@msconnection.org
<http://www.msconnection.org>

Colorado
700 Broadway, Suite 808
Denver, CO 80203-3442
Phone: 303.831.0700
1.800.FIGHT.MS

Georgia
455 Abernathy Rd. NE, Suite 210
Atlanta , GA 30328
Phone: 404-256-9700
Phone: 1-800-FIGHT-MS
mailbox@nmssga.org

Florida
2701 Maitland Center Pkwy, Suite100
Maitland, FL 32751
Phone: (407) 478-8880
Email: info@flc.nmss.org
www.nationalmssociety.org/flc

Texas
8111 N. Stadium Drive, Suite 100
Houston , TX 77054
Phone: 713-526-8967

ALS Association DC / MD / VA
<http://www.alsinfo.org/>
7507 Standish Place
Rockville, MD 20855
(301) 978-9855
toll free: (866) 348-3257
fax: (301) 978-9854

Great Philadelphia ALS Chapter
321 Norristown Road, Suite 260
Ambler, PA 19002
Phone: 215-643-5434
Toll Free: 1-877-GEHRIG-1 (1-877-434-7441)
Fax: 215-643-9307
alsassoc@alsphiladelphia.org

South Texas Chapter
<http://www.alsa-south-tx.org/>
(210) 733-5204
toll free at (877) 257-4673

North Texas
<http://walk.alsanorthtexas.org/site/PageServer>
1231 Greenway Dr., Ste.385
Irving, TX 75038

s.melson@alsanorthtexas.org
972-714-0088
877-714-0088

Lyme Disease Support Arizona

Southern Arizona - Donna
Hoch: nanandbo@cox.net
520-393-1452

L.E.A.P. Arizona
Tina J. Garcia
Lyme Education Awareness
<http://www.leaparizona.com>
480-219-6869 Phone

Lyme Disease Support

Arkansas
Mary Alice Beer
(501) 884-3502
abeer@artelco.com

California
Dorothy Leland
website: www.lymedisease.org
contact@lymedisease.org

Mid-Peninsula Lyme Disease Support Group
Mountain View, CA
2nd Tuesday each month: 6:30-8:30 PM
ldsg_scott@hotmail.com

Colorado
Mary Parker
303-447-1602
milehightick@yahoo.com

Connecticut
www.timeforlyme.org
914-738-2358

Meetings: first Thursday of every month from 7-8:30 p.m. at the Greenwich Town Hall

National Support:
truthaboutlymedisease.com/
Dana Floyd, director

LDA of Iowa
PO Box 86, Story City, IA 515-432-3628
ticktalk2@mchsi.com

Kansas
913-438-LYME
Lymefight@aol.com

Montana
bepickthorn@earthlink.com

North Carolina
Stephanie Tyndall
sdtyndall@yahoo.com

South Carolina
Contact Kathleen at (864) 704-2522
greenvillelyme@bellsouth.net

Lyme Disease Support

Illinois Lyme Disease Network
<http://www.illinoislyme.com>
Contact: 618-204-8084

New Mexico
Veronica Medina
(505)459-9858
vrmedina@comcast.net

Oklahoma
Janet Segraves 405-359-9401
Janet@LDSG.org
www.LDSG.org

Portland, Oregon
Meets 2nd Sunday of each month 2010 NW 22nd Street Second Floor from 1-3 PM.
503-590-2528

TEXAS :
Greater Austin Area Lyme Council. Teresa Jones
tmomintexas2@yahoo.com


Dallas/Ft Worth
John Quinn
Jquinn@dart.org
214-749-2845

Houston
Contact: Teresa Lucher
lucher@sbcglobal.net

League City/ ClearLake & NASA Area
Sandra Mannelli
smannelli@comcast.net

Washington State
Alexis Benkowski
WA-Lyme-owner@
yahoogroups.com

Western Wisconsin Lyme Action Group
Marina Andrews
715-857-5953

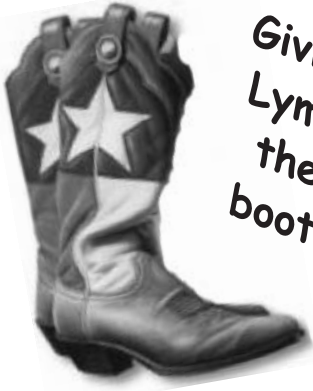


Military Lyme Disease Support

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

<http://health.groups.yahoo.com/group/MilitaryLyme/>

Texas Lyme Disease Association



Giving Lyme the boot!

www.txlda.org

All donations are tax exempt.
Donate online with PayPal:
donations@txlda.org

FINANCIAL ASSISTANCE AVAILABLE

“CONDENSED” COWDEN SUPPORT PROGRAM

- 4 dosing times per day as opposed to 8 dosing times per day
- Cost is 40% less than the full support program
- More effective than the full support program

**FINANCIAL ASSISTANCE IS AVAILABLE
FOR THE CONDENSED COWDEN SUPPORT PROGRAM
FOR ONE PATIENT OF A PRACTITIONER**
LIMITED AVAILABILITY – CONTACT US FOR MORE INFORMATION

NutraMedix 
Providing Quality Natural Products Since 1993

info@nutramedix.com • www.nutramedix.com • Tel: 1-800-730-3130 1-561-745-2917 • Fax: 1-561-745-3017



“Lithium” ...cont’d from pg 7

er lithium. It is important to clarify these differences because prescription lithium often has serious side effects which the Lyme Disease patient will want to avoid at all costs, while over-the-counter lithium (which is therapeutic at low doses) is nontoxic and much safer.

Lithium itself is a mineral. However, as with most minerals, the right amount can be healing but the wrong amount can be dangerous. Prescription lithium drugs contain lithium carbonate or lithium citrate. At low doses, these forms of lithium are harmless. However, the therapeutic benefit of lithium carbonate and lithium citrate is only realized at extremely high doses which come very close to causing lithium toxicity. This is because lithium carbonate and lithium citrate have very low bioavailability (the fraction of a dose of a particular medication that is actively available to the targeted body area). As such, pharmaceutical lithium is formulated to contain mega-doses of lithium and is therefore reserved for treatment of only the most severe of illnesses.

Ward Dean, M.D., describes this phenomenon in an article he released in July, 1999, entitled "The Unique, Safe Mineral with Multiple Uses." Dean's article explains that lithium carbonate and lithium citrate (the drug forms of lithium) require very high doses to have therapeutic effect because these forms of the mineral are poorly absorbed by the body's cells. Because the therapeutic action of lithium takes place inside the cells, acting on intracellular structures like the mitochondria and lysosomes, high doses of pharmaceutical lithium must be taken in order to obtain satisfactory intracellular concentration.

Unfortunately, these doses cause blood levels of lithium to be so high that they border on toxic. Thus, people using prescription lithium must be closely monitored for excessive levels of the drug. Frequent blood tests are necessary to measure both serum lithium and serum creatinine level in order to guard against toxicity.

The toxic effects of high-dose lithium can include frequent urination, thirst, nau-

sea, hand tremors, and vomiting. Extreme toxicity may involve drowsiness, muscular weakness, poor coordination, ringing in the ears, and blurred vision. Kidney damage is also possible. These side effects are listed on the boxes or inserts of prescription lithium medications. Obviously, prescription lithium is no walk in the park. However, because it is so effective in treating certain mental illnesses, people who are debilitated by these disorders are willing to risk the side effects. With these risks and limitations, lithium drugs are not much use to the Lyme Disease sufferer who is interested in protecting the brain but is not willing to endure toxic side effects.

Enter lithium orotate, the non-prescription form of the mineral. Although somewhat similar to lithium carbonate and lithium citrate, lithium orotate differs because it has a much better bioavailability profile, as well as greater intracellular absorability. Smaller doses of the over-the-counter, orotate form have the same active benefit as much larger doses of prescription lithium. During recent history, several researchers have pointed to lithium orotate as an alternative to lithium carbonate and lithium citrate which offers substantial therapeutic benefit at much lower, much safer doses.

One of the first researchers to study lithium orotate was Hans Nieper, M.D. Dr. Nieper was born in Germany in 1928 and died in 1998. His premedical studies were conducted at Johann Gutenberg University in Mainz and his initial medical training at the University of Freiburg. He received a medical degree from the University of Hamburg.

Hans Nieper was known for his expertise in applying the advanced principles of physics to medical concepts. One of his most significant achievements involved working with mineral supplements as treatments for disease. He and several colleagues identified a series of "mineral transporters," substances that he believed would increase the bioavailability of minerals in tissues and cells. Among the transporters he used were AEP (2-

aminoethylphosphonic acid), aspartic acid, arginine, and orotic acid.

According to Nieper, when these transporters are combined with certain minerals, they form organic mineral salts such as magnesium AEP, magnesium aspartame, magnesium arginate, magnesium orotate, and lithium orotate. Of the transporters Nieper worked with, he preferred the orotates because he believed they produced higher bioavailability than other transporters. Consequently, Nieper postulated that lower doses of mineral orotates would have the same therapeutic effect as higher doses of other forms of minerals.

Nieper's work, which began as abstract theory, eventually gained credibility as clinical results followed. Nieper and other physicians have been clinically successful in treating various conditions with low doses of mineral orotates. These conditions include multiple sclerosis, cancer, calcification of bone, coronary heart disease, alcoholism, mood disorders, liver damage, radiation effects, and others. Success has been achieved in these areas even when other forms of mineral dosing/supplementation have failed.

Dr. Ward Dean, whose above-mentioned article described the risks associated with high dose pharmaceutical lithium, went on in that article ("The Unique, Safe Mineral with Multiple Uses") to contrast these drugs with the lithium salt of orotic acid (lithium orotate). In stark contrast to the drug forms of lithium, Dean explains that lithium orotate improves the therapeutic effects of the mineral many fold by increasing lithium bio-utilization. The orotate component of lithium is highly effective in transporting lithium across cell membranes to the mitochondria, lysosomes, and other intracellular structures, Dean says. Because of its superior bioavailability, therapeutic doses of lithium orotate can be much smaller than therapeutic doses of prescription forms of lithium and thereby offer a nontoxic alternative to these drugs.

For example, severe depression can be treated by only 150 mg per day of lithium

orotate. In comparison, the same treatment with lithium carbonate or citrate requires 900 to 1800 mg per day. In referring to a study conducted by Hans Nieper, Dean notes that 150 mg per day of lithium orotate is not associated with adverse effects and that there is no need for monitoring blood lithium levels at this low dose. This conclusion agrees with those of Dr. Wright, who has found it unnecessary to monitor his patients when they take low-dose lithium orotate supplements.

The work of doctors Nieper, Dean, and Wright is confirmed by actual experiences of Lyme Disease sufferers, many of whom have taken lithium orotate at low doses and have noticed great benefit without side effect. In fact, many Lyme Literate Medical Doctors (LLMDs) across the United States and abroad include lithium supplementation in their recommended list of supplements. Experience has simply shown that Lyme Disease sufferers receive great benefit from lithium supplementation.

Conclusion and product information

Although very helpful, lithium supplementation is not antibacterial and is thus not a curative treatment for Lyme Disease. Because Lyme Disease is caused by the presence of a bacterial infection, it cannot be cured unless the bacterial infection is eliminated. However, lithium supplementation can reduce symptoms and protect the brain while other antibacterial therapies (such as rife machines, the Marshall Protocol, or antibiotics) are used to eradicate the infection. Considering that healing from Lyme Disease can require two to four years even if everything is done just right, it is extremely helpful to utilize available treatments which make that process more tolerable. Lithium orotate is such a treatment.

Dr. Wright recommends 10 to 20 mg of elemental lithium per day in the form of either lithium orotate or lithium aspartate (lithium orotate is more commonly available and has thus been the focus of this book). In some cases, a lower

dose is acceptable in the treatment of Lyme Disease-such as 5 to 10 mg. Lithium supplement products sometimes show on their labels quantities of two types of lithium: lithium orotate and elemental lithium. For example, some products contain 5 mg elemental lithium and 120 mg lithium orotate. In these cases, the number upon which to base dosing is the lower number, the elemental lithium content.

Dozens of brands of lithium orotate supplements are available, so the best course of action is to select a brand name that you trust.

Dr. Wright has been recommending lithium supplementation since the 1970s for brain protection and anti-aging. He explains that when he first recommended lithium to his patients, he was exceptionally cautious and asked them to have regular lithium level blood tests and thyroid function tests. However, after a year or so he stopped asking for lithium blood tests because 100% of them came back at very safe levels. Soon after, he stopped asking for thyroid function tests as well, because he rarely found them necessary. However, the decision about whether or not to undergo testing while using lithium supplementation should be made by you and your trusted physician.

Because lithium is cleared by the kidneys, it may not be safe for people with kidney disorders. Some people with Lyme Disease may have unknown kidney disorders or weak kidneys. In these cases, lithium supplementation may not be appropriate. Consult a physician before using lithium. Lithium should not be used by people with certain types of cardiovascular diseases, severe debilitation, dehydration, or sodium depletion, nor by people who are taking diuretics or ACE inhibitors. Consult your doctor before use if you are taking anti-hypertensive drugs, anti-inflammatory drugs, analgesic drugs, or insulin. Lithium should not be used by pregnant women and breast-feeding mothers. Mineral orotates (including lithium orotate) are not FDA approved, and their clinical use remains officially experimental.

pha

Discover

The Top

10

Lyme

Disease

Treatments

www.Lyme-Disease-Treatment.com

“Morgellons” ... cont’d from pg 1



Continued research is necessary to pursue the apparent association between these diseases. Dr. Stricker commented that the Morgellons crisis we are experiencing today is reminiscent of what he experienced in the early 1980's as the AIDS epidemic began to surface in San Francisco.

Amelia Withington, MD, a psychiatrist in Pennsylvania, presented case studies from her practice. Dr. Withington has come to understand the issues from both sides, as a physician and as a patient. Her insightful observations and experiences were shared beginning with her own diagnosis in 2008. Her kindred connection between Morgellons and Lyme was more apparent when Amy dedicated her presentation to Leslie Wermers from the film, *Under Our Skin*. Having become close friends, Amy was deeply affected with the passing of Leslie after the release of the film. Dr. Withington stated, "...She radiated energy and positivity... Her death could hardly illustrate more vividly what a treacherous foe we face in these illnesses. ...she was an inspiration...to spread the word about what is really happening with Lyme and related infections."

Greg Smith, M.D., F.A.A.P., Associate Director and Co-founder of the Charles E. Holman Foundation, a practicing pediatrician in Georgia for 28 years until disabled by Morgellons Disease and Chronic Lyme. As a physician and a patient, Dr. Smith has felt first-hand the nightmare of seeking and obtaining medical care, encountering many of the same barriers which the average Morgellons patients have faced. In his talk, "Morgellons Land Mines and How to Avoid Them", Dr. Smith shared potential avenues for Morgellons patients and their supporters to prevent these situations from developing while making the best of this Morgellons Disease conundrum in which medical literature, for the most part, remains far behind the science of a newly-described condition. Due to dire health circumstances, Dr. Smith was unable to join the 2009 Morgellons Conference. His refreshing comeback to present at this year's conference was as warmly welcomed as his wisdom, wit, and compassionate southern charm.

Nelam Uppal, MD, maintains a private infectious disease practice in Florida. Dr. Uppal's presentation of several case studies offered another

glimpse into the difficulties experienced when attempting to medically manage Morgellons Disease. As a physician who understands the reality of the condition, she has blended her knowledge of eastern and western medicine to provide care as well as a fresh insight into researching the underlying complex cause/causes of Morgellons. Dr. Uppal has an on-going effort to fund her progressive research.

The CEHF has and always will incorporate live music as a tradition at the annual Morgellons Conference as an honorary tribute to CEHF founder Charles E. Holman. Charles' love for music lives on through his legacy and songs dedicated to Morgellons, written and performed by Charles Holman himself, are located on the website. "Music has and always will be a huge part of our organization," states Cindy Casey, RN, Director of the CEHF.

Accomplished musician and Morgellons journalist, Cliff Mickelson, performed an outstanding musical session just before lunch. Cliff's performance was followed by Ginger Savely, DNP, singing "True Colors" as a tribute to Morgellons patients. Dr. Savely's performance received

a standing ovation. Extremely talented as a pianist and vocalist, Dr. Savely revealed her lifelong passion for music as well as medicine with this performance.

Due to popular request, the question/answer panel time was doubled this year. Audience participants completed cards with questions or areas they wished to have discussed in more detail. Speakers from both morning and afternoon sessions eagerly participated. This portion of the conference, seemingly, could have lasted for hours, as with Morgellons there are still more questions than answers with this complex and mysterious condition.

The conference was concluded with the presentation of a check to OSU Morgellons Research from the Charles E. Holman Foundation in the amount of \$10,000. Since the 2009 Morgellons Conference, the total of funds donated by the CEHF is \$21,000. Future fundraising plans are underway. The CEHF proudly continues to raise the bar on goals for funding of OSU and Dr. Wymore's continued research efforts of Morgellons Disease.

The 2010 Morgellons Conference exceeded all expectations as an enlightening and informative medical confer-

ence. This much-anticipated Annual Spring Outreach Project from the CEHF brings renewed inspiration to medical professionals, patients, and advocates alike. "This event provides a unique opportunity for all those connected to Morgellons..." stated Cindy Casey, RN and Director of the CEHF. At a buffet-style reception held at Tres Amigos Mexican Restaurant after the conference, everyone mingled, shared stories, elaborated on the latest medical information/research, and refilled their spirits. This bonding of the "Morgellons Community" is empowering and keeps hearts and spirits moving in a positive direction as momentum is gained in the war against Morgellons Disease.

For those who were unable to attend and would like to hear more about the information presented, a set of 2 DVDs is available from the Charles E. Holman Foundation for a suggested contribution of \$35. Any proceeds from this event will be directed to further Morgellons Research at OSU. Further information is available on the CEHF website: www.thenmo.org. *pha*



<http://www.undertheeightball.com/>

UNDER THE EIGHTBALL

Immune • Energy • Gut



Due to the efficacy and the science behind the products, these are my favorites - **Joseph J. Burrascano Jr. M.D.**



Immune System Front Line Support

Most of our patients' immune systems are very weak. In order to provide the nutritional support for a healthy immune system, I recommend **Transfer Factor Multi-Immune™**. These folks have put a lot of thought into developing a product which promotes healthy natural killer cell function. The combination of transfer factor and the herbal and nutritional base make this an extremely effective product.



Mitochondrial Support

One of the most common complaints among our patients is lack of energy. I became intrigued with **NT Factor Energy™** during a medical conference presentation which showed a 40% reduction in fatigue in eight weeks(1). When I tested my patients on this product, they reported a noticeable improvement in energy. The product's success is due to its ability to deliver a stabilized and absorbable phospholipid complex to promote healthy mitochondrial membrane potential.



Probiotic Support

Prescript-Assist Pro™ is clearly a step above what has been generally available, and I highly recommend it. If you do not have enough good gut flora then you may not only develop GI upset and bad flora overgrowth, but you may also develop food allergies and other ugly stuff. There is nothing more important than a good probiotic. This product was developed to assist you if you are taking antibiotics.



**Researched
Nutritionals®**
solutions for life

800.755.3402 | ResearchedNutritionals.com

Available only through healthcare professionals

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

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

