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. Dr. Randy S. Wymore, PhD. presented "Morgellons...cont’d pg 10

What is Morgellons Disease?

Morgellons Disease is a systemic condition characterized by nodal skin manifestations 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 meeting 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 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 CSE website and approximately, 20,000 registrations have been received. Realistically, considering the limitations of an online self-reporting process, this number may be representative of only a fraction of the actual number of Morgellons cases. OSU-CBS-CMD 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." Those 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 from 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

Public Health Alert www.publichealthalert.org Page 1
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 can save a great deal of time and heartache in the future, and instead be able to enjoy your group.

1. Group’s purpose:

   • Group will meet once a month or three times a year. What will your members desire?
   • Frequency of meet-ings: What is the group name?

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 mem-bers define it? Or would you prefer it to end after a certain period of time? Is membership to the group required in another group to attend the church? For example, is your group that a church hosts, are you expected to attend the church?

6. Activities:

   • What will the group be having parties, picnics, or a combination of family events? About how frequently?

7. Guests:

   • Can family members or friends come to the meetings? If the answer is yes, is this okay with other mem-bers? Is it all right on occasion, or on a regular basis?

8. Projects:

   • Do people wish to be involved in out- side activities for the well-being of others? For example, does your group want to deliver gift baskets to people who are home alone for the Christmas party for children in a low-income neighborhood?

9. Permission:

   • Have you written up some basic guide- lines for the group? They should include a privacy statement for the group. They should also contain a legal statement that the group is not for com- mercial use, etc. You are an online group and want to be specific about how you will handle alternative treatment dis-cussions in the group. People’s desire to share their most recent “cure.”

10. 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?

11. Exchange of per- sonal 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 pri-vate and give it out to others themselves?

12. Promotion:

   • What are your plans for letting people know about your group? If your group is formed under an organ- ization, what forms of advertis-ing are acceptable? For exam- ple, a classified in the local paper. An announcement in the calendar section of the paper? Flyer? Is there anything not allowed that you should be aware of and do the promotion-al pieces need approval?

13. 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 inter-viewed by journalists?

14. Videotaping or

   • Videotaping or cinematography: 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 atten-dants so they can choose to sit in view or out of view of the cam- era. 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- out 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?

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

16. Online communi-cation:

   • Does your group wish to have a “blog” 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?

17. 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 your own.


Lisa Copen
by Lisa Copen

A Checklist for Starting a Support Group
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 a heart or a brain 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 “etiological signs” of Lyme disease: discovery of a tick on the skin, a bull’s eye rash, and possibly in 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 illnesses, which can prove even more difficult to diagnose and treat. Lyme disease can sometimes be hard to cure if other infectious agents are not treated at the same time.

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 be “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 “walking into the woods” to 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 Bart Delta. Lyme disease can sometimes be hard to cure if other infectious agents 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 menin- gitis, but you can still have Lyme and not have any of those signs or symptoms. Many peo- ple react differently to the infection and experience fatigue, headaches, irritability, anxiety, crying, sleep distur- bance, poor memory and con- centration, chest pain, palpita- tions, 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 nega- tives are far more common. In fact, some studies indicate up to 30% of the patients tested for Lyme disease receive false neg- ative 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 develop- ment of chronic Lyme disease.

6. Be aware of similar conditions

Chronic Lyme disease is called the “great imitator” because it is often misdiag- nosed as another condition such as Multiple Sclerosis. Fibromyalgia, chronic fatigue, or anxiety. Misdiagnosing is a common experience for patients with chronic Lyme disease. Patients that work with doctors who are not experienced in the care of other illnesses are not appropri- ate 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 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 dis- ease symptoms can be easily overlooked or mistaken for other illnesses. Once symptoms are evident, the disease may already have 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 symp- toms recur or persist after treat- ment. Keep in mind that your physician may focus too nar- rowly on diagnosing and treat- ing a single symptom. For example, a physician may diag- nose 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 treat- ment.

9. Know your treatment options

Work with your doctor to identify the appropriate treat- ment 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 condi- tion.

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 fur- ther treatment. Government tri- als 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 dedicat- ed to the support of research, education, awareness and innova- tive treatments for Lyme dis- ease and other tick-borne dis- eases. Since its inception, TTCF has organized and sup- ported countless programs that address Lyme disease educa- tion, diagnosis, and treatment.

About ILADS

ILADS is a nonprofit, international, multidisciplinary medical society, dedicated to the support of research, and education and strongly sup- ports physicians and other health care professionals dedi- cated to advancing the standard of care for Lyme and its associ- ated diseases.
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 I were digging up roots. And I was amazed to find their lives from something as tiny as my thumb nail. There is no way I could even begin to dig them out.

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 demonstrat- ed His own love toward us, that while we were still sinners, Christ died for us,” that seed goes a little deeper. Then we mediate 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 sprout an ill- ness 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, we was in the gar- den on my hands and knees lift- ing up the stalks and putting 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!

by Joan Vetter

FREE Download Available!!
Dr. Burrascano’s 2008 Lyme & Associated Tick Borre Disease Treatment Guidelines

“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.

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Public Health Alert
Lithium Orotate in Support of Lyme Disease treatment

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

Protection for your brain

Most people know of lithium as a powerful antipsychotic drug used in treating severe psychiatric disease. Lithium is most familiar to the public as a treatment for affictions such as bipolar disorder, schizophrenia, and depression. You may, therefore, be shocked to see it listed here as a form of treatment 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 illnecessities like bipolar disorder and schizophrenia. It is also true that the pharmaceutical version of lithium is associated with potentially dangerous 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 small doses. Consequently, these drugs often cause side effects in the form of lithium toxicity, which will be examined 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 much larger doses and is associated with numerous brain-boosting/protective effects that can be given in low but still therapeutic doses without imposing the risks associated with prescription lithium. The properties of drug forms 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 properties 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 neuroprotectivity

Although lithium has other uses, lithium at high doses is primarily beneficial actions are on the brain. These actions are so significant that the patient 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 it is 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 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 other 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 a variety of different chemical and toxins, both synthetic and naturally occurring.

The ramifications of this discovery were groundbreaking. The results found in animals in experiments performed in laboratories may be caused by elements that end up in the brain. This finding validates the medical reality that there is a physiological explanation for many psychiatric disturbances such as schizophrenia, depression and manic-depressive, multiple personality disorder, obsessive compulsive disorders which have long been disparaged as personality problem or character flaws and are sometimes even blamed on the patient. Many mental illnesses are not actually caused by personality variance but instead are the result of poisoning with very toxic substances that end up in the brain. The manner in which these substances are administered to the brain can have a profound effect.

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 pre-scription 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 detoxification.

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. 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 pre-scription antidepressant, anti-anxiety, and other psychotropic drugs, lithium can be safer and have far fewer side effects.

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MEDICAL PERSPECTIVES

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Lithium... cont’d from pg 5

um that numerous Lyme Disease sufferers have noticed huge improvements in their memory, motivation, aggressive feelings, and other mental func-
tions. Dr. Wright has observed a small amount of lithium to their supplementation regimens.

The negative action of Lyme disease neurotoxins is not limited to behavioral, emo-
tional, and cognitive problems. Many physical symptoms such as fatigue, headaches, vision problems, pulmonary disorders, and vertigo can also be caused by the presence of neuro-
toxxins. Lithium can reduce and even eliminate these symptoms as well.

Lithium supplementation can work synergistically with the detoxification thera-
pies discussed in Chapter 8. Many detoxification therapies send toxins into circulation before they are eliminated. This can cause increased symp-
toms of brain circulation as the liver and kidneys and other detoxification pathways work harder to help clear toxins from the bloodstream. Lithium supplementation during this time is greatly reducing symp-
toms and protect the brain.

Other benefits of lithium

But the story does not end there. D.D. Wright, M.D., medical director of The Tacoma Clinic in Renton, Washington, is an expert on lithium supplementation. In a two-part article on lithium entitled “The Missing Mineral,” he describes some of the many benefits of lithium supplemen-
tation. 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 regarding the benefits of lithium:

1. Lithium prevents brain cell death from reduced blood flow after a stroke. A study performed over 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 treat-
mant. One of the studies known that Lyme Disease caus-
des decreased blood flow to the brain. Therefore, lithium may reduce the incidence of prevent 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 neurologi-
cal damage and dysfunction with medications which are known to have a negative impact on the brain (metronidazole), a very effec-
tive antibiotic commonly used in treating Lyme Disease, is known to have nontoxicologic side effects. Other medications commonly used in Lyme Disease also have neurologic side effects. Lithium may ren-
der Lyme Disease medications safer and more tolera-
able.

3. Researchers have suggested that the “8” use of lithium as a neu-
rotoxic/neuroprotective agent should be considered in the long term treatment of mood disorders, irrespective of the primary treatment modality being used for the mood disorder. “Lithium is known to cause many mood dis-
orders and this research indi-
cates that lithium would be a helpful treatment to combine with any other treatment a Lyme Disease sufferer is using for manage-
ment of mood disorders.

4. Lithium can slow progression of, and reduce symptoms of, Alzheimer’s dis-
case. 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 is partially a result of its known ability to compete with the negative effects of alu-
ninum. Recent research has found a correlation between Lyme Disease and Alzheimer’s disease. Because aluminum is very difficult (if not impossible) to remove the body, lithium’s ability to protect the brain from alu-
ninum toxicity is extremely valuable.

5. 10 years of data accu-
ulated from 27 Texas counties indicates that the incidence of homicide, rape, burglary, drug use, and suicide, as well as other crimes, were significantly lower in counties whose drink-
ing 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 that “these results suggest that lithium at low dosage levels has a generally beneficial effect on human behavior... increasing human lithium intakes by sup-
plementation or libation of drinking water is suggested as a possible means of crime, sui-
cide, and drug-dependency reduction at the individual and community level.” Lithium is very often associated with numerous types of behav-
ioral 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 syn-
drome, bipolar disorder, obses-
sive-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 a beneficial effect” during lithium treatment. Lithium may also prevent and reduce symptoms of, Alzheimer’s disease, and other neurological symptoms may improve notice in muscle soreness, fatigue, and other symptoms of fibromyalgia. Calcium Channel Blockers 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 for these findings are for almost complete elimination of their cluster headaches. This is just another example of lithium’s ability to have a profound effect on a very large range of neurological issues.

7. Viruses, including hedges 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 “consis-
tent reduction in the number of herpes episodes per month, the reinitiation episodes, the total number of infection days per month, and the recurrence of symptoms during reinitiation” during lithium treatment. People suffering from Lyme Disease are also greatly affected by co-infection with other bacteria, viruses, proti-
zen, and parasit. Use of lithium

May help control viral co-

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

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 disor-
ders, including Lyme Disease, we will move on to explore the differences between prescrip-
tion lithium and over-the-counter lithium...
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, physicians who prescribe lithium formulated to contain mega-doses of lithium and is therefore referred to as the therapeutic action of lithium takes place within the body’s cells. Because the therapeutic action of lithium involves working with 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 lithium. Too much lithium in 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 include frequent urination, thirst, nausea, hand tremors, and vomiting. Extreme toxicity may involve diarrhea, cardiovascular 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 delirious are willing to risk the side effects. With these risks and limitations, lithium drugs are not much use to the Lithium 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 absorbability. Small molecules of the over-the-counter, over-the-counter form have the same active benefit for the treatment of lithium prescription lithium.

During recent history, several researchers have prepared lithium orotate as an alternative to lithium carbonate and lithium citrate. Because of its high absorbability, much larger doses of lithium orotate can be given (and absorbed) than with lithium carbonate or lithium citrate.

Hans Nieper, one of the first researchers to study lithium orotate was Hans Nieper, M.D. Nieper was born in Germany in 1928 and died in 1998. His biomedical studies were conducted at the Gutenberg University in Mainz and his initial medical training at the University of Freiburg. He received a medical degree from the Medical 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 diseases. He and several colleagues identified a mineral “transporter,” 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 administered, they form organic mineral salts such as magnesium AEP, magnesium arginate, magnesium orotate, and lithium orotate. Of the transporters Nieper worked with, he preferred the orotates because he believed they provided 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, even 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, irritable bowel syndrome, and others. Success has been achieved in these areas because of the unique form that lithium orotate takes when it is administered in high doses.

According to Nieper, the therapeutic dose of lithium orotate is approximately 10 to 20 mg of elemental lithium per day. In other words, the elemental lithium content of 5 mg elemental lithium and 120 mg orotic acid.

In comparison, the same treatment with lithium carbonate or lithium citrate results in 900 to 1800 mg per day. In referring to a study conducted by Hans Nieper, Dr. Wright 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 that of Dr. Wright, who has found it unnecessary to monitor his patient’s lithium toxicity until they take low-dose lithium orotate supplements.

The work of doctors Nieper, Dr. Snell, and Dr. Wright is confirmed by actual experiences of Lyme Disease sufferers, many of whom have taken lithium orotates at low doses and have noticed great benefit with side effect.

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 should not to undergo testing while using lithium supplementation should not be appropriate. Consult a physician before using lithium. Lithium should not be used by people with certain types of cardiovascular disease, people whose urine tests show signs of dehydration, dehydration, or sodium depletion, nor by people who are taking diuretics or ACE inhibitors. Consult your doctor before use if you are taking any anti-hypertensive drugs, anti-inflammatory drugs, analgesic drugs, or insulin. Lithium is contraindicated for people with heart disease, and women and breast-feeding mothers. Mineral orotates (including lithium orotate) are not FDA approved, and their clinical use remains officially experimental.
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 Wemers 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 illnesses.”

continued...
PUBLIC HEALTH ALERT

Immune • Energy • Gut

Due to the efficacy and the science behind the products, these are my favorites - Joseph J. Bursacano 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.

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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.

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PUBLIC HEALTH ALERT

“CONDENSED”
COWDEN 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

ABOUT THE COMPANY

Nutramedix was founded in 1993 and currently has facilities in Jupiter, Florida, USA and in Shannon, Ireland supplying highly bio-active nutritional supplements to health care professionals and consumers.

From the beginning, Nutramedix has operated with a unique business model. First, the owners and management work diligently to operate a company according to Biblical principles—honesty, integrity, value and respect for all people. Its corporate environment is one that works to serve both its customers and its employees, producing the best customer service teams in the industry. Second, Nutramedix was founded with the goal of using a significant amount of its proceeds to support orphans, widows, Christian pastors and missionaries in economically distressed parts of the world. So as a customer, you are not just purchasing high quality nutritional supplements, you are helping us give back to people in need all around the globe.

ABOUT THE PRODUCTS

Nutramedix has made a significant investment to develop a novel, proprietary extraction and enhancement process used to manufacture its liquid extracts. The result is a highly bio-available whole plant, broad-spectrum extract that is also very cost effective. We were the first to introduce Samento, a rare chemo-type of Cat's Claw, which has remained one of our signature products. We have since developed a full line of liquid extracts utilizing the same proprietary extraction and enhancement process.

Nutramedix also conducts extensive research to procure the very highest quality raw materials for its powdered capsule products, many of which have been designed to enhance the effectiveness of the liquid extracts. We are committed expanding our line of natural products meeting the highest expectations of health care professionals and consumers.

ABOUT THE FOUNDATION

The owners of Nutramedix have been involved in international Christian ministry since the 1980s. Prior to starting the company in 1993, our Founder and President was a missionary pilot serving tribal groups in Peru. The Kairos Foundation was created in 1995 to fund projects that address both the physical and spiritual needs of people in some of the most disadvantaged areas of the world. The foundation provides ongoing financial support for organizations operating in Africa, Asia, Eastern Europe, North America and South America.