Tick borne infections are now much more complicat-
ed than just exposure to the risk of Lyme disease. Eva
Sapi has studied 1,000 ticks and provides “guiding
principles” why tick borne infections are 12 or more, in-
cluding organisms for which testing is currently not
available. In addition, the lonestar tick has made it’s way
northward. This needs to be addressed since it carries
Rocky Mountain Spotted fever (RMSF). The review of ticks
sent out for testing from my office in 2009, 20% carried
RMSF, as many as 15% higher than any other infection.

Guidelines For Treatment of Early Infection

Despite these data, Health departments follow the “CDC
guidelines” when advis-
ing their citizens. What are these guidelines? Do NOT test
the tick (throw it away) and take ONE DOSE of	
Doxycycline! Of course, the
health expert is eager
to tell you “to follow up with your
doctor”, but if they are testing ticks.
A nymph might be diagnosed.

5. Data from Dr. Judith
6. Data from Dr. Trevor
7. Data from Dr. John
8. Data from Dr. Leslie
9. Data from Dr. James

What should citizens believe?

Other Tick-Borne Infections

What about other tick borne infec-
tions?

1. Bartonella is not
detected in 50% of cases
even by CDC estimates. It causes
hemolytic anemia, vasculitis, fever
and inducing auto-immune dis-
ocess. In 2001, it was found that
many of the ELISA positive ticks
was Borrelia. There are laboratories attempting to
diagnose this disease. Once initi-
ated, I have found these diffi-
cult to reverse and patients
don’t do well. This said, it is
important to test the tick (throw
it away) and take ONE DOSE of
to see a nymph I use an
optical microscope which pro-
vides outstanding magnifica-
tion. Look carefully at the
shape of the lonestar because
the male does not have the clas-
sic white dot.

Early Infection

In my practice I have seen many cases where a patient
with Lyme never tested positive for the disease but was
treated with the correct antibiotic. I blame the “experts”
for perpetuating the myth that tick borne infections are
nothing to worry about.

The financial aspects

In my practice I have seen many cases where a patient
with Lyme never tested positive for the disease but was
treated with the correct antibiotic. I blame the “experts”
for perpetuating the myth that tick borne infections are
nothing to worry about.

The financial aspects

In my practice I have seen many cases where a patient
with Lyme never tested positive for the disease but was
treated with the correct antibiotic. I blame the “experts”
for perpetuating the myth that tick borne infections are
nothing to worry about.

Tick borne infections are now much more complicat-
ed than just exposure to the risk of Lyme disease. Eva
Sapi has studied 1,000 ticks and provides “guiding
principles” why tick borne infections are 12 or more, in-
cluding organisms for which testing is currently not
available. In addition, the lonestar tick has made it’s way
northward. This needs to be addressed since it carries
Rocky Mountain Spotted fever (RMSF). The review of ticks
sent out for testing from my office in 2009, 20% carried
RMSF, as many as 15% higher than any other infection.

Guidelines For Treatment of Early Infection

Despite these data, Health departments follow the “CDC
guidelines” when advis-
ing their citizens. What are these guidelines? Do NOT test
the tick (throw it away) and take ONE DOSE of	
Doxycycline! Of course, the
health expert is eager
to tell you “to follow up with your
doctor”, but if they are testing ticks.
A nymph might be diagnosed.

5. Data from Dr. Judith
6. Data from Dr. Trevor
7. Data from Dr. John
8. Data from Dr. Leslie
9. Data from Dr. James

What should citizens believe?

Other Tick-Borne Infections

What about other tick borne infec-
tions?

1. Bartonella is not
detected in 50% of cases
even by CDC estimates. It causes
hemolytic anemia, vasculitis, fever
and inducing auto-immune dis-
ocess. In 2001, it was found that
many of the ELISA positive ticks
was Borrelia. There are laboratories attempting to
diagnose this disease. Once initi-
ated, I have found these diffi-
cult to reverse and patients
don’t do well. This said, it is
important to test the tick (throw
it away) and take ONE DOSE of
to see a nymph I use an
optical microscope which pro-
vides outstanding magnifica-
tion. Look carefully at the
shape of the lonestar because
the male does not have the clas-
sic white dot.

Early Infection

In my practice I have seen many cases where a patient
with Lyme never tested positive for the disease but was
treated with the correct antibiotic. I blame the “experts”
for perpetuating the myth that tick borne infections are
nothing to worry about.

The financial aspects

In my practice I have seen many cases where a patient
with Lyme never tested positive for the disease but was
treated with the correct antibiotic. I blame the “experts”
for perpetuating the myth that tick borne infections are
nothing to worry about.

Tick borne infections are now much more complicat-
ed than just exposure to the risk of Lyme disease. Eva
Sapi has studied 1,000 ticks and provides “guiding
principles” why tick borne infections are 12 or more, in-
cluding organisms for which testing is currently not
available. In addition, the lonestar tick has made it’s way
northward. This needs to be addressed since it carries
Rocky Mountain Spotted fever (RMSF). The review of ticks
sent out for testing from my office in 2009, 20% carried
RMSF, as many as 15% higher than any other infection.

Guidelines For Treatment of Early Infection

Despite these data, Health departments follow the “CDC
guidelines” when advis-
ing their citizens. What are these guidelines? Do NOT test
the tick (throw it away) and take ONE DOSE of	
Doxycycline! Of course, the
health expert is eager
to tell you “to follow up with your
doctor”, but if they are testing ticks.
A nymph might be diagnosed.

5. Data from Dr. Judith
6. Data from Dr. Trevor
7. Data from Dr. John
8. Data from Dr. Leslie
9. Data from Dr. James

What should citizens believe?

Other Tick-Borne Infections

What about other tick borne infec-
tions?

1. Bartonella is not
detected in 50% of cases
even by CDC estimates. It causes
hemolytic anemia, vasculitis, fever
and inducing auto-immune dis-
ocess. In 2001, it was found that
many of the ELISA positive ticks
was Borrelia. There are laboratories attempting to
diagnose this disease. Once initi-
ated, I have found these diffi-
cult to reverse and patients
don’t do well. This said, it is
important to test the tick (throw
it away) and take ONE DOSE of
to see a nymph I use an
optical microscope which pro-
vides outstanding magnifica-
tion. Look carefully at the
shape of the lonestar because
the male does not have the clas-
sic white dot.

Early Infection

In my practice I have seen many cases where a patient
with Lyme never tested positive for the disease but was
treated with the correct antibiotic. I blame the “experts”
for perpetuating the myth that tick borne infections are
nothing to worry about.

The financial aspects

In my practice I have seen many cases where a patient
with Lyme never tested positive for the disease but was
treated with the correct antibiotic. I blame the “experts”
for perpetuating the myth that tick borne infections are
nothing to worry about.

Tick borne infections are now much more complicat-
ed than just exposure to the risk of Lyme disease. Eva
Sapi has studied 1,000 ticks and provides “guiding
principles” why tick borne infections are 12 or more, in-
cluding organisms for which testing is currently not
available. In addition, the lonestar tick has made it’s way
northward. This needs to be addressed since it carries
Rocky Mountain Spotted fever (RMSF). The review of ticks
sent out for testing from my office in 2009, 20% carried
RMSF, as many as 15% higher than any other infection.

Guidelines For Treatment of Early Infection

Despite these data, Health departments follow the “CDC
guidelines” when advis-
ing their citizens. What are these guidelines? Do NOT test
the tick (throw it away) and take ONE DOSE of	
Doxycycline! Of course, the
health expert is eager
to tell you “to follow up with your
doctor”, but if they are testing ticks.
A nymph might be diagnosed.

5. Data from Dr. Judith
6. Data from Dr. Trevor
7. Data from Dr. John
8. Data from Dr. Leslie
9. Data from Dr. James

What should citizens believe?

Other Tick-Borne Infections

What about other tick borne infec-
tions?

1. Bartonella is not
detected in 50% of cases
even by CDC estimates. It causes
hemolytic anemia, vasculitis, fever
and inducing auto-immune dis-
ocess. In 2001, it was found that
many of the ELISA positive ticks
was Borrelia. There are laboratories attempting to
diagnose this disease. Once initi-
ated, I have found these diffi-
cult to reverse and patients
don’t do well. This said, it is
important to test the tick (throw
it away) and take ONE DOSE of
to see a nymph I use an
optical microscope which pro-
vides outstanding magnifica-
tion. Look carefully at the
shape of the lonestar because
the male does not have the clas-
sic white dot.

Early Infection

In my practice I have seen many cases where a patient
with Lyme never tested positive for the disease but was
treated with the correct antibiotic. I blame the “experts”
for perpetuating the myth that tick borne infections are
nothing to worry about.

The financial aspects

In my practice I have seen many cases where a patient
with Lyme never tested positive for the disease but was
treated with the correct antibiotic. I blame the “experts”
for perpetuating the myth that tick borne infections are
nothing to worry about.
ILADS Calls for Patients & Advocates to Attend 2010 Conference

ILADS is pleased to welcome all advocates and patients from the Lyme patient community from around the country to our 2010 conference. We believe that the time has come, indeed, it is overdue, for Lyme treating physicians and patients suffering from tick-borne diseases to work closely together. Unified, we can broaden awareness, educate the public and our government policy makers and seek reforms in the traditional medical community approach to dealing with these devastating diseases.

This year, for the first time, we are offering a special session for advocates from across the country.

Through this session, we hope to learn from you in order to improve our care giving. Through our sharing of information and views between physicians, patients and their families, we hope and believe that we will each learn more, and have a more enlightened experience. Our goal is to increase collaboration and cooperation between all groups dealing with this incredible national epidemic of Lyme and associated disease. By working together we can present an even more formidable front of Lyme concerned citizens and professionals that can demand the attention required to combat the problem.

Thank you again for your time and your interest.

Friday, October 15

• “The Decade of the Microbe” — Robert Bransfield, MD
• “Is Chronic Lyme Really MCS?” — Richard Horowitz, MD
• Lyme Parity by 2012 — David Martz, MD
• Lyme Disease: Basics and Beyond — Richard Horowitz, MD
• Brief History of Lyme Disease — Joseph Burrascano, MD
• Treatment Options — Steven Harris, MD
• Basic Psychiatric Lyme — Robert C. Bransfield, MD
• Neuro — Kenneth Lienier, MD
• Co-Infections—Richard Horowitz, MD
• Rheumatology — Andrea Gaito, MD
• Pediatric Lyme — Ann Condon, MD
• Treatment Trials — Elizabeth Maloney, MD

Saturday, October 16

• David C. Martz, MD — “Deciphering the Role of Persistent Infection in Chronic Disease”
• Why is it so Difficult and How Can We Do Better? — Paul Ewald, PhD
• “Lessons learned from HIV” — Marc Conant, MD
• “Viral Induced CFS: The Stanford Perspective” — Jose Montoya, MD
• “Chlamydia and chronic disease: evidence, discord, and disarray” — Paul Ewald, PhD
• Leo Shea, PhD — Afternoon Moderator “The Decade of the Microbe” — Robert Bransfield, MD

Texas Lyme Disease Association

Giving Lyme the Boot!

www.txlda.org

All donations are tax exempt.

Donations online with PayPal:

donations@txlda.org

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 multiple chronic illness organization Multiple Sclerosis, Lou Gehrig’s Disease (ALS), Lupus, Fibromyalgia, Chronic Fatigue, Fibromyalgia, Heart Disease, Cancer and various other serious and challenging illnesses. We believe that PSHA seeks to bring information, support and understanding for these illnesses to the public’s attention. We seek to make sure that anyone suffering with these diseases has proper support. Whether physically, spiritually or medically.

PHSA Staff

Editor: Donna Jean
Assistant Editor: Susan Williams
Advisory Board: Linda Harris, PhD.
Advertising Mgr: Tammy Comer
Editorial Calendar Manager: Laura Zeller
Distribution: Randi Dumont
Staff: Steve & Brenda Cope

Contributors:
Tim J. Garcia, Mary Budinger, Laura Zeller, Bryan Rosen, Kathleen Leonard, Paul Cohalan, Scott Forsgren, Dr. Virginia Shen, Dr. Rob Bransfield, Tam Dunn, Hartley Bollini, Laura Coops, Joan Nutter, Jennifer Allen, Virginia & Reuben

Website:
www.publichealthalert.org

e-mail:
editor@publichealthalert.org

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

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
295 Belle Street
Bedford, TX 76022

PHA is a non-profit organization, the function of which is to educate and assist those with tick-borne disease. 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.

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

Letters to the Editor: We ask that you submit to the editor editor@publichealthalert.org or by postal mail to:

295 Belle Street
Bedford, TX 76022

All letters to the editor must be typed, 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 hand your order for postage. Your bulk copies will arrive within 10-15 days if ordering your payment.
Battling Lyme Disease - The Warrior's Journey

by Tricia Schultz

Just recently, I sat in one of the tranquil rooms at the Longevity Healthcare Center in San Luis Obispo, California, talking with owners Peter J. Muran, MD, and Sandy Muran, PhD, about their mission in partnering with patients on the fairly new concept in the western medical community of addressing the "whole" person in the doctor's office throughout the healing process - the body, the mind, and the spirit.

I've been winning the battle over Lyme disease for over 10 years. I was accurately diagnosed in 2005 at the age of 52, by Internist and Lyme Specialist Daniel K. Kindlerlehrer, while living in New Mexico. My case took the slower, hidden route of thyroid and adrenal breakdown which caused several previous doctors to diagnose mild Benign Essential Tremor, Fibromyalgia, and Chronic Fatigue. Then as the disease progressed untreated, the symptoms morphed into the disease progressed untreatable, the symptoms morphed into the disease progressed untreatable, the symptoms morphed into Parkinson's diseases, resulting in the inability to walk, being bedridden. Lyme and its comorbidities of co-infections are brilliant at mimicking other conditions and diseases. Left untreated Lyme kills.

Diagnosing Lyme disease and co-infections has been left to the radar screen of mainstream western medicine. Consequently, an exercise of "name that symptom" perpetuates, leaving the Lyme sufferer almost crazy along with doctors who become exasperated after they've exhausted referring you to other specialists. Many patients are directed to the psychiatric sector when the problem can't be isolated. By the time several years roll by the typical Lyme sufferer has left a trail of doctors and diagnosis behind, and are dying for lack of proper treatment. Lyme suffers, therefore, have a right to go blinky!

Lyme specialists, referred to as LLMD's or Lyme Literate Medical Doctors are the people who saved my life. These doctors truly live the modern version of the Hippocratic Oath and operate way beyond the cycle of prescripting the latest drug prescription band-aid over a symptom, as is common today.

LLMDs have become detectives who look for the root cause, hunting down the seed of each problem from the entire whole health mind, body, spirit perspective. These physicians are our courageous medical heroes and heroes quietly working in the community trenches. Lyme disease is planted firmly on their radar screen. That's what sets them apart from mainstream medicine, and they're saving lives.

Lyme suffers will soon have to partner with a Lyme Specialist for a long time, if years in many cases, so a strong relationship must be developed. This is a challenging relationship type right from the start because of treatment complexities and duration. We're hoping our doctor will help save our life, relying on their expertise, success in treating Lyme, and keeping updated with the latest treatments. At the same time, they must rely on us to follow through and not give up, to communicate, and do our part in the healing process for being responsible of our own mind, body, spirit maintenance. There is no singular treatment for patients and there is no exact roadmap.

Partnership is critical to the healing process. It's not talked about, and I'm fortunate to have had a good partnership with my Lyme doctors. Like any worthwhile relationship, it takes work. It takes communication and it takes courage, honesty, kindness, and maturity - all those things we need in any relationship. Conflict is not to be avoided, it is to be addressed and resolved. Conflict happens in every relationship. Those patient-doctor partnerships who don't have problems and confusions are destined to failure - like any relationship.

I'd decided on Dr Pete and Sandy Muran after a few interviews over the phone looking for a new Lyme specialist. It didn't take long. You ask the prospective doctor the first preliminary question: "Do you specialize in the treatment of Lyme disease?" When the response is "Lyme disease doesn't exist here" or "What do you mean?" you stop the interview, say thank you, and hang up.

My adventure with the Longevity Healthcare Center began on May 27, 2008, a week after friends helped me settle into my apartment on the California central coast. I'd survived through parts of the crisis phase of Lyme and had moved directly from the Emery County Care and Rehab Center nursing facility in Ferron, Utah - home of near death experiences and resurrection for over two years. Dr. Kindlerlehrer had been my healing partner and my rock, but it was time to transfer to another Lyme Specialist.

My first consultation with Muran was set for October. My first care provider and I arrived 30 minutes late. I was so embarrassed. I apologized profusely as we entered the Center. Dr. Pete gave his full time and attention and re-scheduled his next appointment to give me the space we both needed, which started another round of apologies from me. He just smiled, and with an amazed sparkle in his eyes, again asked, "You said you moved to California by yourself from a nursing facility?" "Well, yes, I said. I had help from friends, and now caregiver support (questionable) so I can live on my own."

Our initial appointment lasted two hours. Sandy, his wife and Clinical Nutritionist, stepped in for a moment to meet me and brought a treat of orange essential oil that pervaded the air. That warm, calming, citrus scent took the edge off the calumity of the morning. During my consultation, the caregiver had been busy questioning the medical assistant about the length of my appointment and complained that she hadn't anything to eat, being hypoglycemic - as if someone else was responsible for her personal care and ability to be on time. I quickly released her from my employment after I'd found a replacement. She was an example of how people are either a positive support or create a ripple of damage in our life.

I clearly knew after the chaos of that first appointment, through the patience, comfort, kindness and expertise I received, I was in the right place to continue my healing journey. It's been more than two great years now. Here are tips I want to share with Lyme patients that have "journey"..."cont'd pg 9
their trespasses to them? (2 Cor. 5:19) We are also told that God has given us the ministry of reconciliation, meaning that when we accept Christ as our Savior He lives within us, and His Spirit always desires men to be reconciled to God. Have you ever had a broken relationship with someone you love? I believe it's as painful as a broken bone. As much as you would hope and desire that relationship to be healed just think how God feels about all of the people He created. There are some who call themselves atheists, some who just don't have time for God, and some who have been offended and pretty much ignoring Him. However, God never changes. He is still reaching out with love to every man.

However, as with all the truths of God's Word, we have to see it before we can live it. Do you think God is reaching out to all? Or perhaps there are people He just doesn't care about? It is my personal belief that God has already forgiven men their sin through Jesus Christ - they only have to see that and receive it. When Jesus was crucified He cried out, "Father, forgive them - they know not what they do." In the Amplified version of 2 Cor. 5:19 it reads, "God is not counting up and holding against men their trespasses but canceling them."

The big question is what do I do with the truth that He has already forgiven me? Hopefully, that leads me to appreciate God and desire to draw near to Him. The Bible says the goodness of God leads men to repentance. I loved hearing Jim, a man in our church, talk about leading his neighbor to the Lord. She was living in a homosexuals lifestyle, but she said she didn't need to hear she was sinning - she just needed to hear how much God loved her. She broke down and cried as he talked to her, and the Spirit of God touched her, reconciling her with the Father's love. The end of that story is how God provided a new place for her to stay, and is blessing her with new peace and joy. Jim was living out Jesus' words, bringing forgiveness to his neighbor and helping her to see that God loved her and had a better plan for her life. I am writing to two of the women I met during a ministry trip to a Dallas jail. It brings me great joy when they speak about the reconciliation God is doing in their families. In Melinda's last letter she writes, "He is a God of restoration!" In my time in the God Pod I have seen the miracle of families being restored time and time again! Thank you, Lord Jesus!!

Another woman, Ashley, had not seen pictures of her little 2 year old son, but was praying about that. God laid it on her ex-husband's heart to send her pictures and also told her he was going to church and taking Michael. Ashley was amazed - she'd never been in church in his entire life! I believe in Heaven there will be no brokenness. So let's live out the truth of His words and time and time again!

Embedded in my memory is a scripture my pastor spoke over forty years ago. It continues to be a cornerstone of my Christian beliefs. It is "God makes all things beautiful in its time..."
In my early days of researching Lyme, I too had many questions. Why is the whole world following the CDC recommendations given by the US Department of Health and Human Services? Why wouldn't our own government want us to be better? They have been studying Lyme. They have been studying transpiring over the years. Now they are the ones following on top of the “latest and greatest” information on borrelia, doing research and testing on their own. Ground breaking research and applications are taking place in many parts of the world. It is called Tripalmitin vaccine. It is the most immunostimulatory segment of the OspA molecule and is also found in HIV, mycoplasma and E. coli. OspA is a tripalmitin vaccine. S&G

OspA and HIV gp120 are one in the same, a tripalmitin vaccine (pam/siy) and cause the same TL2R (Toll-like receptor) agonism. TL2R downregulation and the activation of latent viruses, tolerance to fungal infections (safety to fight them off), and downregulation of HLA molecules (meaning no antibodies are produced). OspA/TLR2 agonism is the key to nearly all chronic diseases and is the very meaning of ACCQUIRED IMMUNE DEFICIENCY. By not reporting the adverse events to LYMErix (until so many were reporting adverse events), they missed the common link to all chronic, devastating and deadly illnesses: ALS, MS, cancer, CFIDS/FM, Leukemia, what infected cells do not autolluk as they should when the common latent viruses start replicating (the normal mechanism of immunoimmunity), and the fungal Pam/Cys antigens OspA, turns off antibody production against similar antigens. OspA, by far is "The Greatest Imitator.”

The Greatest Imitator Part 1 of a 3 Part Series

References
2 Moore 1965(Moores Law), 2006-11-11
4 http://www.cdc.gov/ncidod(ds/ dvh/id/lyme/Up_Clqn1Uplymed is.htm
5 http://www.lymecymes.com/ 39.htm
8 http://www.path.utah.edu/ research/lab/jamie-wcis-lab

OspA/TLR2 agonism is the key to nearly all chronic diseases and is the very meaning of ACQUIRED IMMUNE DEFICIENCY. By not reporting the adverse events to LYMErix (until so many were reporting adverse events), they missed the common link to all chronic, devastating and deadly illnesses: ALS, MS, cancer, CFIDS/ FM, Leukemia, what infected cells do not autolys as they should when the common latent viruses start replicating (the normal mechanism of immunoimmunity), and the fungal Pam/Cys antigens OspA, turns off antibody production against similar antigens. OspA, by far is "The Greatest Imitator.”

Next, in the three part series; current world applica- tions, research, interviews, graphs and more about pam/Cys! Remember, staying on top of the "latest and great- est" is essential, especially when it comes to something as precious as human life.

Part 1 of a 3 Part Series
MEDICAL PERSPECTIVES

IGeneX, Inc.

Specializing in Lyme Disease and Associated Tick-Borne Diseases

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
The Essential of Plants

Stress reduction and better sleep, antimicrobial properties (against viruses and antifungal) and mood and energy enhancing properties.

Essential Oils are used by people around the world, including physicians and hospitals in Europe and Russia, use Essential Oils for various therapeutic reasons. They use Essential Oils for relief from allergies, headaches, boils, flu, nausea, headaches, infections, arthritis, asthma, muscle spasms and digestion and insecti
cia, etc.

Massage therapists use Essential Oils with oils and apply them during mas
tage. Those who use Essential Oils claim they receive many benefits from the natural prop
ties of these very precious oils. If you’ve ever
eralized why high-grade Essential Oils are so expensive, consider the fol
towing:

It takes over 3000 pounds of petals to distill one ounce of Rose Oil. It takes 250 pounds of flow
er leaves to distill one pound of Lavender Oil. It takes 50 pounds of leaves to distill one pound of Eucalyptus Oil. In addition, the quality of Essential Oils varies considerably.

My family and I have tried several brands of Essential Oils and have found that the Essential Oils produced by Young Living are of the highest quality and will now use nothing less than Young Living EO’s for our family. We have experienced wonderful results from using Young Living Essential Oils, that both my family and I have become dedicated believers. If you would also like to experience the joy of these wonderful Essential Oils, you may pur
chase Young Living Thompson Family Essential Oils on my website at www.kaleidoscopehealth.net/ESSENTIAL- OILS.html.

Essential Oils: A Natural Way to Deal with Stress

The past century created an increase in various types of stress for the human family. Include the package of com
cvenience and luxury is the added stress of incorporating new and improved gadgets and other items that make life more comfortable for us. However, we may be creating more stress while doing this. Without naming the many sources of stress, it is not possible to take a personal inventory to determine which sources are the biggest threat to our lives. Undoubtedly, the world we are currently living in creates an overwhelming number of stressful situations that affect us physically, emotionally and spiritually.

Non-Surgical Approach

System (ANS)
Parasympathetic Nervous System (PNS)
Sympathetic Nervous System (SNS)
Rest and Digest
Fight - Fight - Flight Response
Safety Response
Stress Response
Sweats down SNS Function
Accelerates SNS Function
Supports the Immune System
Suppress the Immune System
Supports the Digestive System
Suppresses the Digestive System
Supports the Reproductive System
Suppresses the Reproductive System

Anxiety
Depression
Addiction
Insomnia
Asthma
Autoimmune
Rheumatoid Arthritis
Multiple Sclerosis
Migraine
Headaches
Fatigue
Depressed Mood
Dizziness
Stress

The human body, such as calming
and science of using natural
Oils should be used with cau
tion and use only

Essential Oils are sometimes referred to as the “blood” of plants and are considered volatile. The term volatile is applied to essential oils because they consist of tiny molecules that evaporate when exposed to air, even at normal room tem

The effects of Essential Oils on the Limbic System
The Limbic system is comprised of several brain structures. These structures are the hip
uscum, nuclei, amygdala, sympathetic nervous system, parasympathetic nervous system, hypothalamus and pituitary gland.

MedidaHG

Inhaled Essential Oils

Young Living are of the highest

quality of Essential Oils varies

cordially.

This technique allows us to
practice the relaxation of the body

The human reaction to stress is a natural response that is built into our nervous system. The autonomic nervous system (ANS) controls functions in our organs and glands that we do not need to think about, such as our heart beat and hormone secretion, etc. Stress activates a branch of our ANS the sympathetic nervous system (SNS).

When we are faced with a stressful situation, our sympathetic nervous system is activated and produces a surge of hormones that prepare the body for increased activity. When this happens, our body prepares for “fight or flight” and the parasympathetic nervous system is turned off. The goal of Aromatherapy is to create an environment in which the body can relax and heal.

The human body has several systems that work together to keep us healthy. When we are exposed to stressors, our body reacts and produces a response in an attempt to cope with the situation. This response is known as the “fight or flight” response. The “fight or flight” response is controlled by the sympathetic nervous system and is activated when we are faced with a stressful situation.

The sympathetic nervous system is responsible for stimulating the body to respond to stressful situations. When activated, the sympathetic nervous system releases hormones into the bloodstream, which increase heart rate, blood pressure, and breathing rate. These hormones, such as epinephrine and norepinephrine, prepare the body for physical activity by increasing blood flow to the muscles, dilating pupils, and decreasing blood flow to the digestive system. This response allows the body to respond quickly to a perceived threat.

The parasympathetic nervous system, on the other hand, works to calm the body down after the “fight or flight” response. It helps to regulate body functions such as heart rate, blood pressure, and digestion. When the parasympathetic nervous system is activated, it works to slow down the body’s responses and return it to a state of relaxation.

The endocrine system is composed of glands that release hormones into the bloodstream. These hormones control various bodily functions, such as growth, development, and metabolism. The hormones released by the endocrine system can also affect the nervous system. For example, the stress hormone cortisol is produced by the adrenal gland and can affect the nervous system by increasing alertness and alerting the body to potential threats.

The nervous system is divided into two parts: the central nervous system (CNS) and the peripheral nervous system (PNS). The CNS is made up of the brain and spinal cord, which control voluntary and involuntary functions throughout the body. The PNS is made up of nerves that extend from the brain and spinal cord to the rest of the body. The PNS is responsible for controlling voluntary movements, sensations, and reflexes. When the PNS is activated, it sends signals to the body to prepare for action, such as responding to a threat.

The immune system is made up of cells, tissues, and organs that work together to protect the body from infections and diseases. It consists of two main parts: the innate immune system and the adaptive immune system. The innate immune system responds to infections and injuries quickly, while the adaptive immune system is more specific and targets specific pathogens.

The immune system works by recognizing and fighting off foreign substances, such as bacteria, viruses, and fungi. When the immune system detects a threat, it produces antibodies that can neutralize or destroy the pathogen. These antibodies are produced by white blood cells called B cells, which are activated by antigens. The activation of B cells leads to the production of antibodies, which are then released into the bloodstream to attack the pathogen.

The nervous system and the immune system are closely linked, and stress can have a significant impact on both systems. Stress can affect the immune system by reducing the number of white blood cells, which are responsible for fighting off infections. This can make the body more susceptible to infections and diseases. Stress can also affect the nervous system by increasing the production of stress hormones, which can lead to symptoms such as headaches, muscle tension, and irritability.
Choose not to play a victim role - no matter the circumstances, everyone can choose how they think, and find things to be grateful for... find the strength within to do battle, to be gentle to yourself, and be the captain of your ship - the body, mind and spirit.

• Note the doctor if you're interfering - don't be embarrassed or slow down when they're talking to you (foggy brain can interfere - don't be embarrassed, you're with an LLMD!)

• Important to politely challenge a situation or introduce a problem that you need help with. Don't be afraid to ask your doctor to repeat something or slow down when they're talking to you (foggy brain can interfere - don't be embarrassed, you're with an LLMD!)

• Advise your doctor when you've discovered something that works well for you, and talk to him/her about your ideas. You are a parent. not a child.

Choose not to play a victim role - no matter the circumstances, everyone can choose how they think, and find things to be grateful for... find the strength within to do battle, to be gentle to yourself, and be the captain of your ship - the body, mind and spirit.
Forms of Borrelia, because they do not attend the conferences where this is discussed. I blame them for not reading the brilliant research presented by Dr. Miklossy, Dr. Sapi, doctors at Hadassah who published vasculitis articles, and I blame them for their arrogance in insisting that it has not yet been "proven" that chronic Lyme exists. The persistence of this organism has been exquisitely "proven". I blame them for insisting that there is no "proof" that treatment with antibiotics "cures" these chronic neurological diseases. This may be true, but the fact that Dr. Fallon has demonstrated statistically significant improvement after IV Rocephin in all groups suggests that there is, indeed, a response, but that patients relapse! This is not the same as showing no response at all. Now that we know about the "round bodies", it makes perfect sense that people relapse after only Rocephin. Not only does Rocephin induce the round bodies, but it has no ability to kill them. They lack a cell wall!

It is time for this community to unite. It is time to stop a potentially curable disease from becoming a disabling one because of ignorance and arrogance. It is time for patient groups, physicians with knowledge of these diseases, and those with biased views and the CDC to work together to prevent, detect and eradicate what is now an epidemic. There is no place for arrogance and bickering. People are suffering, becoming disabled and getting horrible neurological diseases like Alzheimer's disease! Enough is enough!

About Dr. Fein:
Lesley Fein grew up in South Africa where she obtained her Bachelor of Science with Honors degree. She was one of 5 founders of a clinic for indigent farm laborers and is proud that this center has now been integrated into the medical school curriculum in Johannesburg. Dr. Fein holds an MD (George Washington University Medical School) and an MPH (Columbia University, NY). She is Board Certified in Internal Medicine, following a three-year residency program at Mt. Sinai Hospital in NYC, and she completed her Fellowship in Rheumatology at New York University. She has been in practice since 1988 and has taught Epidemiology to medical and public health students at Columbia University and Mt. Sinai Hospital, NY. She has also taught General Medicine at Mt. Sinai and NYU.

Dr. Fein has served on several committees, inclusive of S296 under Senator Bnten (Majority Leader of NJ Senate) regarding Lyme disease, the National Health Legislation Task Force, and is Vice President of the Neuroendocrine Center recently voted through both the NJ Assembly and Senate with 100% positive votes. This center will be studying all of the causes of myelencephalopathy and neuroendocrine dysfunction. She is both an experienced researcher and a seasoned public speaker and has published articles, co-authored a book, written a forward to a book, and has been integral in wording government legislation on Lyme disease and other tick borne illnesses.
ENERGY • DETOX • COGNITION

COMPLETE MITOCHONDRIAL SUPPORT
ATP Fuel™ - the key to cellular energy production. It contains the essential researched nutrients for healthy mitochondrial function:
- NT Factor Energy™ to improve mitochondrial membrane function
- CoQ10 for ATP energy production
- NADH to convert food into cellular energy
Your patients get performance and convenience in one formula.

LIPOSOMAL GLUTATHIONE
Tri-Fortify™ provides the preferred reduced L-glutathione, the major intracellular antioxidant essential for detoxification in the body. In an absorbable liposomal delivery system, the unique liposome structure, developed as a pharmaceutical delivery system, allows it to combine effectively with the body’s natural fluids and penetrate its protective membranes, bypassing the digestive system and directly entering the bloodstream. Tri-Fortify™ promotes:
- Detoxification
- Healthy immune response
- Antioxidant protection

COGNITIVE PERFORMANCE
CogniCare™ meets the needs of many patients requiring a well-balanced cognitive support formula. Combining eight nutrients at research strength, each capsule of CogniCare™ includes:
- Neurotransmitter modulation and optimization
- Ultimate Focus Complex™ to nurture memory & brain function
- ProAcuity Mood Complex™ to promote healthy mood function

“ATP Fuel™ contains the top three ingredients clinicians know to be the most helpful for their patients with fatigue.

We all know the essential role of supplemental glutathione, and now it can be delivered orally!

I found CogniCare™ to be beneficial for many of my patients, of all ages, who have cognitive issues.”

Joseph J. Burrsacano Jr. M.D.

New Products

Toll Free: 800.755.3402 • Tel: 805.693.1802 • Fax: 805.693.1806
www.ResearchedNutritionals.com | Available only through healthcare professionals

* These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure or prevent any disease.
“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— with honesty, integrity, value and respect for all people. Its corporate environment is one that works to serve both its customers and its employees, producing one 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.

Providing Quality Natural Products Since 1993
info@nutramedix.com • www.nutramedix.com
Tel: 800-730-3130  561-745-2917 • Fax: 561-745-3017