Dr. Lesley Fein Calls for an End to the Ignorance & Arrogance Surrounding Research & Treatment of Tick-Borne Illnesses

by Dr. Lesley Fein, MD., MPH weeks.

Tick borne infections are now much more complicated than just exposing hosts to the risk of Lyme disease. Eva Sapi has studied 1,000 ticks and the current number of potential infections is 12 or more, including organisms for which testing is currently not even available.

In addition, the lonestar tick has made it's way to the Northeast. This needs to be addressed since it carries Rocky Mountain Spotted fever (RMSF). On review of ticks sent out for testing from my office in 2009, 50% carried RMSF, a number higher than any other infection.

Guidelines For Treatment of Early Infection

Despite these data, Health Departments follow the "CDC guidelines" when advising their citizens. What are these guidelines? Do NOT test the tick (throw it away) and take ONE DOSE of Doxycycline! Of course, the Health Departments are eager to tell you to "follow up with your doctor", but if they are proposing "guidelines" why should citizens not believe them?

After studying tick borne infections, I would like to offer alternative suggestions:

- 1. Always test ticks which have been identified as engorged deer ticks or lonestar ticks. Test for all strains of Borrelia, Bartonella, Babesia, Anaplasma, Ehrlichia, Mycoplasma species and RMSF.
- 2. Learn how to identify ticks. there are pictures on line, but to see a nymph I use an Ophthalmoscope which provides outstanding magnification. Look carefully at the shape of the lonestar because the male does not have the classic white dot.
- 3. If the tick is engorged, take at least 3 weeks of Doxycycline 100-150mg twice a day depending upon your size. Children who do not have all of their adult teeth may not get this drug.
- 4. If you develop symptoms suggestive of Lyme or the other tick borne nfections, play it safe and continue for a full 6

5. Perform serological testing after one month but, do NOT be reassured by negative testing when it comes to Borrelia. Also never do ONLY the ELISA. Always include a Western Blot because frequently the very first antibody is the 23 on IgM Western Blot.

Why Is it Important to Treat Early?

Why is it important to eradicate Borrelia early on in the infection?

- 1. Data from Sweden and the U.S. have shown that the motile form of Borrelia "morphs" into "round bodies" which are intracellular and do not respond to most of the antibiotics currently prescribed. They have the ability to "morph" back into the motile form. Inadequate treatment early on can result in the formation of the resistant forms resulting in chronic infection, including infection with forms resistant to most antibiotics currently prescribed.
- 2. Data from Dr. Trevor Marshall have shown that of all bacterial species, Borrelia has the highest affinity for the VDR receptor. This receptor is responsible for immune function. In other words, Borrelia severely inhibits immune function. Dr. Miklossy has shown similar immune blockade in the brain.
- 3. By treating early, you can prevent Borrelia from "tricking" the immune system and inducing auto-immune dis-
- 4. Data presented in New Haven have illustrated that the motile forms from colonies which then secrete biofilms which completely protect them from immune detection.
- 5. Data from Dr. Judith Miklossy have shown that not only are spirochetes isolated from the brains of patients with Alzheimer's disease (AD), but has also directly proven that infection in animals results in the production of the identical proteins by brain cells which are found in AD brains.
- 6. Borrelia is associated with Multiple Sclerosis.
- 7. Borrelia is associated with vasculitis.
 - 8. Borrelia is associated

with auto-immune diseases such as Rheumatoid Arthritis, Lupus, Polymyalgia Rheumatica, Bechets disease and others.

In my practice I have seen infection with Borrelia result is very quick and dramatic induction of auto-immune diseases. In one case this past month, I saw a patient who went from a normal sedimentation rate in early April to a sedimentation rate of 97 by the end of April after a tick bite, and had symptoms identical with Polymylagia Rheumatica. She was diagnosed with this disease and treated with steroids. She did have early bands on a Western Blot from April. She was seen this week. Her steroids are being tapered significantly and her sedimentation rate is less than 10. She has no symptoms but fatigue. Of course, I put her on antibiotics when she was first seen at my office one month ago.

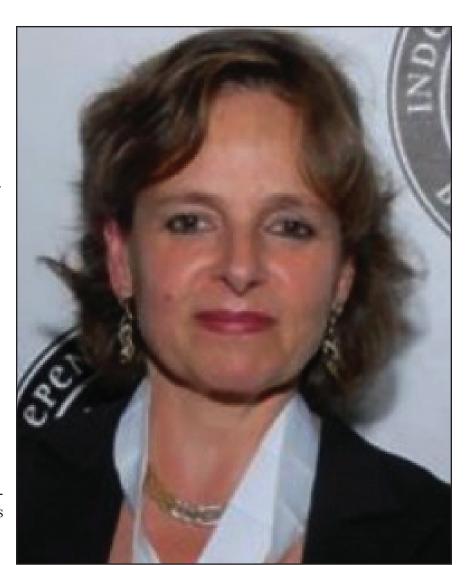
9. Borrelia has been known to precede the development of both ALS and Parkinson's disease. Once initiated. I have found these difficult to reverse and patients often end up with permanent neurologocal damage.

10. Borrelia is associated with deafness, loss of vision and total disability. It is estimated that 25% of cases of chronic fatigue syndrome are initiated by Lyme disease. There are 1 million cases of reported CFS in the US and 2 million in Europe.

Other Tick-Borne Infections

What about other tick borne infections?

- 1. Bartonella is not detected in 50% of cases even by CDC estimates. It causes hemolytic anemia, vasculitis, brain and spinal cord lesions. In a New Jersey tick study in 2001, this was present in more ticks than was Borrelia. There are laboratories attempting to improve the diagnostic accura-
- 2. There are protozoan infections other than babesia which are not currently being tested for routinely. Even babesia is difficult to diagnose with testing. This infection can cause cerebral vasculitis as well



Dr. Lesley Fein has done extensive research into tick-borne illnesses

as hemolytic anemia.

3. Ehrlichia/Anaplasma/ RMSF can cause severe acute illnesses and even death, but there is no current evidence that they become chronic. A member of my family presented to an emergency room with high fevers, chills, a seriously low white cell count, low platelet count, extremely elevated liver enzymes and severe pain in the splenic area. She looked like she was going into shock. She was treated for "sepsis" but an infectious disease physician in New Jersey diagnosed acute Ehrlichiosis with the highest titers I have ever seen in my years of practice. She subsequently had high testing for Lyme on both ELISA and Western Blot and became bedridden for close to a year. This diagnosis would have otherwise been missed. We were lucky to receive the correct diagnosis and treatment, and I am happy to say she is healthy and without symptoms 18 months after treatment ended.

Why Are These Diseases **Being Ignored?**

Why are these diseases still minimized and ignored by the majority of Infectious Disease physicians, Neurologists and Health Departments, as well as the CDC?

The financial aspects including relationships between "experts" and insurance and pharmaceutical companies, receiving huge research grants while writing insurance criteria excluding the diagnosis in most cases, seems to me as a lay person, to be an obvious conflict of interest. Of course a person of no conscience will say whatever is required to an insurance company for ample reimbursement. The same person will also embellish their resume and be granted enormous amounts of research dollars for work which has essentially done nothing to further our understanding of the complexity of these diseases. Yet the same person will also be an "advisor" to the CDC creating criteria which are rigid, and have been found in vast amounts of world wide literature to be completely un-validated. The U.S. is way behind in this area of research as a result.

I do not blame the practicing physicians for following guidelines which are issued by "experts". How should they be expected to know differently?

I blame the "experts" for perpetuating the myth that tick-borne infections are trivial and easy to treat. I blame the leaders in the neurology field for not even knowing that there are "cystic" or "round body"

"End the Ignorance"...pg 10

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

ILADS Calls for Patients & Advocates to Attend 2010 Conference

ILADS is pleased to welcome all advocates from the Lyme patient community from around the country to our 2010 conference. We believe that the time has come, indeed, 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 reform in the traditional med-

ical 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.

Again, thank you for

making the effort and expending the resources to attend. Through our combined effort, we expect this to be the best and most useful ever ILADS annual conference.

The special advocacy session will be held Sunday October 17th, at the Westin Jersey City, NJ 8:15-9:45 am moderated by Leo J. Shea, III, PhD and Daniel Cameron, MD.

PHA Staff

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

include the chronic illnesses of

Fatigue, Fibromyalgia, Heart

illnesses of unknown origins.

Multiple Sclerosis, Lou Gehrig's Disease (ALS), Lupus, Chronic

Disease, Cancer and various other

PHA seeks to bring information

and awareness about these illnesses to the public's attention. We seek to

make sure that anyone struggling

ally and medically.

with these diseases has proper sup-

port emotionally, physically, spiritu-

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Website:

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e-mail:
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ILADS 2010 Conference Topics & Speakers

Friday, October 15

- "The Decade of the Microbe" -- Robert Bransfield, MD
- "Is Chronic Lyme Really MCIS" -- 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 Liegner, MD
- Co-Infections-Richard Horowitz, MD
- Rheumatology -- Andrea Gaito, MD
- Pediatric Lyme -- Ann Corson, MD
- Treatment Trials -- Elizabeth Maloney,

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, Ph.D
- "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, Ph.D Afternoon Moderator "The Decade of the Microbe" -- Robert Bransfield, MD

- "The Role of Cytokines in the Jarrish-Herxheimer Response" -- Norton Fishman
- "Novel Fugitive Strategy for Borrelia burgdorferi: Biofilm" -- Eva Sapi, Ph. D.
- "XMRV and CFS" Joe Brewer, MD

Sunday, October 17

- "Moving to Medical Main Street" -- Richard Krugman, MD
- "Publish or Perish Let's get Moving"--Cheryl Koopman, Ph. D
- "A Tribute to Terry McKnight" Dr. Bea Szantyr MD
- "Clinical Research Networks, Registries and Biobanking: A New Hope for Complicated Conditions" Andreas M. Kogelnik, MD, PhD
- "Where do we go next?" Panel discussion Guest Speakers and ILADS leaders
- GYN Aspects of Lyme -- Deborah Metzger, MD
- New Tests for Lyme Ahmed Kilani, Ph.D.
- Basic Lyme for Patients, Family, & Friends Joe Burrascano, MD
- Basic Lyme for Office Staff Ginger Savely, DNP
- Medico-Legal Lyme Lorraine Johnson, JD, MBA & Joe Burrascano, MD
- Defining Lyme Disease David Martz, MD and Membership
- Co- infection studies -- Steve Fry, MD
- Research Studies Dan Cameron, MD
- Research in the Busy Clinician's Office Samuel Shor, MD, Carsten Nicholas, MD
- "Brain Dysfunction and Neuropsychiatric Symptoms in Tick Borne Diseases"
 Judith Leventhal, Ph. D in charge
- Psychoimmunology and Tick Borne

Diseases - Robert Bransfield, MD

- Laboratory Aspects of Neuropsychiatric Disorders in Lyme and Co-infections
 Armin Schwarzbach, MD
- Understanding the Effect of Tick-Borne Illness on Vision: From Symptoms to Treatment --William Padula, OD
- Cognitive Behavioral Therapy Techniques in the Treatment of Lyme Disease -- Joseph Trunzo, PhD.
- Neuropsychological Testing: A Tool for Diagnosis and Treatment of Tick Borne Disease - Charles Ray Jones, MD and Judith G. Leventhal, PhD
- "Psychotherapy with Lyme Disease Patients: Moving Past Traditional Clinical Practice to Creative Treatment"- Sandra Berenbaum, LCSW, BCD
- Psychotherapeutic Assessment and Treatment Planning: Is Lyme Disease a Part of the Picture? - Sheila Statlender, PhD
- Brain/Neuropsychiatry Working Group: The Publishing Imperative
- Cheryl Koopman, PhD
- Advocacy Group Collaboration Pilot -- Leo Shea, Ph. D
- "Chronic Lyme Disease and MCIDS" (Multiple chronic infectious disease syndrome) -- Richard Horowitz, MD



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Battling Lyme Disease - The Warrior's Journey

by Triza 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. Kinderlehrer, 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 significant neuro-muscular malfunctions and heart fluctuations, which mimicked MS and Parkinson's diseases, resulting in the inability to walk, being bedridden.

Lyme and its comrades of co-infections are brilliant at mimicking other conditions and diseases. Left untreated Lyme kills.

Diagnosing Lyme dis-

ease and co-infections has been left off 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 problems 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 pressing 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 heroines quietly working in the community trenches. Lyme disease is planted firmly on their radar screens. That's what sets them apart from mainstream medicine, and they're saving lives. Chronic Lyme suffers will have to partner with a Lyme Specialist for a long time 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 resolve problems and confusions are destined to failure - like any relationship.

I'd decided on Drs 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

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. Kinderlehrer had been my healing partner and my rock, but it was time to transfer to another Lyme Specialist.

My first consultation with Dr. Muran was set for 10am. My first caregiver 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 rescheduled 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 say 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."

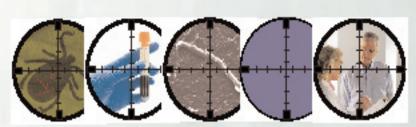
Our initial appointment lasted two hours. Sandy, his wife and Clinical Nutritionist, stepped in for a moment to meet me and brought a treat of orange essential oil that pervaded the air. That warm, calming, citrus scent took the edge off the calamity of the morning. During my consultation, the caregiver 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 10 tips I want to share

with Lyme patients that have

"Journey" ... cont'd pg 9

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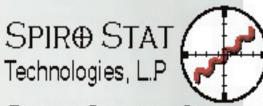
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by Joan Vetter

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 was in Christ reconciling the world to Himself, not imputing

their trespasses to them" (2 Corn. 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 of 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

Reconciled

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 Corn. 5:19 it reads, "God is not counting up and holding against men their trespasses but cancelling 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 homosexual lifestyle, but he 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 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 said he's never been in church his entire life!

I believe in Heaven there will be no brokenness. So let's live out the truth of His will being done on earth as it is in Heaven - enter into your ministry of reconciliation!

pho

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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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The Greatest Imitator

Part 1 of a 3 Part Series

by Dottie L. Heffron

I am giving away my age; when I tell you I have worked in the IT world since the punch card era. One of the most valuable things I learned from being in this line of work is you must stay current on today's technology. At the shop we call it, being on top of the "latest and greatest." If you don't do your homework, you might loose your valued customers to IT professionals who do stay on top of the newest technology.

Today, general PC users are bombarded with tons of information regarding new technology. Cable has introduced shows geared strictly to gadgets and magazines are boasting bigger, better and faster. This was predicted by Intel's co-founder, Gordon E. Moore in his 1965 article in Electronics Magazine.1

His article noted that the number of components in integrated circuits doubled every year from the invention of the integrated circuit in 1958 until 1965 and predicted that the trend would continue "for at least ten years." 2 Thus, Moores' Law was born from that article. The prediction was proven to be uncannily accurate because his law is now used in the semiconductor industry to guide long-term planning and to set targets for research and development. 3

We could easily apply Moores' Law to the CDC's Lyme disease data for Lyme disease. They have stated on average there are 10 missed cases for every 1 reported. They themselves show steady increase for Lyme disease for years. On the CDC website today, you will find a chart stating, "Reported Cases of Lyme Disease by Year United States, 1995 - 2009 showing a steady increase." Even the URL where this chart is located lists, "UpClimbLymeDis.htm."4 Do they not see the steady increase over the years, and ask each other why?

Today the Lyme community is bombarded with so much information. To the first time seeker it must be so overwhelming with the abundance of data that is thrown at them. They do not know who is more credible or what protocol to

choose. They must be in total shock to find out there are millions of sick folks, just like them already here and begging for help. They start networking and reading personal stories of families that maybe have all members sick and co-infected.

They come as desperate seekers who just want help because they are so sick. Ridiculed by their family doctors, to which some of them have had the same doctor their whole lives. Some might come to the conclusion they have been forgotten by their government, who boasts to help them. After all, the U.S. helps the whole world with catastrophic events. Gosh, even Wal-Mart wants us to "Live Better" why wouldn't our own government want us to be better?

In my early days of researching Lyme, I too had many questions. Why would the whole world follow the recommendations given by the US Center for Disease Control for Lyme disease testing? Why do they not follow their own governments? Why would the CDC

unanswered.

Just as the IT world must stay of top of new technology, doctors MUST stay on top of new research. From all that I hear, read and see, this is not happening in the United States. Clearly most doctors rely too much on too many outside entities to do the researching for them. How do they know if the information peddlers are credible? I am going to say this with positively no doubt or remorse, there is no one in Lyme land talking about the newest research and applications involving OpsA. It is all the same old tired data for going on close to 40 years now.

If you have been paying attention, the worlds' view on Lyme disease has been changing for a while now. Some countries no longer call it Lyme, they call it Neuroborreliosis and they let their people treat how they see fit. Some are not going by the US CDC recommendations anymore. They see that many of the main US entitles have lost their grant funding for

taking place in many parts of the world. It is called Tripalmitoyl cysteine. It is the most immunostimulatory segment of the OspA molecule and is also found in HIV, mycoplasma and E. coli. OspA is a tripalmitoyl cysteine. 8&9

OspA and HIV gp120/41 are one in the same, a tripalmitoyl cysteine (pam3cys) and cause the same TLR2 (Toll-like receptor) agonism, TLR2 downregulation and the activation of latent viruses, tolerance to fungal infections (inability 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 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 autokill as they should when the common latent viruses start replicating (the normal mechanism of immunity), and the fungal Pam3Cys antigen OspA, turns off antibody production against similar antigens.

OspA, by far is "The Greatest Imitator."

Next, in the three part series; current world applications, research, interviews, graphs and more about pam3cys! Remember, staying on top of the "latest and greatest" is essential, especially when it comes to something as precious as human life.

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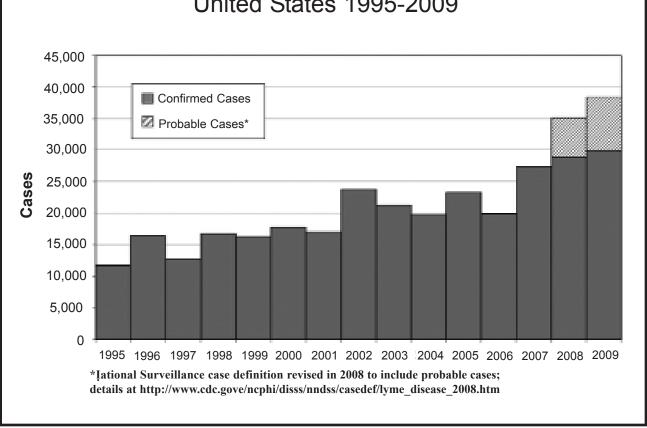
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9 http://www.path.utah.edu/research/labs/janis-weis-lab

pha

Reported Cases of Lyme Disease by Year United States 1995-2009



use a non-for-profit group when assessing a standard of care for ANY disease? How can CDC officers make recommendations at conferences5 on Lyme disease testing criteria outcomes when they hold patents6 with a big pharmaceutical companies in the European Patent office?7 Many of my questions still go

Lyme. They have been studying and researching what has been transpiring over the years. Now they are the ones staying on top of the "latest and greatest" information on borrelia, doing research and testing on their own.

Ground breaking research and applications are

was wrong with the HIV vaccines, etc. Guess what that link was? It was OspA- Yale's vaccine (Pam3Cys). OspA is a fungal (mycoplasmal) antigen that turns off the immune system through various mechanisms. This allows common latent viruses of all kinds to become un-latent. The latently

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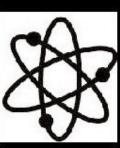
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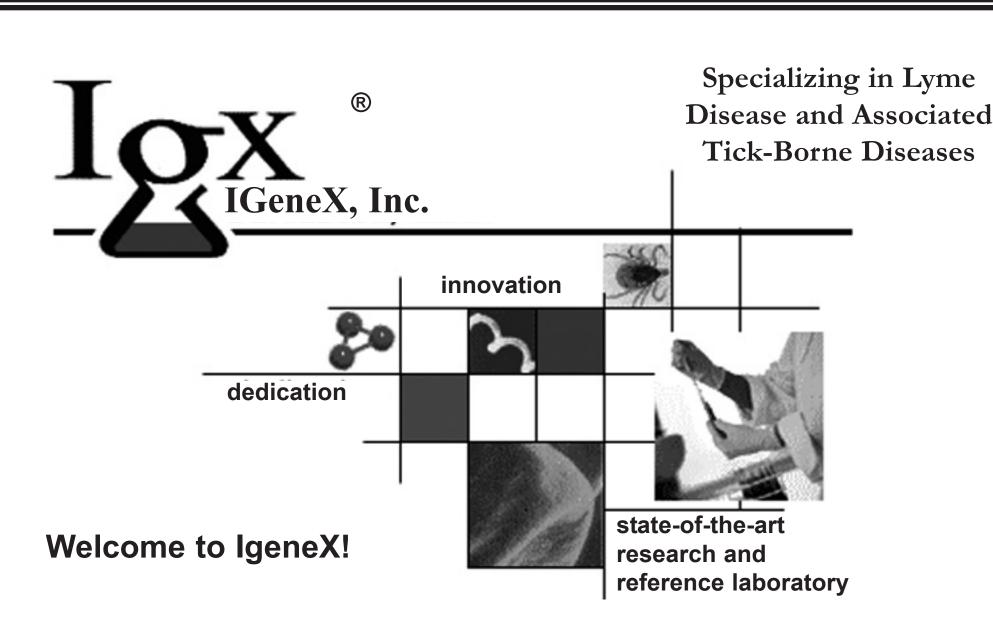
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The Essence of Plants



by Tina Juliette Garcia

Essential Oils contain the essence or fragrant parts of plants. They are complex mixtures of naturally occurring chemicals that act as powerful attractants to insects to insure pollination and can also provide protection by repelling harmful insects.

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 temperatures. Rates of evaporation vary among different Essential Oils. Essential Oils will oxidize and lose their therapeutic action when left in the heat or light, so they are best stored in dark glass containers.

Essential Oils are extracted by various means from all parts of plants - the roots, bark, berries, nuts, resins, flowers, leaves, needles, bulbs, seeds and peels. Methods of extraction include steam distillation (the most common), carbon dioxide gas (CO2), solvent (absolutes), cold-pressed (scarification) and hydro distilled. Methods of application include massage, inhalation, compresses, baths, vaporizers, sprays, tents and diffusers.

Carrier oils that are extracted from nuts, seeds, fruits and vegetables are used to dilute essential oils when applying to the skin, protecting the skin from possible irritation from highly concentrated Essential Oils.

Safety Guidelines for Using Iatural Plant Essential Oils

- Keep out of eyes
- Keep out of the reach of children
- Test patch for skin sensitivity
- Some citrus oils are phototoxic, meaning they can cause permanent discoloration of the skin when the skin is exposed to the sun
- Pregnant women should exercise caution and use only citrus oils (not in the sun) and lavender oil -- other Essential Oils should be used with caution during pregnancy
- Less is better
- For external use

What is Aromatherapy?

Aromatherapy is the art and science of using natural plant Essential Oils. Essential Oils contain chemical properties that have been shown to have certain effects on the human body, such as calming and sedative properties for

Public Health Alert

stress reduction and better sleep, antimicrobial properties (antibacterial, antiviral and antifungal) and mood and energy enhancing properties.

Many 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/sinus/bronchitis/colds/ flu, nausea, headaches, infections, arthritis, edema, muscle spasms, digestion and insomnia, etc.

Massage therapists use Essential Oils with carrier oils and apply them during massage. Those who use Essential Oils claim they receive many benefits from the natural properties of these very precious

oils. If you've ever wondered why high-grade Essential Oils are so expensive, consider the following:

It takes 3000-4000 pounds of petals to distill one pound of Rose Oil. It takes 250 pounds of flowers 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 we have found that the Essential Oils produced by Young Living are of the highest quality and we will now use nothing less than Young Living EO's for our family. We have experienced such wonderful results from using Young Living Essential Oils, that both my daughter and I have become independent distributors. If you would also like to experience the joy of these wonderful Essential Oils, you may purchase Young Living Therapeutic Grade Essential Oils on my website at www.kaleidoscopehealth.net/ES SENTIAL-OILS.html.

Essential Oil: A Jatural Way to Deal with Stress

The past century created an increase in various types of stress for the human family. Included in the package of convenience and luxury is the added stress of incorporating new technology into our lives. We have traded the hard work of daily chores for going to work to pay for the new gadgets and other items that make life more comfortable for us. However, we may be acquiring more stress while doing this. Without naming the many sources of stress, each of us can take a personal inventory to determine which sources are most prevalent in our lives. Undoubtedly, the world we are currently living in creates an overwhelming number of stressful situations that affect us physically, emotionally and spiritually.

System(ANS) Parasympathetic Nervous

- System(PNS) Sympathetic Nervous
- System (SNS)
- * Rest and Digest
- ** Fright - Flight - Flight Response
- Safety Response
- Stress Response
- Slows down SNS Function
- Accelerates SNS Function **
- Supports the Immune System
- ** Suppresses the Immune System ** Supports the Digestive
- System Suppresses the Digestive
- System Supports the Reproductive System

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Suppresses the

Reproductive System

Solving Abilities

Abilities

Supports Higher Mind and

Analytical Problem-

Decreases Higher Mind

and Analytical Problem-Solving

stress is a natural response that

is built into our nervous system.

The autonomic nervous system

(ANS) controls functions in our

not need to think about, such as

Stress activates a branch of our

organs and glands that we do

our heart beat and hormone

ANS called the sympathetic

When we are faced with a

stressful situation, our hypo-

thalamus sends a message to

through CRF (corticotrophin

adrenal cortex. The adrenal

corticotrophic hormone) and

cortisol is released, which

glucose and amino acids.

releasing factor) and on to the

cortex initiates ACTH (adreno-

increases blood pressure, blood

Cortisol exerts a negative feed-

back effect on the hypothala-

release of CRF. The parasym-

pathetic nervous system (PNS)

resume a state of rest and relax-

and a wonderful built-in mech-

anism for us to deal with threat-

However, a problem develops

when we are continually bom-

barded with stressful problems,

perpetual state of arousal due to

as this causes us to live in a

sympathetic nervous system

ing with chronic illness that

affects the nervous system,

activation. Unfortunately, liv-

ening (stressful) situations.

This is a natural cycle,

takes over once more and we

ation.

mus, which inhibits further

our anterior pituitary gland

(chemical) secretion, etc.

nervous system (SNS).

The human reaction to

youngaliving

lation of the sympathetic subsystem. Add to that situation the stress caused by denial of medical care, loss of physical and mental abilities, financial struggles and resulting strains on relationships, and such a situation becomes a destructive cycle of stress that is an obstacle to regaining one's health. This heightened state of being on continual guard can have detrimental affects on our health, lowering our immune defenses, opening the door to dis-ease and closing the door to wellness.

The Affects of Essential Oils on the Limbic System The limbic system is comprised of several brain structures. These structures are the hippocampus, nucleus acumbens,

amygdala, cyngulate gyrus, parahippocampal gyrus, anterior thalamic nuclei, septum, olfactory bulb and the limbic cortex.

This most-important system supports a variety of functions including emotion, behavior, memory and olfaction, which is our sense of smell. The word "limbic" comes

from the Latin word limbus, which is loosely translated as "border" or "belt". As an aroma enters the nasal cavity, it comes into contact with between three and five million receptor neurons, which are nerve cells that are exposed in the upper part of the nose and nasal septum. These fine, hair-like projections are called cilia and they actually extend beyond the epithelium surface into the mucosa.

The receptor neurons convert the aroma into a message that is sent to the olfactory bulb. Generated nerve impulses that reach the limbic system in this way activate smell-related emotions and behaviors. They play a major role in many emotions, such as pain, pleasure, anger, rage, fear, sorrow, sexual feelings, docility and affection.

The amygdala and the hippocampus play crucial roles in the formation of memories. When the amygdala registers emotional significance to sensory information, such as an aroma, its evaluation is sent to the hippocampus. The hippocampus is vital for learning and short-term memory, and it organizes the information received and then files it with previous memories that have similar sensory details.

The hypothalamus controls the autonomic nervous system, and is the main regulator for heart rate, digestion, sweating, vasoconstriction and eye blinking. The hypothalamus responds to olfactory stimuli by sending neuronal signals to the autonomic nervous system, the brain stem or the pituitary gland, which is the master gland of the human body. It is through control of the hypothalinfluences the entire endocrine system of hormones.

The creation of an aromatic memory-based response using Essential Oils chosen for their various emotional and physiological therapeutic properties can be a useful tool for massage therapists. An Essential Oil or Essential Oil blend is prepared according to the needs of the client and utilized during the massage session.

The combination of massage and aroma puts the client into a parasympathetic nervous state. While in this peaceful, calm and relaxing state, the aroma of the single Essential Oil or blend of Essential Oils will create a memory that is directly related to the client's relaxing experience of rest and relaxation from massage.

The massage oil blend that was created especially for that client can be sent home with the client for further use. When the client inhales the oil again, the aroma, through the olfactory and limbic systems, can recreate, activate and reinforce the original memory of the relaxed parasympathetic state on the massage table. In this way, the client is able to have some control over their own nervous system for healthful benefits.

The same affect can be achieved through inhalation of Essential Oils while listening to Guided Imagery CDs, such as the excellent CD's recorded by Hypnotherapist Linda Bennett at www.kaleidoscopehealth.net/ GUIDED-IMAGERY.html).

Tina Juliette Garcia is a freelance writer, Lyme disease patient and advocate who founded Lyme Education Awareness Program, L.E.A.P. Arizona, a non-profit that provides education about Lyme disease and co-infections. Visit her website at www.leaparizona.com.

Tina is currently focusing her service to the chronic illness patient community through Massage Therapy, Aromatherapy and Life Coaching. Tina is offering **COMPLIMENTARY LIFE** COACHING sessions to introduce patients to a new perspective on wellness through the MIND-BODY-SPIRIT CON-NECTION.

Page 7

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such as Lyme disease, is a Autonomic Nervous amus that the limbic region major cause of continual stimuwww.publichealthalert.org

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

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

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Support Group

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ldsg scott@hotmail.com

Colorado

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

Connecticut

www.timeforlyme.org 914-738-2358

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National Support:

truthaboutlymedisease.com/ Dana Floyd, director

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

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Contact: Teresa Lucher lucher@sbcglobal.net

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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/

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proved successful in helping me heal and maintain a healthy patient-physician relationship:

10 Tips For Positive Lyme Patient/Physician Relationship

- 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.
- Patients must take charge to educate themselves about Lyme disease, co-infections, and treatments, in order to communicate and partner appropriately with their Lyme Specialist. Read and research!
- Create a positive life support structure: Resolve or eliminate the people, places and things from your life that cannot support you. Underlying problems always reveal themselves in crisis situations. There are people who cannot go the journey with you. It's sad, it's true. It's a part of life. You may want to enlist a holistic counselor. Please discuss with your doctor for additional help/referral. Healing doesn't happen under constant stress and conflict.
- Notify the doctor if you're "detoxing" too heavily from the die-off of bacteria during treat-

"Journey" ... cont'd from pg 3

ments so adjustments can be made. No one wants you to suffer needlessly. Some people are super sensitive and need to go slower than others which is very okay.

• Be 15 minutes early to

appointments to fill out condition changes update chart. Your entire body is involved here, so have the chart completed to get the most quality consultation time.

- Write questions/concerns on paper prior to appt. - Don't be afraid to ask questions as they arise during the appointment.
- List all your prescriptions and supplements on a word document and update as needed, writing, "Updated

(date)" as changes occur for easy tracking and follow up appointments.

• Get organized! Buy a big medicine container that has one week's storage for morning,

noon, evening, and bedtime use to eliminate potential of forgetting medicines/supplements.

• Important to politely challenge a situation or introduce a problem that you need help

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

Pete and Sandy

are my partners and my rock now. There's a definite breeze of forward momentum that I'm joyfully riding as my immune system grows stronger every month, and the setbacks have dwindled down to a few days instead of weeks or months. I'm healing. I'm winning! Lyme disease lives in every state in the US and worldwide wherever ticks live. If you've been diagnosed with Fibromyalgia, Chronic Fatigue, Lupus, MS, Parkinson's, Alzheimer's,

tive to foods, sunlight, chemicals, and environmental conditions, you're not getting better with treatment and your symptoms keep fluctuating and worsening, it might save your

Rheumatoid Arthritis,

ALS, hypo-adrenal

conditions and have

become very sensi-

and hypo-thyroid

life to consult a Lyme Specialist to determine if you suffer from Lyme.

Lyme Resources:

www.longevityhealthcare.com (Peter J. Muran, MD, & Sandy Muran, PhD - central coast of CA)

www.lymedisease.org (California Lyme Disease Assn. - Resource for all tick-born disease issues)

www.underourskin.com (DVD documentary - stories about Lyme disease)

www.lymenet.org (Provides physicians, patients and researchers with the latest information)

www.lymebook.com (Lyme Disease alternative treatment books and DVD's)

www.lyme.org (Lyme Disease Foundation - Education, journals, conferences, research)

www.publichealthalert.org (On-line newspaper - Lyme and other chronic illnesses)

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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.

> 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!)

with. Don't be afraid to ask

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"End the Ignorance"

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 collectively work together to prevent, detect and

...cont'd from pg 1

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 both an MD (George

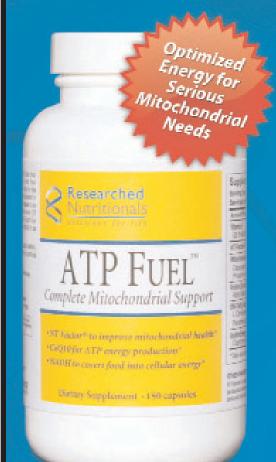
Washington University Medical School) and an MPH (Columbia University, NY). She is Board Certified in Internal Medicine, following a three-year residency program at Mt. Sinai Hospital in NYC, and she completed her Fellowship in Rheumatology at New York University. She has been in practice since 1988 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 Bennet (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 myeloencephalopathy 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.

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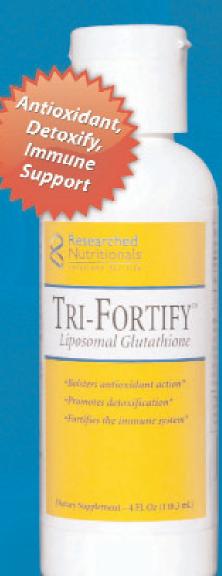
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ABOUT THE COMPANY

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

