A dozen years ago, Veryn Musum, Senior Vice President of John Paul Mitchell Systems and founder of the NJ Council on Physical Fitness Sports, collapsed in the hallway of his house from relentless crushing pain due to chronic Lyme disease. At that time, the furthest thing from his mind was going to be the New Jersey Senior Olympics, Veryn's only concern centered on just making it through another day. Yet, on Sunday, October 12th he not only found his way back healthwise, he decided to take a stab at the New Jersey Senior Olympics and he went for Silver in the 800 meter track event.

“I have the absolutely brilliant work of molecular scientist Trevor Marshall, PhD and my heroic doctor, Lesley Fein of Caldwell, NJ to thank for this miracle!” Musum explains how he went to over 20 different doctors and tried everything from naturopathic medicine to IV’s in his chest via a catheter for over four straight years to get his health back. Nothing worked like this new protocol based on genomics and molecular biology pioneered by Dr. Trevor Marshall Ph.D.

Dr. Trevor Marshall will be Chairing a Metagenomics session at the prestigious World Conference to be held in China in April, 2011, celebrating the 50th anniversary of the discovery of DNA by James Watson and Francis Crick. The discovery marked a milestone in the history of science and gave rise to modern molecular biology, which is largely concerned with understanding how genes control the chemical processes within cells. In short order, their discovery yielded ground-breaking insights into the genetic code and protein synthesis. During the 1970s and 1980s, it helped to produce new and powerful scientific techniques, specifically recombinant DNA research, genetic engineering, and rapid gene sequencing. Dr. Marshall will be in good company at the five day conference as nine Nobel Prize Laureates in Chemistry, Physiology and Physics have also been invited. Musum appeared on both PBS and NNJ News in addition to being part of a Sunday front page story in The Star Ledger and in his local paper, The Bernardsville News, as the State’s media have taken note of his struggle and astonishing road back to health. “Almost everything you think you know about Lyme disease, and more importantly, chronic illness in general is misleading at best,” he remarks.

In addition to this, Musum is presently Chairman of the Chronic Illness Center, (CIC) a organization seeking to establish the first national center to bring this type of breathtaking, revolutionary medicine to the general population. The protocol has been shown to be effective in at least 50 different heretofore inoperable chronic illnesses that range from neurological, dermatological, rheumatological, psychological, gastroenterological, etc. The success rate is approaching 90%. But there is no evidence for all those in the clinical studies.

On the political front, Musum and his colleagues have garnered overwhelming backing from all branches of government. Recently formal resolutions have been passed in both houses of the New Jersey Senate and Assembly (78-0) and SR20 in The State Senate (80-0). Both Egan, former Senate President and Deputy Speaker Upendra Chivukula received unprecedented bipartisan support from the Senate Health Committee (25-0) and 46-0 in the House of Assembly (78-0). Both Egan and former Governor and current Senator for our state’s work as well as both United State Senators and many US Congressmen from our state, Executive Director of the New Jersey Conference of Mayors, Al Di Lauro has also been a strong supporter. It’s heartening to see such incredible bipartisan support from every level of government at the local, state and federal level.”

Musum remarked. “It is when an issue of this importance is raised and a clear solution is offered, every elected official is willing to step forward.”

Though a long time athlete, captain of his high school football team, former power lifter, and competitive cyclist, Musum was frankly unsure of himself at the starting line in The State’s Senior Olympic Games. “My wife Patty and I have been through so much horror for so long, I didn’t know if I was ready. We all have those doubts and fears and I made up my mind to face them head on and just do my best.” Then the gun sounded and, for three quarters of the race, Musum was right in the pack. “I almost surprised myself at being able to keep up with the other athletes.” Surely they had not needed to overcome what Musum had been through. Then at the 600 meter mark he hit a wall and felt he could barely go on. “To my mind I even thought of quitting the race. I had to even slow to stop and walk a few steps to regain my breath and strength. Then I said, I MUSTN’T GIVE UP! So many need HOPIE who are still suffering this very day!” He began to run again but now with a purpose that would see him through to the end. He crossed the finish line! Visualizing the finish in his mind helped him reach his goal. Musum won second place, but he added, “Every one of the Senior Olympians is a true winner just for being there and trying their best.”

Being the first competitive track event in his life, Musum was not sure what to expect next. He made his way over to the scorer’s table. In the Senior Olympics, everyone competes against their age group so it is not easy to know immediately who in each group are the winners. He glanced at the scorer’s sheet quickly and thought he did not earn a top spot. However, in getting a better look he saw the #2 next to his name. He wondered if that meant what he thought – what he hoped. Yes, it surely was – he had indeed won a New Jersey Olympic Silver Medal.

“Next to the day I married my wonderful wife, it was the happiest day of my life. Every step I took was to bring hope to countless others. It’s a miracle,” he said. Musum was interviewed on video at the games and he told his personal story and the wonderful emerging science that saved his life. When the President of The Games, Mike Garamella, heard about it, in an unprecedented move, he award- ed Musum companion “Honorary” Silver Olympic medals to give to both Doctor Fein and Doctor Marshall. Musum was moved to tears. “Once and for all,” he said, this definitely PROVES how powerful the Marshall Protocol is and how it worked for me when nothing else for over a decade has. God Bless doctors Fein and Marshall for what they are doing. They are brilliant, courageous and caring and we simply MUST find the funding for research necessary to bring these new break-throughs in Molecular Genomic Medicine to the millions of others suffering with chronic ill- ness.Millions are depending on it.”

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by Thomas W. Kendall Sr., M.D.

As a medical profession- al for 35 years, it is my opinion that the Health Care Reform Bill, which recently passed against the will of the majority of Americans, is not repealed, the American medical dream will have become a nightmare. This will signal a demise of liberty.

The United States Constitution is not a document to limit the expression of liberty of a free people, but rather to limit the coercive, oppressive, godless tyranny of those who consider themselves superior to others.

No jurisdictional author- ity exists or is implied by our supreme law that would allow mandated medical care, much less determine the nature of that care. Decades ago, the term cri- sis had frequent use in clinical medicine when the critical time of a patient’s prognosis was defined by the evidence of vital recovery or imminent death.

The Hippocratic oath I pledged to my patient. This attack on American freedom is harm- ful to all of us. It arises from within our halls of legis- lative, judicial, and executive responsibility. WE THE PEO- PLE have the power to make the proper contribution to this current cri- sis. We must act immediately with courage and conviction to return our Republic to the rule of law. Under these critical consti- tutional rule and govern- men't oppressive tyranny, not liberty-loving free Americans.

Now is the time for those who have never thought it necessary to be involved and take action. Unless the princi- ples of the framers and their ideas work. Multiple Articles of Confederation, the subsequent U.S. Constitution, and the Bill of Rights. Independence, are embraced and defended, we do not deserve the liberties that our forefathers past and present and fought for. Several physicians have already signed our founding documents. They knew about tyranny. We physi- cians must be vigilant in our defense of our forefathers’ intent.

The Hippocratic oath I pledged upon entering the practice of medicine included the promise: “I will take no pay from any public or private source: I will examine and treat all my patients equally, from the profoundest to the most insignificant, with the same will and interest.”

Many Americans are aware that only 18% of U.S. physicians were members of the AMA (American Medical Association) when “Obamacare” was signed March 23, 2010. This organization received much medical support in its protection of the monopoly of the coding of medical procedures that is required for physicians to receive pay for services. Physicians are polarized in these ideological debates. Do they do what is best for their patients or what is best for the nationalistic, socializa- tion of our once free and pros- perous nation?

Public Health Alert

The PHA is committed to research- ing and investigating Lyme Disease and other chronic illnesses in the United States. We have joined our forces with other national groups to create a team of support group leaders. These groups include but are not limited to: Multiple Sclerosis, Lou Gehrig’s Disease, Fibromyalgia, Lyme Disease, Fatigue, Fibromyalgia, Heart Disease, Cancer and various other issues. The PHA, in cooperation with PROS seeks to bring important medical breakthroughs to the public’s attention. We seek to make people aware that persons suffering with these diseases has proper sup- port, information, physically, emotionally and medically.

The United States

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Book Is Now Available!

Thank you for your help, your support, and your prayers. We pray that Elizabeth’s book will help you in your journey.

Dear Reader,

I don’t know if there is really a way for anyone to understand the depths of pain and suffering from which this work of Elizabeth’s springs. As one who has witnessed this firsthand, being physically and emotionally more than anyone else, it still amazes and humbles me to see what she goes through. The reality of her minute-to-minute existence is too painful to even imagine, too unbearable to wrap the mind around. Most of the writing was done in a very dark, cold room to complete silence. Much was done with the computer on Elizabeth’s lap, with her typing with her eyes closed, as done in a very dark, cold room in complete silence. Much was done with her in the day-to-day more than anyone else, it’s still unfathomable to me that if the Health Care Reform project, this work of raw faith. Your perseverance is astounding and humbles me to see what she goes through.

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In Vitro Effectiveness of Samento and Banderol Herbal Extracts on the Different Morphological Forms of Borrelia Burgdorferi

A tick-borne, multisystemic disease, Lyme borreliosis is caused by the spirochete Borrelia burgdorferi, which has grown into a major public health problem during the last 10 years. The primary treatment for chronic Lyme disease is administration of various antibiotics. However, relapse often occurs when antibiotic treatment is discontinued. One possible explanation for this is that B. burgdorferi becomes resistant to antibiotic treatment by converting from their vegetative spirochete form into different round bodies and/or into biofilm-like colonies. There is an urgent need to find novel therapeutic agents that can eliminate all these different morphologies of B. burgdorferi. In this study, two herbal extracts, Samento and Banderol, as well as doxycycline (one of the primary antibiotics for Lyme disease treatment) were tested for their in vitro effectiveness on several of the different morphological forms of B. burgdorferi (spirochetes, round bodies, and biofilm-like colonies) using fluorescent, darkfield microscopic, and BacLight viability staining methods. Our results demonstrated that both herbal agents, although not doxycycline, had very significant effects on all forms of B. burgdorferi, especially when used in combination, suggesting that herbal agents could provide an effective therapeutic approach for Lyme disease patients.

Borrelia burgdorferi, the primary causative agent of Lyme disease, is a spirochetal bacterium that can adopt different inactive forms, such as cystic and granular forms (round bodies), as well as colony aggregates both in vivo and in vitro, in the presence of unfavorable conditions such as exposure to the antibodies commonly used for treating Lyme borreliosis.1-4 Unfortunately, when B. burgdorferi is in these inactive forms, conventional antibiotic therapy will not destroy the bacteria.3 Still to date, the frontline treatment for Lyme disease is administration of pharmaceutical antibiotics and antibiotic therapy may also cause multiple undesirable side effects.9 Thus, there is an urgent need for novel, more efficient, and more cost-effective treatment approaches that can efficiently eliminate all forms of B. burgdorferi.

There is an alternative clinical treatment option gaining wide use, called Cowden Condensed Support Program, which utilizes several herbal extracts designed to eliminate microbes in Lyme disease patients. Richard Horowitz, MD, president of International Lyme and Associated Diseases Educational Foundation (ILADEF), has prescribed this protocol for over 2000 of his patients and reports that it has been effective for more than 70% of them. The two herbal agents from the Cowden Condensed Support Program selected for this study are Samento (a pentacyclic chemical type of Cat’s Claw [Uncaria tomentosa] that does not contain tetracyclic oxindole alkaloids), with reported antibacterial and antiviral properties, and Banderol (Otoba sp.), known to have antibacterial, antiprotozoal and anti-inflammatory effects.10-12 Both herbal agents are used during the first two months of Cowden Condensed Support Program, then in rotation with other antimicrobials for the duration of this 6-month protocol. In this study, we evaluated these natural antimicrobial herbal extracts as doxycycline (one of the primary pharmaceutical antibiotics for Lyme disease treatment) for their potential effects on the different forms of B. burgdorferi.

Abstract

Lyme borreliosis caused by the spirochete Borrelia burgdorferi has grown into a major public health problem during the last 10 years. The primary treatment for chronic Lyme disease is administration of various antibiotics. However, relapse often occurs when antibiotic treatment is discontinued. One possible explanation for this is that B. burgdorferi becomes resistant to antibiotic treatment by converting from their vegetative spirochete form into different round bodies and/or into biofilm-like colonies. There is an urgent need to find novel therapeutic agents that can eliminate all these different morphologies of B. burgdorferi. In this study, two herbal extracts, Samento and Banderol, as well as doxycycline (one of the primary antibiotics for Lyme disease treatment) were tested for their in vitro effectiveness on several of the different morphological forms of B. burgdorferi (spirochetes, round bodies, and biofilm-like colonies) using fluorescent, darkfield microscopic, and BacLight viability staining methods. Our results demonstrated that both herbal agents, although not doxycycline, had very significant effects on all forms of B. burgdorferi, especially when used in combination, suggesting that herbal agents could provide an effective therapeutic approach for Lyme disease patients.

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"Samento & Banderol": pg 5

Primary Testing Panel:

- Borrelia burgdorferi
- Borrelia akkasi
- Borrelia garinii
- Borrelia afzelii
- Borrelia parkeri
- Borrelia vincenti
- Borrelia duttoni
- Borrelia hermsii
- Borrelia parkeri
- Ehrlichia chaffeensis
- Francisella tularensis
- Mycoplasma fermentans
- Rickettsia spp. (Lyme disease)  
- Treponema pertenue
- Treponema carateum
- Treponema denticola

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Public Health Alert www.publichealthalert.org Page 3
For instance, the scripture in Psalms 40:1-3: “I waited patiently for the Lord, and He inclined to me and heard my cry. He also brought me up out of a horrible pit, out of the miry clay, and set my feet upon a rock and established my steps. He has put a new song in my mouth - praise to our God. Many will see it and fear, and will trust in the Lord.” For these miners, waiting patiently meant sixty nine days from the first time God heard their cry. Sometimes we feel God doesn’t hear our cries, but all during this time men were actively at work designing and implementing their rescue During a time of trial we may identify with the miners during their captivity. Have you ever felt your situation was hopeless? I love the correlation of the families camping out close by in what they termed Camp Hope. We also, in what looks like a hopeless situation, desperately need the hope and prayers of those closest to us. The miners themselves also received hope as they held on to the love and anticipation of being reunited with their families. Hope is the anchor for our soul as we wait with faith and patience for our breakthrough. Another principal in scripture they exemplified is unity. The men formed the band who became their leader in rationing their food. They prayed every day, exercised and worked to keep their spirits positive. Mario Sepudvada, one of the miners, said “I was with God and with the devil. And I reached out to God.” After his release he said, “Life is short - in one second it can all be gone. Live your life. Don’t worry about money.” As the miners were brought out one by one, the joy of watching their reunion with loved ones was viewed worldwide. Wasn’t that sign of gratitude made for life and family burning a little brighter in our hearts as we rejoiced with them? It is “When the Lord brought us back and restored our freedom, we felt so good, we felt so strong. At first we felt we were dreaming. How we laughed. How we sang. We were over-flowing. Then we heard the nations say, ‘Look what the Lord has done. He has done great things for us and we are filled with joy.” Ps. 126:1-3. The world loves a happy ending - let’s show them how strong and faithful our God is to deliver us!

by Joan Vetter

The world seemed to hold a collective breath as we anticipated the rescue of the Chilean miners on television. For me, it represented more than just a dramatic release of thirty three trapped miners. Their dire circumstance parallels our Christian faith and brought new light to certain scriptures.

In the first part of this three part series, I wanted you to look at Camp Hope. We also, in what looks like a hopeless situation, desperately need the hope and prayers of those closest to us. We kept searching for answers. We looked over the Pam3Cys/OspA data again and wondered what does this do mechanically? We already knew Pam3Cys is managed by Toll2 (Toll-Like Receptor 2) and according to some, also Toll1 or Toll 6. The research on Toll-like receptors’ role in our immune system is ongoing as of today. [4] “Lyme neuroborreliosis is likely caused by inflammatory effects of the tick-borne spirochete Borrelia burgdorferi on the nervous system. Microglia, the resident macrophage cells within the central nervous system (CNS), are important in initiating an immune response to microbial products. In addition, astrocytes, the major CNS glial cell type, also can contribute to brain inflammation. TLRs (Toll-like receptors) are used by glial cells to recognize pathogen-associated molecular patterns (PAMPs), mediate innate responses, and initiate an acquired immune response. Here we hypothesize that because of their PAMP specifi-

by Dottie L. Heffron

In the first part of this three part series, I wanted you to see how important it was for doctors to keep on top of the latest medical technology. Doctors should do their own research instead of relying on information peddlers, especially from pharmaceutical companies. Drugs only mask certain health problems and there is always an underlying problem causing your ailment. The aspirin rids you of a headache while the real problem might be a narrowed artery ready to aneurysm or inflamed nerves. I also asked you to look around at the rest of the worlds’ view of “Lyme disease.” I am sure you have seen that other countries were no long calling it “Lyme disease.” They have always called it Neuroborreliosis. Many world scientists saw that many major U.S. universities and doctors who once got big dollars in grants to study “Lyme disease” no longer were being funded. The funding has for the past 3 years gone to different entities. We also revealed OspA is “The Greatest Imitator.” Please recall that recombinant OspA is Yale University’s LYMErix vaccine patent. Many researchers know it to be synthetic tripalmitoyl cystine (Pam3Cys), an activator of latent viruses. It also tolerizes the immune system to similar antigens, meaning they won’t be recognized as dangerous and antibodies will be produced. In this section, part 2, we will explore the works of Justin Radoof, Janet Weiss, Schröder and Schumann, Weissmuller and his group in Germany and other renowned scientists and show you our mode of discovery that led us to believe OspA is a synthetic Pam3Cys. This is the true science of Lyme disease. In our discovery, we first noticed Dr. Mark Philipp, Professor of Microbiology and Immunology at Tulane Medical School revealed in 1998 that OspA is a Tripalmitoylated Cystine (Pam3Cys)[1]. Since we knew LYMErix was recombinant OspA, a lipoprotein vaccine, we decided to take look at the other lipoprotein vaccines to see what the similar Lipoprotein vaccine outcomes were. To our astonishment, the tuberculosis vaccine had the same outcomes and adverse events as the LYMErix vaccine. They seemed to make existing infections worse. “In these areas, the present vaccine - Mycobacterium bacillus Calmette-Guérin (BCCG) - is failing. Progressive tuberculosis occurs because the potentially protective T helper 1 (TH1)-cell response is converted to an immunoregulatory response that fails to eliminate the bacte-

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FAITH FACTOR

The Great Imitator: Part 2

Rescued

by Dottie L. Heffron

In the first part of this three part series, I wanted you to see how important it was for doctors to keep on top of the latest medical technology. Doctors should do their own research instead of relying on information peddlers, especially from pharmaceutical companies. Drugs only mask certain health problems and there is always an underlying problem causing your ailment. The aspirin rids you of a headache while the real problem might be a narrowed artery ready to aneurysm or inflamed nerves. I also asked you to look around at the rest of the worlds’ view of “Lyme disease.” I am sure you have seen that other countries were no long calling it “Lyme disease.” They have always called it Neuroborreliosis. Many world scientists saw that many major U.S. universities and doctors who once got big dollars in grants to study “Lyme disease” no longer were being funded. The funding has for the past 3 years gone to different entities. We also revealed OspA is “The Greatest Imitator.” Please recall that recombinant OspA is Yale University’s LYMErix vaccine patent. Many researchers know it to be synthetic tripalmitoyl cystine (Pam3Cys), an activator of latent viruses. It also tolerizes the immune system to similar antigens, meaning they won’t be recognized as dangerous and antibodies will be produced. In this section, part 2, we will explore the works of Justin Radoof, Janet Weiss, Schröder and Schumann, Weissmuller and his group in Germany and other renowned scientists and show you our mode of discovery that led us to believe OspA is a synthetic Pam3Cys. This is the true science of Lyme disease. In our discovery, we first noticed Dr. Mark Philipp, Professor of Microbiology and Immunology at Tulane Medical School revealed in 1998 that OspA is a Tripalmitoylated Cystine (Pam3Cys)[1]. Since we knew LYMErix was recombinant OspA, a lipoprotein vaccine, we decided to take look at the other lipoprotein vaccines to see what the similar Lipoprotein vaccine outcomes were. To our astonishment, the tuberculosis vaccine had the same outcomes and adverse events as the LYMErix vaccine. They seemed to make existing infections worse. “In these areas, the present vaccine - Mycobacterium bacillus Calmette-Guérin (BCCG) - is failing. Progressive tuberculosis occurs because the potentially protective T helper 1 (TH1)-cell response is converted to an immunoregulatory response that fails to eliminate the bacte-

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Biofilm after exposure to Doxycycline--
causes biofilm to increase in size.

In the first set of experiments, we tested the in vitro susceptibility of the spirochete and round-body forms of the Borrelia burgdorferi B31 strain to Samento and Banderol extracts for 96 hours, then directly cell counting and darkfield morphology evaluation methods were used to measure the effects of the antimicrobial agents. For both herbal extracts, the dilution of 1:1000 most efficiently eliminated both the spirochetal and round-body forms (Figure 1A and 1B). However, when we used the combination of Samento and Banderol extracts, 1:1000 dilution showed the most effectiveness, and this concentration was chosen for further study (Figure 1C). As a negative control, 0.25% ethanol treatment was also included in all experiments, because these herbal extracts contain ~25% ethanol to transport the nutrients into the cells and for stability.

In these experiments, we also compared the effect of Samento and Banderol with doxycycline, the most common antibiotic treatment agent for Lyme disease treatment in a 96-hour treatment period. Our results showed that doxycycline (250 mg/ml) was very effective in eliminating the spirochetal form of B. burgdorferi, but it significantly increased the round-body form. Comparing this doxycycline data with that of the herbal extracts, Banderol and the combination of Samento and Banderol (1:300) were more efficient in eliminating both the spirochetal and round-body forms of B. burgdorferi in vitro (Figures 1A-C).

In the next set of experiments, we evaluated the effect of different antimicrobial agents on biofilm-like colonies of B. burgdorferi. The cultures were treated as described above for 96 hours with stains, which can help visualize the effects of the antimicrobial agents on the bacterial cells (Figure 2). The green fluorescein isothiocyanate (FITC, 9, with excitation/emission maxima of about 490/500 nm) colors healthy bacteria that have intact membranes, thus staining live cells, and the red dye (propidium iodide with excitation/emission maxima of about 490/635 nm) colors bacteria with damaged membranes, by displacing the green dye, thus staining dead cells.

In the absence of antimicrobial agents, B. burgdorferi is forming biofilm-like colonies (Figure 2A) with mainly live bacterial cells. In the presence of Semento extract (1:300), the colonies were significantly smaller and less organized (Figure 2B), but they did stain with green dye, indicating that live cells remained. In the presence of Banderol extract, the size of colonies did not show any reduction; however, the cells inside the colony (~90%) did not stain.

In the presence of both herbal extracts, no sign of any colony formation was observed in the cultures, but we found evidence of a few individual nonmotile but green spirochetes and round bodies. In the presence of doxycycline (250 mg/ml), the average colony size was increased and contained mainly live round-body forms. In this study, our working hypothesis was that for an efficient therapy, we have to find antimicrobial agents that can eliminate all the forms of B. burgdorferi. During the course of Borrelia infection, the bacterium can shift among the different forms, converting from the spirochete form to the others when presented with an unfavorable environment and reverting to the spirochete when the condition is again favorable for growth.1-4 To successfully eradicate B. burgdorferi, antimicrobial agents should eliminate all those forms, including the spirochetes, round bodies, and biofilm-like colonies.

Here we have provided evidence that two natural antimicrobial agents (Samento and Banderol extracts) had significant effect on all three known forms of B. burgdorferi bacteria in vitro. We have also demonstrated that doxycycline, one of the primary antibiotics used in the clinic to treat Lyme disease, only had significant effect on the spirochetal form of B. burgdorferi.

Our later results might provide some explanation for why relapse is so common after discontinuing antibiotic therapy. For example, some of the recent reports on in vivo experiments demonstrated that although pharmaceutical antibiotic agents are effective in ameliorating disease, the infection may persist even after seemingly effective therapy, which suggested that Borrelia may remain viable even after antibiotic administration.14-15 If those pharmaceutical antibiotics only eliminate one form of this bacterium, the other forms could be the source of the persistent disease.

The other very important fact needs to be considered for an effective treatment for Borrelia infection: this bacterium typically has a life span ranging from several weeks to six to eight months; therefore, it may take six to eight months for even one generation of Borrelia to become exposed to the antimicrobial for elimination.16 Since the herbal extracts like Samento are reported to be nontoxic, they can be safely taken daily for the long period of time necessary to thoroughly eradicate Borrelia from an infected body.17 In summary, our study has provided in vitro research data on a novel treatment approach using herbal antimicrobial agents to efficiently eradicate B. burgdorferi, the Lyme disease bacterium.

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Notes

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Biofilm after exposure to Doxycycline--
causes biofilm to increase in size.
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).
**Research Highlights**

- The protein OspA is a major antigen in the Lyme disease bacterium, *Borrelia burgdorferi*.
- OspA antigens are often used in diagnostic tests for Lyme disease.
- The structure of OspA has been determined using X-ray crystallography.
- OspA contains a signal sequence and is a transmembrane protein.
- The protein is composed of amino acids and is a major component of the outer surface of the bacterium.
- OspA is critical for the pathogenicity of *Borrelia burgdorferi*.

**References**

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www.nationalmssociety.org/flc

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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.

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