Stem Cell Therapy for Lyme Disease

by David A. Steenblock, M.S., D.O.

It can truly be said that the road to physical Hell is built on immune system dysregulation (including hyper-reactivity and autoimmun e reactions) and infections. The effects, in fact, involve elements of both, typically linked in a biologic “cross-talk” between organs and systems from bowel to brain to peripheral and central nervous systems from bowel to brain to peripheral nervous systems.

B. burgdorferi borreliosis is injected into the skin as a result of the bite of an infected tick. Lyme disease is no exception.

Thankfully we physicians have powerful tools at our disposal to help chronic disease sufferers negotiate their way off the road to physical Hell. Among these are nonmyeloblastic (adult) stem cells.

Before delving into the particulars of how adult stem cells can remediate Lyme disease, we first need to review how the causative microorganism (3 species of Borrelia) wreaks havoc in the body.

Here in the US, Lyme disease arises when this Borrelia burgdorferi sensu stricto spirochete is injected into the skin by a tick victim by an infected l제도 킷 tick. Typical early onset symptoms include fever, headache, fatigue, and a characteristic bull’s-eye rash on the skin called erythema migrans. If left untreated the spirochete then spreads via the bloodstream to vital organs such as the heart, the peripheral nervous system, and central nervous system.

Although Lyme sufferers’ bodies churn out anti-bodies to Borrelia, these are often ineffective in tagging the spirochete for attack by phagocytes and other components of the immune system. One reason for this is due to the fact that B. burgdorferi decreases the expression of surface proteins that are targeted by antibodies. In addition, it has shown the ability to inactivate vital immune system players such as complement proteins and the extra cellular matrix that provides support to tissues, along with key surface proteins on their surface that would normally provoke a powerful immune response.

This insidious pattern of undermining the host’s native defenses continues in instances in which the spirochete enters the brain. Here it may induce astrocytes to proliferate and then die off (excitotoxic death), which may account for many of the neurologic dysregulated and resultant symptoms linked to Lyme disease. In addition, B. burgdorferi is believed to cause microglia and astrocytes to secrete neurotoxic compounds such as cathepsin cysteine proteinase (Interleukin-6 and Tumor Necrosis Factor-alpha). The two key cysteine cathepsins that may contribute to the cognitive impairment that many Lyme disease patients exhibit.

On top of everything else, some in the chronic Lyme disease sufferer’s body, it seems likely that the infection results in a chronic secretory stress hormone imbalance that both produces and feeds fatigued cells.

About 10-15% of untreated patients develop neuroborreliosis, a condition that can produce a wide range of symptoms and conditions including facial palsy, meningitis, ataxia, numbness and tingling in the hands or feet that can rob sleep, cause vertigo, memory loss, and mood changes as well as unusual or abnormal skin sensations. In some cases patients experience panic attacks and “high anxiety” states. Some seem delusional and even become detached from reality (Depersonalization or derealization disorder.) Some develop full-fledged psychosis.

Lyme disease patients are also prone to develop arthritis in their knees and other joints, as well as to experience fibromyalgia. There are also cases of patients with chronic Lyme disease being diagnosed with ALS, MS, schizophrenia and other neurologic maladies which improved or were seemingly resolved following containment of their infection.

The conventional approach to managing Lyme disease focuses on antibiotics which appear of limited utility. Actually up to 30% or more of those who have completed a course of antibiotic treatment continue to experience symptoms such as severe fatigue and muscle pain, sleep disturbance, and cognitive difficulties (In-a-word, Fibromyalgia and chronic fatigue syndrome). This is attributed by some doctors to the survival and continued activity of Borrelia, and by others who believe the infection triggers an autoimmune reaction that persists over time.

Interestingly, to date at least four random controlled clinical studies have been carried out showing impact of stem cell therapy for chronic Lyme disease with notable promising results that support this theory.

With the standard approach to managing Lyme disease pretty much a bust, patients are recently turning to uncontrollable treatments geared to help eradicate (or at least curtail the activity of) the causative microorganisms or manage the inflammation, pain and such they produce or both.

For more than a decade now my associates and I have been heavily focusing on the use of autologous and allogenic stem cells to address chronic, often progressive disorders including many that involve viral, fungal and/or bacterial pathogens. This includes extensive work with colleagues in Mexico administering pure stem cells, as well as treatments in my Mexico Viejo clinic in California where patients are given their own stem cell-rich bone marrow and fat tissue.

What we have observed and documented is that while stem cells themselves do not eradicate microorganisms, they can complement a patient’s native immune defense and help reduce and in some instances eliminate inflammation, neuropathy, pain and fatigue. They also assist in repairing and reversing tissue damage including Lyme damaged epithelial processes. Bone marrow, fat tissue and a gelatinous layer around blood vessels in umbilical cords called “Whatson’s Jelly” happen to contain vast numbers of a very versatile stem cell called mesenchymal. Technically, these are classified as being multipotent, which means they have the inherent capability to differentiate into a wide range of somatic (body) cells including neurons and oligodendrocytes, endothelial cells, osteoblasts (bone cells), chondrocytes (cartilage-secreting cells), and adipocytes (fat cells). They also produce and express a wide range of growth factors that stimulate cellular growth, proliferation and differentiation. Bone marrow stem cells, for instance, have been shown to produce and secrete a wide range of growth factors including but not limited to platelet-derived growth factor, vascular endothelial growth factor alpha, transforming growth factors (TGFα), TGFβ1, and TGFβ3. Bone morphogenic proteins (BMPs) 1, 3, 7, 8B, R1A, and PR2, and various extra cellular matrix factors. Mesenchymal stem cells have also been shown to modulate and even down-regulate autoimmune processes (which accounts, in part, for improvements seen in persons with autoimmune diseases like MS who have been treated with them.)

In Mexico, pure cord blood derived mesenchy- mal typically 1.5 million infused intravenously) alone and used in tandem with CD34 rich blood stem cells: Partially and in some instances completely reversed diabetic retinopathy & neuropathy Reduced and in more than a few cases eliminated intractable pain caused by advanced, disseminated fibromyalgia, myositis, and Multiple Sclerosis Reduced the inflammation and resultant pain and discomfort associated with orthopedic injuries and disease including damaged tendons, ligaments joints, as well as osteoarthritis Boosted muscular strength and stamina in persons with amyotrophic lateral sclerosis (ALS), multiple sclerosis, chronic fatigue syndrome and cachexia due to cancer.

Similar results in these diseases and medical conditions as well as others have also been documented with regard to patients treated with their own stem cell rich bone marrow and fat tissue in my clinic. Among these: Attenuation and even elimination of inflammation and resultant pain and discomfort in people with a variety of musculoskeletal conditions including arthritis of the knee. Typically bone marrow or fat tissue stem cells are given in conjunction with other therapies such as platelet-rich plasma (PRP). The growth factors expressed by the stem cells as well as those contained in the PRP appear to work synergistically in terms of fostering remodeling and even regeneration of damaged tissues. Turndowns in neuropathy. My own wife, Noyemy, “Stem Cells”...’con’d pg 10

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Lyme Disease Management: Part 2

By Peter J Muran, MD

Lyman disease management requires a healthy immune system. A healthy immune system requires a healthy gastrointestinal (GI) tract. To summarize the first article on this topic, the GI tract significantly affects the immunologic system. The gastrointestinal tract is full of potential immune triggers. For the most part, the body is able to recognize and tolerate many of these antigens. It is when an immunologic response occurs and the innate immune system is controlled then the next level of inflammation is stimulated. This next level of inflammation includes:

- Continued deregulation of the immune system
- Leaky gut syndrome
- Continued imbalance in the TH1/TH2/TH 17 lymphocyte profile
- Depletion of the natural killer cells
- Disruption of the homocysteine cycle
- Increased sensitivity or allergic response to a wide spectrum of agents

This Part Two of a three-part series will discuss evaluation and testing of the inflammatory process caused by the GI tract.

What’s Living in You

Throughout all the information on Lyme disease, antibiotics are used without the appreciation of the bacterial flora except for the administration of probiotics. Yet, analysis of the GI flora is rarely examined to determine the extent of the dysbiosis that is occurring within the intestine. Although the short-term use of antibiotics for acute infections or probiotics might not require such an examination, the long-term use of these antibiotics could have detrimental effects which would affect the innate immune system and generate a profile of chronic inflammation. This chronic inflammation could complicate the symptoms and compromise improvement, resulting in a confused issue in health management. There are two methods to evaluate the small intestine for harmful bacteria overgrowth; one method that is specific to leaky bowel syndrome, which is the condition in which bacteria are able to penetrate the gut barrier. The second method is to test for the evaluation of the large intestine. All of these tests have their benefits and drawbacks. The essence, what is being evaluated is the total antigenic burden in the intestine, resulting in altered GI permeability and over-activation of the immune system.

Small Intestine

One method that is very gut specific is an evaluation of the small intestine with a urine analysis for enteric organisms. Clostridium species, D-Lactate and D-arabinol. These measurements could indicate if the patient has small intestinal bacterial overgrowth (SIBO) and which bacteria are present. This test gives specific quantitative results of the types of bacteria that are present. The urine analysis cannot be expanded to include additional metabolic products, which would provide clues on deficiencies which would affect detoxification, energy production cycles and oxidative stress. The disadvantage of these tests is the expense.

The second method of measuring bacterial overgrowth is an abnormal hydrogen breath test. Abnormal bacterial overgrowth is usually the result of low acid or acid inhibition or stasis. In some cases Helicobacter pylori may be the cause. Often the main destruction is done by the enzymatic action of the bacteria destroying the integrity of the protective coating of the small bowel, permitting degradation to further breakdown the lining cells of the intestines. The testosterone which is lost is the lack of a quantifiable result of other bacteria that may be present.

The measurement of leaky gut in the small intestine is, first, pretty straightforward. Two sugars, lactulose and mannitol, which are minimally metabolized, are given at the same time. Mannitol is passed through the intestinal wall while lactulose is impermeable in a healthy gut. The ratio of the two sugars are measured in a urine analysis. The ratio in a healthy gut is less than 0.03. If the ratio exceeds 0.10 then there is an increase intestinal permeability, whereas, if the ratio is below 0.01 then there is an absorption problem. The lactulose/mannitol ratio is used to determine abnormalities and with a meal. The complicated part comes with trying to determine the exact causative agent through an elimination rotational diet. A diet rotational testing will not always identify the causative factor. Systemic or gastrointestinal dysbiosis also needs to be considered in this evaluation.

Large Intestine

Evaluation of the internal ecology of the large intestine can be done in one or two methods. The first method, which has been more established, is done with cultures with microscopipic evaluation. The advantage of this method is the ability to do care-care technique and the microscopy and enzymology of immune-assay techniques and which are well established and validated. This method has many shortcomings. One of the most obvious is the difficulty in collecting and analyzing an anaerobic strain of bacteria, which happens to be the predominant organism of the GI tract. Of the bacteria that can be cultured, it is the microscopic detection of parasites which require 25,000 cells per gram. The other method to detect and measure what is living in the large intestine is by DNA strand identification, PCR, and chemical analysis. This has the sensitivity for discovering the organisms present in the GI tract. Its major identification is there is an ease of collection and transport. It only requires 1 cell for identification of bacteria and 5 to 6 cells per gram for parasites. This method has its shortcomings in that PCR techniques and reference ranges are not well established. Correlation between quantification of pathogen or resistance of bacteria based on this test is not fully known. Ability to determine bacterial strains and specific species depends on limited availability and cost of commercial methodologies currently available in our laboratories.

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Infection of GI inflammation

Both lactoferrin and calprotectin are proven markers of intestinal inflammation. They distinguish inflammatory bowel disease from irritable bowel syndrome.

Fecal lactoferrin is an inflammatory marker which is expressed by a white blood cell, typically acute inflammation or infection, the neutrophil. Elevated levels of fecal lactoferrin indicate infiltration of the inner layer of the intestines, the mucosa. Fecal Lactoferrin is 90% specific for active inflammatory bowel disease, and can be a useful indicator for bowel syndrome, thereby lactoferrin uniquely discriminates inflammation from infection.

Fecal calprotectin plays the regulatory role in inflammatory process. It is a reliable marker for the presence of epithelial cell integrity. It is used to evaluate neutrophils in the gut in response to cell tissue, damage, increased permeability, or infectious processes.

What About Your Immune System

An over-expression of the immune system caused by gut inflammation normally occurs as a result of a systemic inflammatory response of the cytokines. This results in inflammation manifesting throughout the whole body. This promotes an inflammatory response of cytokine chemical tissue damage, fibrosis, or ulcers which are initiated by the dendritic cells. Upon a dendritic cell encountering a pathogen, cytokines or specific tissues, it will process that information and either engulfs it, facilitates an inflammatory production through another lymphocyte, the B cells; activates expression of cytokine production, the nervous system which is expressed by a white blood cell, typically acute inflammation or infection, the neutrophil. This results in an inflammatory response of the cytokines.

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Monsantostein

by Dottie L. Heffron

Before I graduated from college I found myself on several job interviews that led me down the path of potential employment as Frankensteins bride. One in particular that stands out in my memory is an interview I had with Monsanto, the seed giants.

Ok, I should admit it. I should have done my homework before I went on the interview, I thought as I peeled out of the parking lot after the interview concluded. The man who interviewed me revealed during the interview that they have had picketers out front yelling things like, "Frankenfooders go home, etc, but they didn't pay them any attention and just went about their business."

I looked at him bewildered. I did not really understand what he meant, so as usual I just smiled and nodded. I had a strange sense of "something's not right there" as I looked at the big huge building growing smaller in my rearview. I begged and pleaded with God. Please Lord, never, ever let me work at a place like that. In return, I will become a nun as payment for your favor.

When I got home, I pored over the internet like warm gravy looking for any reference to frankenfood, seedGods or biopirates. What I found was just about totally unbelievable. There were hundreds of websites all talking about how bad GMOs are to humans. I could not believe they were modifying the genes in our food and they have been since around 1992(1) and earlier. I was totally taken by surprise, and I sat there in shock.

Upon further investigation, my interview wasn't just any old lab I had interviewed for, at that time, it was the biggest soybean plant in North America. (2) They were playing God with the seed DNA in a lab not more than 5 miles from where I live. Taken from the history of the GMO page at The National Sustainable Agriculture Information Service, part of The National Center for Appropriate Technology states:

"Genetic modification refers to technology that makes it possible to manipulate the genes of living organisms to change the characteristics of that organism. Combining multiple genes from different living organisms is referred to as recombinant DNA technology. Resulting products are "Monsantostein.""

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How to Listen for God’s Voice

by Joan Vetter

It is true - often we have fathers who don’t talk to us for whatever reason. Maybe they are angry men, demanding and controlling, or they are absent. Or perhaps they just don’t know how to lovingly reach out to care with their words. However, that is not what God intended for a father/child relationship.

We are told in scripture that God is our Father. I know that has a myriad of responses at first for many. For some it is a longing to experience the place of acceptance, but others may not pursue God, thinking He will reject them or ignore them. However, if we associate the name God with father, common sense reveals a God who desires to communicate with His family.

I remember so clearly one of the first times I heard God speak. I was in a meeting where the leader indicated we would all hear God tell us what He thought of us. My first response was doubt, and even thinking maybe everyone would hear something but me. He instructed us to ask God, and then just be still and hear with our spirit and not our mind. At first it was all too quiet. Then three words tumbled forth right on the heels of each other. Today those words still evoke that similar response of a sweet knowing that my heavenly Father loves me.

Recently I heard a pastor speak about training his son to listen for an angel when he took him hunting. He said it was the same way with learning to listen to God. First, we need to believe that He desires to speak to us and that we can learn to hear Him. Then, we persevere even though we may make a few mistakes along the way. However, we remain in an attitude of thanksgiving that we are the sheep of His pasture and His shepherd will hear His voice.

Have you ever received a phone call where the person failed to identify themselves and just proceeded to talk? If it is someone familiar we know their voice immediately. Or perhaps we recognize the voice but can’t place it, or we have no clue who it is.

Therefore, training, for the most part, is simply spending time with God through His Word and especially through the Holy Spirit. When we know His nature and His Word we can recognize who is talking to us. Sometimes God may send an angel to communicate with people. Such is the case with Zachariah in Luke 1:13, when an angel proclaimed, "Do not be afraid, Zacharias, for your prayer is heard, and your wife Elizabeth will bear you a son, and you shall call his name John.” However, Zacharias proceeded to question the angel by saying, “How shall I know this? For I am an old man, and my wife is well advanced in years.” Then, the angel announced that Zacharias would be mute and not able to speak until the baby was born, showing us that even when we hear a true word from God or an angel, we will wish to trust?

Even the deaf learn to communicate through sign language. Sometimes God may use a sign to speak. For instance, yesterday I saw a sign at the YMCA with a picture of two hands encompassing the words Safe Place. It reminded me of my computer screen saver, a picture of clouds in the form of two huge hands. The emotion of being safe in God’s hands flowed over me with such a sense of gratitude.

Another way God speaks is through people or words we read. I asked the Lord if I should do something for a friend. I honestly didn’t have peace about it, but I used to disappoint her. Today I read a daily devotional with these words: "Resist the temptation to take on more than you can effectively handle. Any over-extension could deplete your resources, physically, emotionally, financially or spiritually. Exercise sound judgment when making choices and you would do well to be conservative. The enemy would love to stretch you beyond your abilities." I recognized without a doubt that was God answering my prayer for wisdom.

I challenge you to search through the Bible looking for the places God speaks to His people, and then let your heart and ears be tuned to the frequency of His personal voice to you. Just like your finger prints are one of a kind, the way He communicates with you will be unique. "I heard the Lord call my name - listen close you’ll hear the same."
Treating Mold, Candida and Environmental Toxins

I treat my patients’ Candida towards the end of their treatment regimen, because the antibiotics for Lyme cause yeast, so there’s no point in treating for yeast as long as patients are taking antibiotics. When I do treat them for yeast, I also treat them for mold, using Cholestyramine (as advocated by Dr. Ritchie Shoemaker) to bind the mold’s biotoxins. I think that mold is a huge problem for patients with Lyme disease, too. For some, it may even be the main reason why they got sick, and is the reason why they stay sick. Recent work by Dr. Ritchie Shoemaker has also shown that Lyme patients who are chronically fatigued and environmental mold will not get well.

Besides Candida and mold, heavy metals and other toxins can potentially affect recovery from the Lyme disease complex. As a practitioner, I have to look at everything that is impacting my patients’ immune systems. So I must do two things at once: treat at the root of their infections, and empower their immune system by removing all the environmental load of things that drag the system down. Eliminating environmental allergies and sensitivities, for instance, such as wheat or milk, can lift tremendous burdens from their immune systems. Also, reducing their exposure to environmental toxins, such as mold (as mentioned above) and heavy metals, can help. Some of my patients have heavy metal toxicity only, but since I don’t specialize in heavy metal toxicity removal, I refer them to the best heavy metal detoxification specialist. I haven’t had the time to learn how to do this properly in my depth of knowledge in the field. I should do it, however, because as much as we can relieve them of mold and heavy metal toxicity, I still haven’t told them the half of it they need to cover. There are so many aspects of treatment to consider, and I just can’t cover all of the bases.

Treating Insomnia

Sleep is restorative and necessary for the body to heal. Sleep disorders, one of the most significant and debilitating aspects of Lyme disease, is unlike the insomnia that is experienced by the average person due to stress. True chronic insomnia is a central nervous system problem and can be treated with the same methods that are used for the average person, such as a warm bath before bed, or milk before bed.

In patients’ sleep cycles are disturbed, then it’s important to get them back to sleeping when it’s dark. Taking melatonin at doses of 0.5-3.0 mg at 9:00 p.m. can help to regulate their sleep cycle, while taking three teaspoons of Natural Calm magnesium powder in the evening can help them to relax. If frequent nighttime wakings occur, then patients need to have insomnia treated by someone who understands the methods that are used for the average person, such as a warm bath before bed, or milk before bed.

7. Add ground flaxseeds to your morning cereal, which provides many benefits to the system, including high minerals, as well.

Nutrition

Anyone can benefit from good nutrition, both for the body and mind, and for maintaining a healthy body over the long run. A body that is not healthy physically and mentally and stress has nutritional needs that are above normal. Those with tick-borne diseases have specific, and above normal, nutritional needs, due to the physical and psychological stress. B-12 and magnesium, for example, are two nutrients that those with Lyme tend to need more of than normal. Also, free radicals are thought to be more abundant in Lyme sufferers, which makes antioxidants an important nutritional requirement.

What Those with Lyme Should Do for Proper Nutrition

1. Avoid drinking alcohol and smoking. Limit caffeinat- ed beverages.
2. Drink eight to ten glass- es of water per day.
3. Those with tick-borne ill- nesses crave sweets due to faulty carbohydrate metabolism, but indulging in these makes the situation worse, leading to hypoglycemia and fatigue. Limit simple carbohydrate intake like potatoes, sugars, and avoid eating a meal that would leave one small serving at lunch and dinner. Avoid sweets but if you feel that you must have them, it should always be after a healthy meal and never as a high-sugar snack, such as a glass of milk before bed.

5. To make sure that my patients’ immune systems are working as strong as it needs to be, I believe that brown rice feeds the body, including high minerals. Many Lyme disease patients need magnesium to help them with this aspect of treatment. magnesium tends to be very low in patients with Lyme disease. Some patients report that magnesium (Mg) deficiency include:

- Increased heart rate.
- High blood pressure.
- Neurological irritability in the form of tingling in the extremities.
- Hyperactive reflexes.
- Muscle cramps.
- Irritability, anxiety, depression.

Lyme disease is one of many illnesses that cause magnesium deficiency. The Borrelia burgdorferi bacteria (Bb) is unique from other organisms because it “goes after” magnesium in the host’s body, whereas most microbes go after iron. Researchers have sur- prised to find that Bb does not seek iron from its host, but that it does need magne- sium. Lyme disease symptoms that involve the muscles, joints, vision, appetite and heart, as well as inflammation and immune deficien- cies that manifest in specific symptoms such as cramping and headaches, are often classic magnesium deficien- cy symptoms. Taking a good magnesium supplement to correct these symptoms improves quality of life.

Supportive Supplements

Vitamins and Minerals

To make sure that my patients are getting the nutri- tion they need, I have them all commit to a consultation with a nutrition- ally oriented physician. The nutrition- alist specializes in helping people with chronic and debilitating illnesses who can help them with this aspect of treatment.

For those with brain fog remember- ing that the book, “Savely”..., cont’d pg 10

FROM THE BOOKSHELF

Insights Into Lyme Disease Treatment: 13 Lyme-Literate Healthcare Practitioners Share Their Healing Strategies

Ginger Savely, DNP
Part 2 of 3

by Connie Strasheim
www.LymeBook.com or by calling (530) 573-0190 or online at Publishing Group by calling (530) 573-0190 or online at publishinggroup.com or via the Public Health Alert! www.publichealthalert.org Page 3

Chapter 4: Ginger Savely, DNP, Part 2 of 3

About this article: The following is an excerpt from the book, Insights Into Lyme Disease Treatment: 13 Lyme-Literate Healthcare Practitioners Share Their Healing Strategies, by Connie Strasheim. The book is 443 pages and retails for $39.95; it is available from Biomed Publishing Group by calling (530) 573-0190 or online at www.PublicHealthAlert.org.

This chapter focuses on the treatments of Ginger Savely, DNP, of San Francisco, CA. This chapter focuses on the treatments of Ginger Savely, DNP, of San Francisco, CA. This chapter focuses on the treatments of Ginger Savely, DNP, of San Francisco, CA. Note: This book excerpt will be broken up into multiple issues of Public Health Alert due to space constraints, so be sure to pick up the next few issues of the Public Health Alert!

(continued from previous issue of PHA)
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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.”
By Les Roberts

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By Les Roberts

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Th17 is the primary driver of chronic inflammation producing over 17 cytokines, IL-17 is called the inflammation of arthritis. NFKB is a measureable unit and can be used to determine the degree of inflammation for a body to be under. Th17 and the innate immune system also modulate and balance Th1, Th2 and Th17 interactions. The innate immune system is the system of functional and macrophage activities. The immune system is divided in response to chronic inflammation and the imbalance of Th1 and Th2. The NKS cells can be multi- directioned and targeted to the treatment of the immune system.

Summary

The foundational testing associated with both Lyme disease and gastrointestinal inflammation is called the Lyme test. If the situation occurs when the use of antibiotics are not giving the symptomatic relief expected and it appears that the Lyme is still prevailing, look at other regions which can interfere with a healthy immune response. Of importance is the possible inflammation harbored in the GI tract. This can be investigated by exploring the function and possible bacterial overgrowth of the small intestine. The intestinal permeability or leaky gut syndrome should be reviewed. There could be a possible harmful bacteria or parasites in the large intestine. All of these interac- tions should be compared to the current presentation of possible decline in immune status as fatigue, skin rash, diarrhea, toxic feces, shortness of breath, joint and muscle pain, fevers of unknown origin, food intoler- ance, abdominal discomforts and cognitive changes. To determine the immune directed pathway for the symptoms, utilize laboratory measurements of immune activation and immune tolerance, as described above. For any further infor- mation please visit our web- site page on Lyme disease: http://www.alternativemedicinehealthcare.com/immune-health.html. Dr. Peter J. Muran, MD, practices Integrative Medicine in San Luis Obispo, CA, specializing in immune conditions such as Lyme disease.

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“Stem Cells” ... Cont’d from pg 1

The contrast between the results seen in older patients who received their own bone marrow sans the “revitalization method” and those who got revitalized marrow has been striking. Well-documented case histories are being accrued now and will be published in the future. While alloegenic and autologous stem cell therapies, both standalone and used in tandem with complementary treatments, cannot cure Lyme disease, they can help patients contain and reduce symptoms such as intractable fatigue, pain, inflammation and a whole host of neurologic issues.

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“Savely” ... Cont’d from pg 5

A person’s response to magnesium doesn’t depend solely upon the amount of elemental magnesium in a particular supplement, however. It depends more upon the amount that’s absorbed and bio-available to the body, and the amount needed to correct the deficiency. The gut (the jejunum and ileum) absorbs the majority of ingested magnesium, so the solubility and absorption of a particular type of magnesium across a range of pH’s are important to consider when correcting deficiencies. Some magnesium supplements, for instance, have low solubility and are poorly absorbed in the intestine. Common magnesium salts, such as sulfate (bismuth), hydroxide (milk of magnesia), and lactate (Epsom salts), hydroxide (milk of magnesia), and lactate (Epsom salts), are poor supplements because my patients don’t like taking magnesium in powder form, I recommend MagTab SR or Mag Malate.

Patient and Practitioner Challenges and Roadblocks to Healing

One of my greatest challenges as a practitioner is getting my patients to keep plugging away at their treatments, because they get frustrated and want to give up. It’s really hard, because when they don’t see any change in their symptom picture, it’s as if they can’t “see the forest for the trees.” I can’t get them to believe that they are getting better, and in general, it’s very hard for them to “hang in there.” Providing reassurance is one of the best things that practitioners can do for Lyme disease patients, however, and a great majority of their job involves being cheerleaders and psychologists.

Another challenge that I have is coming up with individualized treatment plans for my patients, because they are all so different and I never know what’s going to work for them. For instance, I have some people for whom artemisinin makes all the difference in the world, and other people for whom it doesn’t do a thing. There is so much that we as practitioners don’t know about treating Lyme disease. Further complicating things is that the fact is that there are so many different strains of Borrelia and other infections going around that we don’t know about, which means that we don’t necessarily know how or what we are treating.

To be continued in the next issue

PR and Professional Blitz

Here’s what you can do to join the effort & stay connected:

1) Continue your local independent theater to book UNDER OUR SKIN. Know where our distributor, Shlomo Glatschik, show@underourskin.com
2) Plan a community event around a theatrical release in your area. Contact the office & office@underourskin.com
3) Join the UNDER OUR SKIN email list & Facebook page. www.underourskin.com info@underourskin.com
4) Donate to the UNDERCOVER THE EPIDEMIC awareness campaign. 20% help us make a difference. www.undercovertheepidemic.com

To view upcoming theatrical screenings, visit our website: www.underourskin.com/newsletters

Ginger Savely, DNP

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FEATURE

Aging adds a layer of intractable fatigue, pain, intractable fatigue, pain, inflammation and a whole host of neurologic issues.
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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.

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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.

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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.

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