Lyme disease is caused by one of the most complex bacteria known to man, called Borrelia burgdorferi. The bacteria is named after a biowarfare lab that conducted outdoor tick experiments 20 miles from Lyme, Connecticut. Strangely enough, these bacteria have been circulating strange-sounding human experiments with borrelia strains for several months of the bite. The bacterium that causes Lyme disease (which is notoriously difficult to grow in cell cultures) was first propagated in cell cultures in Burgdorfer's biowarfare lab by Alan Barbour, also a member of the CDC's biowarfare think tank known as the Epidemic Intelligence Service (EIS).

"Lyme's ability to evade detection on routine medical tests, its myriad presentations which can baffle doctors by mimicking 100 different diseases, its amazing abilities to evade the immune system and antibiotic treatment, would make it an attractive choice to biowarriors looking for an incapacitating agent. Lyme's abilities as the 'great imitator' might mean that an attack could be misinterpreted as simply a rise in the incidence of different, naturally occurring diseases such as autism, MS, lupus and chronic fatigue syndrome (M.E.). Borrelia's inherent ability to swap outer surfaces, proteins, which may also vary widely from strain to strain, would make the production of an effective vaccine extremely difficult. ... Finally, the delay before the appearance of the most incapacitating symptoms would allow plenty of time for an attacker to move away from the scene, as well as preventing people in a contaminated zone from realizing they had been infected and seeking treatment."
**Lyme Disease Management: Immune Health Part 3**

By Peter J. Muran, MD, ABIHM

Let’s summarize our prior two articles before advancing to this series on the extraordinary immune and gut relationship. The immune system is the most powerful means the body has to fight infection and its central role applies to Lyme disease as well.

Part one discussed how the immune system is divided into two types of subsystems, the innate immune system and the adaptive immune system. The innate immune system is a more primitive type of immune system and is present in all living things. The innate system is more generalized in its detection of antigens. Its immediate response would be to destroy the substance by exposing the cells to an inflammatory response. Major components of the innate immune system are dendritic cells, macrophages and natural killer cells. The adaptive immune system is seen in higher forms of life and is more sophisticated in its specific reaction to an antigen. The two major pathways of the adaptive pathways involve two different types of white blood cells, T-cells and B-cells. The T-cells form antibodies. The B-cells form antigen-specific antibodies. The T-cells can develop into a variety of forms depending on how they are T-germinated. The adaptive immune system is mostly programmed by the dendritic cell as a major component of the innate immune system.

Part two discussed how the gastrointestinal tract, GI tract, is a major contributor to the response of the immune system. Something foreign or irritating to the cells of the GI tract will trigger the innate immune system, causing a localized inflammatory response. If the localized inflammation is not kept under control it will progress to cause an inflammatory response throughout the whole body. The GI tract inflammation is a response caused by the innate immune system’s programmed inflammatory response to intestinal inflammatory cytokines are managed by another type of program involving T-cell control as regulatory cells. When our immune system cannot be controlled or it gets “stuck” in an expression of a repeating inflammatory response that tissue becomes inflamed and it feels as pain. The messengers for this chronic inflammatory response are cytokines, certain lipid and protein expressions from specific lymphocytes, Th1/Th17. An example of a cytokine that leads to the migration of individuals who have treatment directed only at the gastrointestinal response and not at the causes of the inflammation. An example of a cytokine-guided treatment is similar to one who develops an intestinal autoimmune response. This person has a sensitivity to dairy and gluten but does not show a body response. Frequently, the main focus of treatment is a misdirected inflammatory T cell response in tandem with immune regulation which reduces the recurring inflammatory flare-ups. The use of such medications should be based on a second or a third treatment of an out-of-control immune system. The primary treatment should be that of the irritation to the GI tract, in this case dairy and gluten, while supporting the competency of the digestive capacity.

A large portion of the immune system is affected by the gastrointestinal tract. The management of Lyme disease is best directed at increasing the natural anti-inflammatory response and adaptive immune system, while preventing an out-of-control inflammatory T cell response. Reducing a misdirected immune response source at the root of the problem is directed immune response to management of Lyme disease.

**Case Study**

Toni was a 37-year-old top commercial banking executive with a specialty in acquisitions. She has a personal medical history of progressive joint pain, which started approximately 2 years prior and was left untreated. The joint pains were debilitating and migratory with pain in the associated fatigue. She had developed significant fatigue to where she could not sit down past four days of the week. She also had associated with her illness significant muscle difficulty, inosine and cognitive changes.

The not-so-obvious changes included difficulty in thinking and concentrating, short-term memory loss, disor- der of the liver, and overwhelming liver disease. Toni was also unable to word finding problems, and still had associated with her that she has had fever and night sweats, swollen and tender neck lymph glands.

unexplained menstrual irregular- ity, PMS and loss of libido, stomach bloating and nausea, and a neck discomfort which includes stiffness, cramps and pain; and also has developed a non-inflam- matory response to the treatment. This person is immune flare-ups. The use of such medications should be based on a second or a third treatment of an out-of-control immune system. The primary treatment should be that of the irritation to the GI tract, in this case dairy and gluten, while supporting the competency of the digestive capacity.

A large portion of the immune system is affected by the gastrointestinal tract. The management of Lyme disease is best directed at increasing the natural anti-inflammatory response and adaptive immune system, while preventing an out-of-control inflammatory T cell response. Reducing a misdirected immune response source at the root of the problem is directed immune response to management of Lyme disease.

Recent positive labs were as follows: Infectious disease - Borella burgdorferi, HHV 1,2,3 and 6. Negative for typical co-infections and Chlamydia pneumonia Gastrointestinal tract - The GI tract with small intestinal bacterial overgrowth (SIBO). Large intestine with Helicobacter pylori, yeast 2+ and gluten sensitivities. Lyme disease - The IL-6, IL-1, and the erythrocyte sedimentation rate (ESR) was mildly ele- vated. The C-reactive protein (CRP), antibodies and vascular endothelial growth factor all showed an increase. Coagulation profile - Plasma D-dimer was 1600, elevated. The inhibitor type 1 (PI-1) gene heterozygote.

**LO Management...**

Download Dr. Burrascato’s Lyme Protocol FREE at: http://www.publichealthalert.org
community. This large-scale treatment-denial effort has largely been implemented by a group of doctors of the so-called “Steere camp philosophy” of Lyme disease. This group is named after Allen Steere, who headed the initial investigation into the cause of Lyme disease while at Yale University, shortly after graduating from the CDC’s elite biowarfare defense group, the EIS. Yale itself is an influential defense contractor that has worked hand-in-glove with the nearby Plum Island biowarfare lab.

In recent months, arti-
ciates have been published in various journals revealing that treatment guidelines by Infectious Diseases Society of America (IDSA), despite obvious flaws and potential conflicts of interest and biased selection criteria - something Lyme vic-
tims have known for years.

In spite of their obvious flaws and deadly impact, the IDSA’s treatment guidelines for Lyme disease have found the process by which they were drafted to be riddled with conflicts of interest and biased selection criteria - something Lyme vic-
tims have known for years.

So now we have… a pan-
demic fueled by political

motives coupled with a con-
sensum disregard for

public health, and a

pandemic in which, when

the sources, motives, and

actions that led to the…

pandemic come to light, will be incomprehensible in its amorality and foolish-

ness.”

-Medical doctor (personally requested anonymity, for fear of reprisal)

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- *Ehrlichia* spp.
- *Franciscella tularensis*
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“Tuskegee Phase 2”...cont’d from pg 1

“Tuskegee 2”...cont’d pg 5
Finding Freedom Behind the Bars

by Joan Vetter

“We the jury find the defendant, Mary Elizabeth Forsythe, guilty on all counts.”

The words brought an end to Mary’s life on the fast track of worldly success and sent her to prison, where she learned the difficult but glorious lessons of true transformation.

Growing up in rural western Kentucky, Mary dreamt of a life of glamour and success in a big city. With the natural-born instincts of an entrepreneur, Mary worked toward accumulating wealth first by selling homemade lemonade, and then by making her first stock market purchase at age 13. By the time she graduated college with a pharmacy degree and settled in Dallas, Texas, Mary was on her way to fulfilling her dream. Soon, she owned her own drug store and applied to become a government-approved distributor of AZT for AIDS patients.

Following an audit by the Texas Department of Health and Human Resources, Mary’s pharmacy fell under close scrutiny. As Mary realized the seriousness of the investigation, she figured she could simply write the government a check to cover the inventory discrepancy. Little did she know her life was about to be turned upside down. After being found guilty by a jury, she was sentenced to five years at a women’s prison in Texas. Her entire outlook began to change as her pride and self-confidence began to break and she sincerely requested God’s help.

One day Mary was called to the visitation area where a stranger named Gary asked her, “Do you want to receive the baptism of the Holy Spirit?” She had never heard of that, but she remembered asking for God’s help, so she answered, “Yes.” Mary did not understand what happened next. As Gary gently touched her forehead, she fell to the ground in a loving and peaceful manifestation of the Holy Spirit’s presence.

After this amazing encounter, the Holy Spirit began to teach her how to live by the Word of God. Her first “class” was “forgiveness and blessing.” He led her to forgive and bless the judge, the jury and all the people who prosecuted her. Mary acknowledges, “I prayed for them until the attitude of my mouth matched the words of my mouth, until I genuinely felt forgiveness and compassion for them and truly wanted the Lord to bless their lives.”

She endured intense humiliation and adversity behind bars, but her spirit grew strong as she witnessed women come to the Lord, receive emotional and physical healings, and grow in Christ’s likeness. She also found freedom in her heart and learned to develop an intimate relationship with the Holy Spirit.

After serving five years in prison, she is now president of Kingdom Living Ministries and desires to advance God’s Kingdom everywhere she goes.

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Poetry Corner

A Rose to Remember

No, it isn’t just a rose,
This souvenir I keep,
It once was vibrant, like our love,
Anointed with mystique.
Its beauty, heightened by the hand
That gave this gift to me,
A hand that also gave a heart
From which I’m never free.
A throbbing pulse of feeling
Goes through me when I touch,
This old, de-petaled faded rose,
I love so very much.

Waiting

The saddest part of any life,
When living with another,
Is just to sit, unrecognized,
And wait to be discovered.
One glance, one look, that clearly says,
I know you’re in the room,
Some spark, delineating you,
From status of a broom!
I guess I’ll wait, I see no sign
Of stardom on this stage,
Hope springs eternal, so they say,
So, HOPE, let’s turn the page!

Nawanna Rodgers-Gazin is a talented artist who worked for many years as head of the Graphic Arts Department at William Rainey Harper College in Palatine, Illinois. She retired in 1988 and moved to Arizona.

After her retirement, Nawanna designed a line of greeting cards and homemade jewelry and sold her wares at craft shows for twenty years. She has enjoyed writing poetry, playing the piano and singing professionally since she was very young.

At age 88, she is still a wife, mother and active homemaker, who prepares all meals and does her own housekeeping. Contact: Nawannaj@aadl.com.
Tuskegee Phase 2... cont'd from pg 3

patients’ deaths and post-mortem examinations.

“Who could imagine the gov-
ernment, all the way up to the Surgeon General of the United States, deliberately allowing a group of its citizens to die from a terrible disease for the sake of an uncontrolled experi-
ment?”

—Commentary on the Tuskegee Experiment

In addition to the simi-
larities in treatment denial (the current phase of the experi-
ment being a more sophistica-
ted and global program using the medical system as a whole through enforcement of fraud-
ulent treatment guidelines), the similarities between the spirochete that causes syphilis and the spirochete that causes Lyme disease (borellia organ-
isms are a type of spirochete) reinforce this association. As Dr. Raffi Muddasar Chaudry summarizes: “Lyme disease is like syphilis in its multisystem involvement, occurrence in stages, and mimicry of other diseases.”

“... the Lyme disease spiro-
chete, Borrelia burgdorferi, is analogous to the spiro-
chete, Treponema pallidum, that causes syphilis.”


One hypothesis is that the CDC’s spy camp philosophy can be seen as a marketing methodology to make Lyme vaccines cost-effective. A paper published in 1999 by two CDC authors summarized how the cost-effectiveness of the vaccine could be improved for the vaccine “...cost can be averted” by increasing the probability of contracting Lyme disease.

“For sure, few communities have average annual incidences of Lyme disease <0.05%, eco-
nomic benefits will be greater when vaccination is used on the basis of individual risk specifically, in persons whose probability of contracting Lyme disease is >0.50.”

Increasing the probabili-
ty of persons contracting Lyme disease and decreasing the probability that they will be accurately diagnosed and effec-
tively treated are not only parameters in the cost-benefit model presented in this shock-
ted CDC paper. They appear to be the central explanatory prin-
ciple and the diagnostic policies of the Steere-camp of Lyme disease.

“...using the epidemic rage out of control creates an ever-increasing market for the new vaccine.” (increasing “the cost per case averted”) by increasing the cost-effectiveness of the vaccine could be improved (“the cost can be averted”) by increasing the probability of contracting Lyme disease.

As a result of the use of treat-
ment guidelines denominated guidelines that are rapidly becoming the standard way by which “big Pharma” licenses pharmaceuticals, a stealing of the medical system as a whole through enforcement of fraudulent treatment guidelines to deny true treatment, America’s most egregious example of medical malpractice through treatment denial is now an everyday reali-
ty, conducted on a grand scale, and with the complicity of the CDC and other public agen-
cies, which are exploiting the public instead of protecting them.

While government spokespeople claim the possibility of ongoing Tuskegee experi-
mentation, the reality is quite different.

NIH Director Collins calls the Tuskegee Experiment “a terrible example of health policy” and goes on to say “I want to emphasize that today, the regulations that gov-
ern research funded by the United States government -- whether conducted domestical-
ly or internationally, would absolutely prohibit this type of study.”

Continuing, she stated “Today, researchers must fully explain the risks associated with their study to all research participants, and participants must fully inform their consent “unfortunately, it didn’t work that way” long ago create treatment guidelines to justify your experimentation, and as long as you have the vaccine in your system to enforce them and build a fraudulent science base to cre-
ate a mass-marketed scientific consensus to justify them, which the pharmaceuticals industry has you can conduct experiments on an international basis with complete immuni-
ty.”

This is what is happen-
ing. The Tuskegee Experiment has been renewed. As a result, the newest version of the Tuskegee Experiment is now used for more widespread than Phase I, but it also is far more inidious, because it takes place through the creation and enforcement of ghost-warfare denial guidelines that are rapidly becoming the standard way by which “big Pharma” licenses pharmaceuticals through the stealing of the medical system and the government.

I believe 80 years of Tuskegee experimentation is enough! We need to investi-
gate the mechanisms used to create this fraudulent science.

There are sick and weak Lyme patients in desperate need of help who can’t afford doctors they don’t know because of the CDC’s policies that would ruin a patient’s treatment guidelines. But there is more at stake.

The methodology used to create this run-state sanctioned treatment in-experimentation denial is not far more than used in the “non-treatment” of other diseases—potentially cre-
ating biowarfare establishment.

We desperately need to understand how treatment guidelines are being developed and enforced by the pharma-
cuticals industry with the complicity of public health agencies, to the detriment of public health. We also need laws to protect us so that this insidious, covert experimentation is never perpetrated on the American public again.

[Editor’s Note: Due to the extensive document in this article, there was not enough space to include the entire text from pages, single spaced, 10 point font references. Please go to the NIH website for the text version of which this article will include all the full document and citations in the research article.]
Insights Into Lyme Disease Treatment: 13 Lyme-Literate Healthcare Practitioners Share Their Healing Strategies

Ginger Savely, DNP: Part 3

by Connie Strasheim
Available from www.LymeBook.com or by calling (530) 573-0190 or online at Publishing Group by calling 530.573.0190 or online at www.LymeBook.com. The book is 443 pages and retails for $39.95; it is also licensed in those states with special requirements (California, Florida, Maryland, New York, and Pennsylvania). 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 excerpt has been broken up into multiple issues of Public Health Alert due to space constraints, so be sure to visit the PHA website to read the first two installments! (continued from previous issue of PHA).

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 very 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.” If I can help them to get through their treatments, they often then able to look back and realize that they are getting better, but 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 or 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 antibiotics make 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 the fact 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.

Patients don’t always understand this, either. Occasionally, they will get really angry with me because they think that a treatment that worked for another person should have worked for them, and it didn’t. Lyme sufferers are constantly talking to one another and giving advice over the Internet, too. They are desperate and are constantly coming in to my office and telling me things like, “I heard on the Internet that this is the best method for treating Lyme, so I want you to do this treatment.” This can sometimes complicate things because what works best for one person doesn’t always work best for another.

So when patients write me angry letters and say things like, “You withheld this treatment from me. It would have helped me!” I want to tell them that they might be the one in million that that particular treatment would have helped. Interestingly enough, some of these people are intelligent and well-educated, and they do end up finding things that work better for them than antibiotics.

Problem is, they end up accusing me of being incompetent, even though, as a health care provider, I am making decisions based on statistics all of the time. I have to first give patients the treatment that works the best for the majority. I can’t know whether the next person that I am treating is going to be part of the minority of people for whom a treatment isn’t going to work, but some people get really upset over this issue, anyway. Of course, when people are sick, they aren’t at their best.

Really, though, it’s so hard treating Lyme disease! It’s no wonder that most doctors don’t want to touch this disease with a ten-foot pole. It’s a very lofty, wishy-washy disease, and most doctors are more comfortable with conditions that they know exactly how to treat, and in fact, the treatment approach to other maladies is often more standardized. I’m always telling nurse practitioners at national conferences that we (nurse practitioners) are actually the perfect type of practitioner for treating Lyme because our style of taking care of people is much more individualized and holistic than that of physicians. It’s a good area for us. We are more comfortable with this type of thing, whereas medical doctors tend to dislike situations where they are not sure what’s going on.

If I knew of a remedy that was the “key” to everyone’s healing, then yes, I would be shouting about it from the rooftops. This is the thing that drives me so crazy, though. Every time I think that I’ve found something that is “it” for “Savely”...cont’d pg 8

Specializing in Lyme Disease and Associated Tick-Borne Diseases

Welcome to IgeneX!

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).
Altogether, all of us who treat Lyme disease won’t do it if patients don’t get better. mean, how depressing! Some patients say that getting better and your patients never getting right don’t tend to heal. Those that get well with antibiotics. I have found that those practitioners who have had personal experi- ence with this disease are more empathetic, and tend to “get it” more than those who haven’t and it turns out that most Lyme doctors or their patients have never dealt with Lyme disease them- selves. They may not admit it, but they have. Why are they so far ahead of the curve of conventional medical knowledge? Treating Relapses with Dr. Buraczanski’s Pulse Protocol

Every now and again, my patients will relax and stop their antibiot- ic treatments. If they do, I apply Dr. Buraczanski’s ‘pulsing’ protocol, which involves pulsing antibi- otics for six to eight weeks. If parents are going to relapse, it is usually six months to a year after stopping treatments.

Do Antibiotics Work?

There is a perception on the Internet that people get better with antibiotics. It seems to, however, that the people on the Internet support groups are the ones who don’t get better. They get a skewed view, or perception of the Lyme world. Those who heal from Lyme disease aren’t on the Internet, because they move on with their lives once they get better. I often tell my patients that the Internet chat rooms are benefit- ful in some ways, but they can also be toxic. They tend to linger in those rare patients who don’t get better, who are very critical of who they are and what the diagnosis is causing their symptoms, or else the protocol won’t work well; they must crash entirely. After my patients have gone into remis- sion, if they relapse, I usually have to do only one pulse, and occasionally, two. Dr. Buraczanski says that three is the maximum number of pulse treatments that are usually required for patients to get completely well and have never had to do more than two of these pulses, because after that, I find that my patients are absolutely better.

Ginger Savely, DNP

Profile of the Patients that Heal from Lyme Disease

Smokers will never get better. It’s amazing how many Lyme patients drive and smoke. When my patients do things that tear down rather than build up, they don’t tend to heal. Those that do what they take, the right food, adhere to treat- ments and so on, are the ones who get better. Also, I have consistently seen that people who are able to get rid of their anger and resentment, as well as those who get depressed and ask questions like, “Why me?”, don’t tend to heal. Those that have a calmer, less fatalis- tic perspective and says things like, “I know this happened for a reason. I may not know the reason”, tend to do better. I have patients who are sick as dogs, but they maintain- ing signs of resilience and humor. They crash jokes and they laugh. They are the ones who heal. People go through grieving stages when they first get sick, and it’s not until they finally arrive at a place of acceptance of their ill- ness that they really start to heal. Those who are angry, those who are kicking, fighting and screaming, and living their lives as though the illness wasn’t there, tend to hinder in their healing. They push through the symptoms or “think, by going this, going that”, they get worse. They don’t. They have a resistant strain of the organism, a genetic predisposi- tion to their Lyme. Those who are kicking, fighting, and otherwise (and otherwise) and “translates” into body functions. To that say that stress reduction and behavior modification will help patients’ physical condition does not mean that part of the brain that receives all kinds of inputs from the exter- nal world (emotional, physical and otherwise) and “translates” them into body functions.
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Lyme Disease Management...cont’d from pg 2
gous for the 4G/5G.  This signifies a decrease in fibrinolytic activity leading to more tired and depressed. To accentuate the positive with Lyme to identify the unre- cognized for the 4G/5G.

The success in the Lyme treatment for Toni was based on optimizing the Lyme sys- tem, balancing the major hor- mones and removing inflam- mation in the gl tract. The gi tract is the most trapped yet often most influential in absorption of nutrients and regulation of immune response and the pathway to health.

For any further information please visit our website page on Lyme disease: Nhlyemeadm.org/immune-health/lyme-disease. Peter J. Balch, M.D.

Integrative Medicine in San Luis Obispo, CA, specializing in Lyme disease and other chronic infections.

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During this time metronidazole, Flagyl, was introduced. After 10 weeks of using metronidazole she developed thrush, nausea and ankle swelling. The liver enzymes started to rise and she was back to "herself". The metronidazole was discontinued and her symp- toms and no GI issues. She


Lifestyle Adjustments People with Lyme often experience a feeling of not feeling as though they’re getting two opposite messages from their body while they are feeling

The pain and depres- sion medications, Neurontin and Trazodone, were transit- ion to lyrica and a serotonin agonist called Zolof. She had added to help increase the serotonin production. The treatment was resolved, and the muscle and joint pain started to lessen thereafter.

Toni was in a year of Lyme, but they are so hyper- sensitive to it. I have to test them back to 0g, but be ready to receive a hug or be touched. Also, it would help if they could try to learn as much as they can about Lyme disease, so that they know what their sick family members are going through. Because the biggest problem with this dis- ease, unlike any other illness such as diabetes, is that people wonder, even if it’s just a little, if the Lyme sufferer is exaggerating.

Well, c’mon, can’t you just snap out of it? Can’t you just snap out of it? It’s the relationships break up over this and I see disinterest in families, because I think people believe that there is any- thing wrong with the sick per- son or she just looks so normal.

While treating Lyme disease is a great challenge for me, it’s so exciting to watch people get their lives back. Taking on Lyme disease. They suffer, too. For example, my office had a hard time caring for patients with Lyme disease is that they are so sen- sitive to everything. You want to hug your loved ones with Lyme, but they are so hyper- sensitive to it. I have to test them back to 0g, but be ready to receive a hug or be touched. Also, it would help if they could try to learn as much as they can about Lyme disease, so that they know what their sick family members are going through. Because the biggest problem with this dis- ease, unlike any other illness such as diabetes, is that people wonder, even if it’s just a little, if the Lyme sufferer is exaggerating.

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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.