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Public Health Alert

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Finally an Answer to the Most Common Complaint: Fatigue

By Garth L. Nicolson, Ph.D., *Department of Molecular Pathology, The Institute for Molecular Medicine, USA.
****The author has no financial interest in the products discussed in this contribution.***

Abstract

The most common complaint of patients seeking general medical assistance is fatigue. Fatigue occurs naturally during aging and in most degenerative diseases, including neurological, respiratory, coronary, musculoskeletal, metabolic and gastrointestinal diseases as well as infections and cancer, and it is characterized at the cellular level by diminished mitochondrial function through loss of efficiency in the electron transport chain. Lipid Replacement Therapy administered using an all-natural nutritional supplement containing membrane glycophospholipids and antioxidants can reduce or prevent fatigue and membrane oxidative damage and restore mitochondrial function. Recent clinical trials using patients with chronic fatigue have shown the benefit of Lipid Replacement Therapy in restoring mitochondrial electron transport function and reducing moderate to severe chronic fatigue.

Introduction

Chronic or intractable fatigue that is not reversed by sleep is the most common complaint of patients seeking medical care.[1, 2] It is also an important secondary condition in many degenerative diseases and occurs naturally during aging.[1] The phenomenon of fatigue has been defined as a multidimensional sensation, and clinical studies have determined the extent of fatigue in various medical conditions and its possible causes.[3-5] Many diseases are associated with fatigue, including neurological, respiratory, coronary, musculoskeletal, metabolic and gastrointestinal diseases as well as infections and cancer.[2-7]

Most patients understand fatigue as a loss of overall energy and inability to perform even simple tasks without exertion. At the cellular level fatigue is related to cellular energy systems found primarily in the cells' mitochondria. Damage to mitochondrial components, especially mitochondrial membranes, occurs mainly by oxidation, and this can result in increased ion leakage across mitochondrial membranes and impair the ability of mitochondria to produce high-energy molecules needed for survival and growth.[8] During aging and most chronic diseases the production of oxidative molecules, such as Reactive Oxygen and Nitrogen species (ROS/RNS), can cause oxidative stress and cellular damage, resulting in oxidation of lipids, proteins and DNA.[9-11] When oxidized, these molecules are structurally and sometimes functionally changed. Important targets of ROS/RNS damage are mitochondria, mainly their phospholipid-containing membranes, as well as cellular and mitochondrial DNA.[9-11]

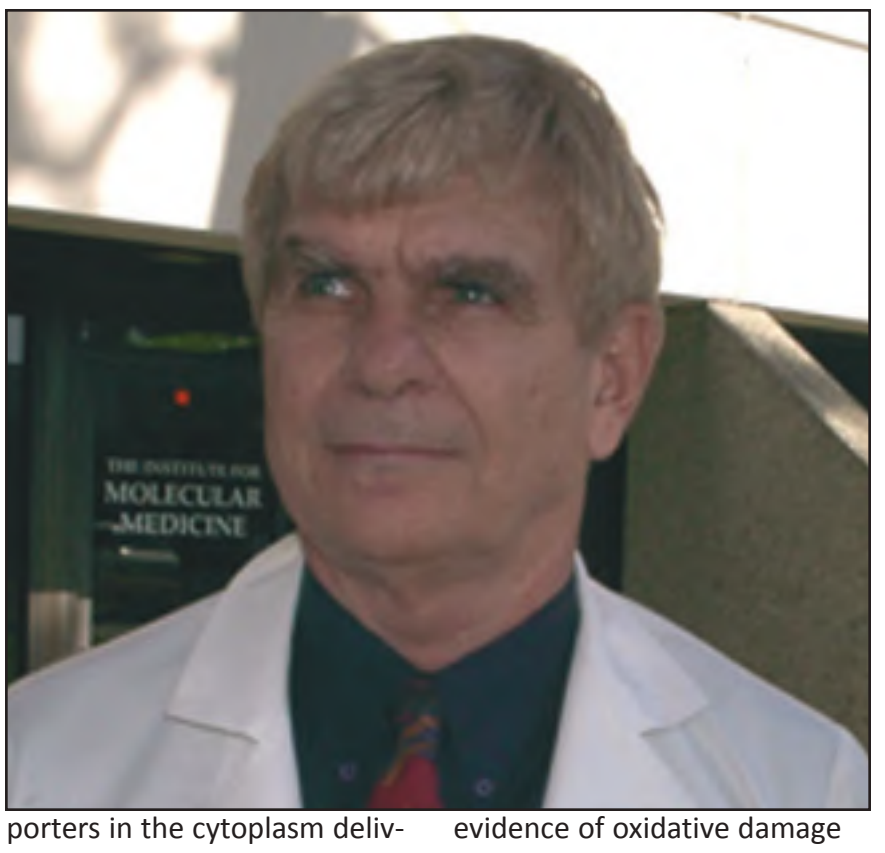
One of the most important changes in tissues and cells during aging and in chronic degenerative diseases is accumulated oxidative damage due to ROS/RNS. ROS/RNS are oxidative and free radical oxygen- and nitrogen-containing molecules, such as nitric oxide, oxygen and hydroxide radicals and other molecules.[9] Critical targets of these cellular oxidants are the genetic apparatus and cellular membranes,[8,9,] and in the case of cellular membranes oxidation can affect lipid fluidity, permeability and membrane function.[12,13] Similar damage occurs in fatiguing illnesses, such as chronic fatigue syndrome (CFS), where patients have intractable fatigue for at least six months and show increased susceptibility to oxidative stress and peroxidation.[14, 15]

In this brief review I will concentrate on recent clinical trials that have shown the effectiveness of lipid replacement therapy (LRT) plus antioxidants in the treatment of certain clinical disorders and conditions, such as chronic fatigue.[6, 7] LRT is not just the dietary substitution of certain lipids with proposed health benefits; it is the actual replacement of damaged cellular lipids with undamaged (unoxidized) lipids to ensure proper function of cellular structures, mainly cellular and organelle membranes. [6, 7] During LRT lipids must be protected from oxidative and other damage, and this is also necessary during storage as well as during ingestion, digestion, and absorption in vivo.[6] LRT must result in the cellular delivery of unoxidized, undamaged membrane glycophospholipids in order to replace damaged lipids and restore function to oxidized cellular membranes. Combined with antioxidant supplements, LTR has proven to be an effective method to prevent ROS/RNS-associated changes in cellular activities and functions and for use in the treatment of various clinical conditions.[7]

Lipid Supplements and Health Benefits

Dietary supplements made up of mixtures of lipids have been used to improve general health.[16, 17] They have also been used as adjunct treatments in various clinical conditions. For example, n-3 fatty acids have been used in the adjunct treatment of cardiovascular diseases and inflammatory disorders.[17-20] Most studies have documented the value of dietary lipid supplements that favor certain types of lipids, such as n-3 polyunsaturated fatty acids (mainly fish- or flaxseed-derived) relative to n-6 lipids.[16-20] However, not every clinical study has found health benefits from lipid dietary supplementation.[21]

Lipid replacement is possible because in the body cellular lipids are in dynamic equilibrium.[6] Orally ingested lipids diffuse to the gut epithelium and are bound and eventually transported into the blood and lymph using specific carrier alipoproteins and also by nonspecific partitioning and diffusion mechanisms.[22, 23] Within minutes, lipid molecules are transported from gut to endothelial cells, then excreted into and transported in the blood circulation bound to lipoproteins and blood cells where they are generally protected from oxidation. Once in the circulation, specific lipoprotein carriers and red blood cells protect lipids throughout their passage and eventual deposition onto specific cell membrane receptors where they can be taken into cells via endosomes and by diffusion.[24, 25] After binding to specific cell surface receptors that bring the lipids into cells, lipid transporters in the cytoplasm deliver specific lipids to cell organelles where they are taken in by specific transport, partitioning, and diffusion.[26] The concentration gradients that exist from the gut to the tissues are important in driving lipids into cells. Similarly, damaged lipids are removed by a similar reverse process that may be driven by lipid transfer proteins and by enzymes that recognize and degrade damaged lipids.[6, 26]



Oxidative Damage to Mitochondria and Chronic Fatigue

Excess ROS/RNS production can result in lifetime accumulation of mitochondrial and nuclear oxidative damage.[9-11] On the other hand, cellular free-radical scavenging enzymes neutralize excess ROS/RNS and repair the enzymes that reverse oxidation-mediated damage.[11, 27]

Although some ROS/RNS production is important in triggering cell proliferation, gene expression and destruction of invading microbes,[28, 29] with aging oxidative damage accumulates.[9-11, 27] When this occurs, antioxidant enzymes and enzyme repair mechanisms along with biosynthesis cannot restore or replace enough damaged molecules.[9-11, 29-31]

Disease and infection can result in excess oxidative damage that exceeds the abilities of cellular systems to repair and replace damaged molecules,[10, 15, 28] and this also occurs in fatiguing illnesses, such as Fibromyalgia Syndrome and CFS.[14, 15] In CFS patients there is evidence of oxidative damage to DNA and lipids,[14, 15, 32] as well as the presence of blood markers that are indicative of excess oxidative stress.[33] CFS patients also have sustained elevated levels of the RNS molecule peroxynitrite due to excess nitric oxide, and this results in lipid peroxidation and loss of mitochondrial function as well as changes in cytokine levels that exert a positive feedback on nitric oxide production.[34] In addition to mitochondrial membranes, mitochondrial enzymes are also inactivated by peroxynitrite, and this could also contribute to loss of mitochrondrial function.[35, 36] In addition, cellular molecules that could counteract the excess oxidative capacity of ROS/RNS, such as glutathione and cysteine, have been found in lower levels in CFS patients.[37]

Antioxidants Help Prevent Oxidative Damage

Preventing oxidative damage of cellular and mitochondrial membranes and DNA are important in preventing loss of cellular energy.[6, 14, 31, 38] This can be accomplished, in part, by neutralizing ROS/RNS with various antioxidants or increasing free-radical scavenging systems that neutralize ROS/RNS. Thus dietary antioxidants and some accessory molecules, such as zinc and certain vitamins, are important in maintaining antioxidant and free-radical scavenging systems.[14] In addition to zinc and vitamins, there are at least 40 micronutrients required in the human diet,[39] and aging increases their need to prevent

"Fatigue"...cont'd pg 3

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EDITORIAL

Misleading Language Perpetuates Lyme Dilemma

by Tina J. Garcia

Since I became involved in Lyme disease (Borreliosis) patient advocacy in 2005, I have read numerous, consistently misleading references set forth in articles, quotes and on the CDC website. It is apparent to me that such language is used craftily to minimize the numbers of patients suffering from Borrelia burgdorferi (Lyme disease) infection. The language also serves to mitigate the degree of damage caused by this virulent, debilitating, Level II biowarfare agent.

Some of the words I am referring to are "some", "a few" and "Post Lyme Syndrome." One will notice these words used repeatedly by members of the Lyme Medical Cartel, the Infectious Diseases Society of America (IDSA) and the Centers for Disease Control and Prevention (CDC).

In a recent article published in ***Nature News*** entitled *Antibodies linked to long-term Lyme symptoms*, this crafty language appears to have been utilized by the author, Amy Maxmen, to skew the reader's perceptions of Borreliosis, an infectious disease that has already been scientifically proven to persist in the body following antibiotic treatment. In quotes are some examples from Ms. Maxmen's article, underlined and in bold to delineate the language in question that is effectively used to alter a reader's understanding of the nature of this infectious disease.

Ms. Maxmen's article may currently be found at this link:www.nature.com/news/2011/110805/full/news.2011.463.html

Quote: "Now Armin Alaedini at Weill Cornell Medical College in New York and his colleagues have found that patients diagnosed with **post-Lyme disease syndrome** have antibodies that suggest they carried the infection for an unusually long time. The finding, published in *Clinical Immunology*[1], might help the syndrome to be better understood, diagnosed and treated."

Comment: According to Ms. Maxmen, Dr. Alaedini referred to patients with continued Lyme symptoms and suffering when he stated that the results of his research could mean that patients naturally have a different antibody response to the infection than most people. He said it could also mean the patients weren't treated properly or that they were reinfected and never treated a second time. *The results of the study suggest that those with chronic symptoms actually experience prolonged infection.* The cause is the bacteria's ability to evade the immune system by changing an aspect of its surface protein. This is known as antigenic variation, and the immune system responds by creating new antibodies to attack the modified bacteria. The immune system is in an ongoing battle that results in persistent inflammation along with the persistent infection.

Years ago, Lyme disease researcher and Biowarfare Lab Director, Dr. Alan Barbour, published research on the antigenic variation of Borrelia burgdorferi. Lyme disease is similar to relapsing fever, another tick-borne disease. This is established science that infectious disease physicians should be utilizing readily. However, this medical information is not readily disseminated in the information available to mainline physicians, who could take such important scientific research into consideration when diagnosing and treating patients.

So, if existing and new research has established that Lyme disease is a persistent infection, why do the Lyme Medical Cartel and journalists still refer to it as Post Lyme Syndrome? They infer that the Lyme bacterium has been eliminated by antibiotic treatment, yet that is not the case. Following treatment the bacteria still reside in the host and change aspects of their surface proteins to confuse the immune system. No wonder Lyme patients who have disseminated and embedded infection need repeated courses of antibiotics to maintain function! To complicate matters, many with Lyme also contracted other co-infections from the same tick bite, and those infections must be treated at the same time. Antibiotics increase fungal infection in the body, so that complicates the picture even further. Yet, the Lyme Medical Cartel, and even Ms. Maxmen, trivialize this dire medical scenario by inferring that the underlying cause of symptoms may be chronic fatigue or depression. Truthfully, the majority of Lyme patients do have chronic fatigue and depression, but these are from the invasion of the muscles, nerves and brain by the pathogen that causes it, not the other way around.

Quote: "**Some** patients with Lyme disease still show symptoms long after their treatment has finished. Now proteins have been discovered that set these people apart from those who are easily cured."

Comment: "Some" is a misleading word, as the numbers of people who have been treated successfully for acute Lyme disease should not be grouped together with those who have gone undiagnosed and untreated for months to years. The latter group is a group of individuals who have disseminated and embedded infection in their tissues and organs due to lack of timely diagnosis and treatment, and these patients are the group that is the subject of the research referenced by Ms. Maxmen. Comparing these two groups - acute and chronic - is similar to comparing apples and oranges, and it is imperative that this distinction be made when referencing research studies and case histories. Patients who have long-term symptoms and who are the subjects of this study are actually the majority of or a whole group of people who have gone undiagnosed and untreated for prolonged periods of time. In other words, Ms. Maxmen smudges the line between those who suffer with chronic Lyme infection and those who resolved acute infection.

Quote: "People who experience the symptoms of Lyme disease, which include fatigue, soreness and memory or concentration loss, after treatment for the **disorder** are **sometimes diagnosed** as having chronic Lyme disease or **post-Lyme disease syndrome.**

Comments: As a patient who has suffered from this Level II debilitating biowarfare agent infection for more than twelve years, my experience with Lyme Borreliosis has not been one of "soreness." The correct term for the sensations I have felt for so many years, and continue to feel, would be "excruciating pain." It appears that the word "soreness" is used in Maxmen's article to minimize the suffering experienced by Lyme patients.

The word "disorder" is a step down on the ladder from the higher-rung word "disease." Therefore, referring to Borreliosis as a disorder also serves to mitigate the seriousness of the infection.

"Sometimes diagnosed" is inaccurate, also, as it paints a picture of only a few patients from a larger group that are diagnosed with chronic Lyme disease, when in actuality, patients who primarily present to physicians specializing in chronic, infectious Lyme disease are in the chronic, tertiary stage of infection, as in neurosyphilis.

The term "post Lyme disease syndrome" also infers that patients with disseminated and embedded infection are infection-free the moment antibiotic therapy is discontinued. That is an absurd conclusion that has no biologic plausibility and is not based upon scientific fact. It is merely an opinion that has been circulated in media articles and medical journals. Unfortunately, it has become a buzz word that is accepted by the media and medical journals as having been proven scientifically, when it is really a personal agenda-promoting term disseminated by the Lyme Medical Cartel.

The truth is that patients are not diagnosed with "post-Lyme disease syndrome" by physicians who actually treat patients with disseminated and embedded Lyme disease. The only physicians who MISdiagnose "Post Lyme Syndrome" are members of the Lyme Medical Cartel, who refuse to provide effective antibiotic therapy to those who suffer from disseminated and embedded Lyme infection.

What would society say if physicians refused to provide additional treatment to cancer patients who relapsed, and instead, diagnosed them instead with "Post Cancer Syndrome?"

Quote: "**But these diagnoses are difficult to make,** because the individuals **no longer seem to harbour the bacteria** that cause Lyme disease. And the symptoms could **instead** be indicative of chronic fatigue syndrome or depression.

Comment: The diagnosis of Borreliosis is not difficult to make by patients and physicians who are familiar with the manifestations of the infection. In fact, it is so simple to diagnose that, once patients are aware of the symptoms, the majority suspect the diagnosis themselves. This suspected self-diagnosis is what leads them to experienced Lyme-treating physicians after being tragically neglected by previous doctors who either (1) hadn't taken the time to learn about the disease or (2) chose not to get involved with treating Lyme out of valid concern they may be brought before state medical boards for daring to treat patients with chronic Lyme.

"No longer seem to harbour the bacteria" is a baseless statement. Realistically, physicians who treat patients who have disseminated and embedded Bb infection due to lack of diagnosis and treatment for prolonged periods, monitor Bb titer levels and CD57 levels. When infection persists, further treatment is provided. Past published research has amply demonstrated persistence of the spirochete post antibiotic treatment, along with the variant forms of cyst, bleb, granule, etc., as is the case in neurosyphilis. The commonly-referenced National Institutes of Health (NIH) study, known as the Klempner study named after Biowarfare Lab Director Dr. Mark Klempner, was statistically analyzed by Allison Delong at the Center for Statistical Sciences at Brown University. Ms. Delong found the NIH / Klempner study to be seriously flawed. What a surprise!

In its quest to preserve its financial monopoly on Lyme disease research, test kits and other products and vaccine development, the Lyme Medical Cartel insults the patients they claim to serve by completely ignoring the wealth of information that patient case histories could provide in the development of an effective treatment protocol. NIH, CDC and IDSA continue to insist that the treatment protocol they espouse works for patients, despite the fact that patients have testified that it fails miserably. NIH, CDC and IDSA are well aware of the cries of pain and suffering and pleas for help from individual patients and entire families suffering with Lyme infection, laboratory test results that show persistent infection and testimony from physicians and scientists who work in the trenches of Lyme disease treatment and research. Yet, in all their power

"Dilemma"...cont'd pg 8

Public Health Alert

The PHA is committed to researching and investigating Lyme Disease and other chronic illnesses in the United States. We have joined our forces with local and nationwide support group leaders. These groups include the chronic illnesses of Multiple Sclerosis, Lou Gehrig's Disease (ALS), Lupus, Chronic Fatigue, Fibromyalgia, Heart Disease, Cancer and various other illnesses of unknown origins.

PHA seeks to bring information and awareness about these illnesses to the public's attention. We seek to make sure that anyone struggling with these diseases has proper support emotionally, physically, spiritually and medically.

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Website:
www.publichealthalert.org
e-mail:
editor@publichealthalert.org

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age-associated damage to mitochondria and other cellular elements. Antioxidant use alone, however, may not be sufficient to maintain cellular components free of ROS/RNS damage, and it cannot reverse the damage once it occurs. Thus, LRT is necessary to replace oxidation-damaged membrane lipids.[6, 7]

Dietary antioxidant supplementation has partially reversed the age-related declines in cellular antioxidants and mitochondrial enzyme activities and prevented mitochondria from most age-associated functional decline. For example, in rodents fed diets supplemented with antioxidants the antioxidants were found to inhibit the progression of certain age-associated changes in cerebral mitochondrial electron transport chain enzyme activities.[40, 41] These animal studies have shown that antioxidants can partially prevent age-associated changes. However, antioxidants alone cannot completely eliminate oxidative damage to mitochondria, and this is why LRT is an important addition to antioxidant supplementation.[6, 7]

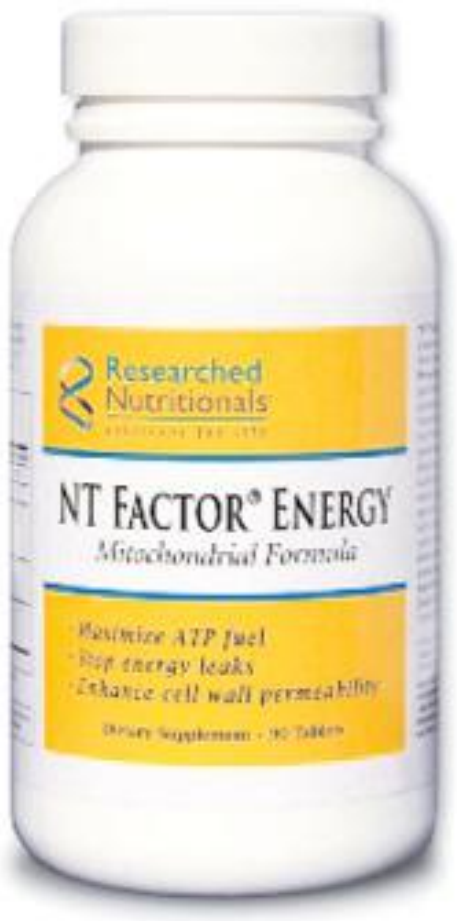
Dietary antioxidants can also modify the pathogenesis of certain diseases.[6, 7, 14] For example, antioxidant administration has been shown to have certain neuroprotective effects.[42] The dietary use of antioxidants has been shown to prevent age-associated mitochondrial dysfunction and damage, inhibit the age-associated decline in immune and other functions and prolong the lifespan of laboratory animals.[42-44]

LRT in Preclinical and Clinical Studies

Replacing damaged cellular and mitochondrial membrane phospholipids and other lipids is an important role of lipid replacement therapy (LRT).[6, 7] One LRT dietary supplement is NTFactor®, which has been used successfully in animal and clinical lipid replacement studies.[45, 46] Its encapsulated lipids are protected from oxidation in the gut and can be absorbed and transported into tissues without oxidative damage. This dietary supplement contains a variety of components, including phospholipids, glycophospholipids and other lipids, nutrients, probiotics, vitamins, minerals and plant extracts.[6]

In animal studies this LRT supplement has been used to prevent hearing loss associated with aging.[47] Seidman et al.[47] found that this LRT supplement prevented hearing loss associated with aging and shifted the threshold hearing from 35-40 dB in control aged animals to 13-17 dB in the treatment group (P<0.005). They also found that it preserved cochlear mitochondrial function, increasing mitochondrial function by 34%. It also prevented aging-related mitochondrial DNA deletions found in the cochlear.[47]

LRT has also been successfully used in clinical studies



to reduce fatigue and protect cellular and mitochondrial membranes from oxidative damage.[45, 46] For example, this dietary supplement has been used in a vitamin and mineral mixture in cancer patients to reduce the effects of cancer therapy, such as chemotherapy-induced fatigue, nausea, vomiting and other side effects associated with chemotherapy.[48] This double-blinded, crossover, placebo-controlled, randomized trial on cancer patients receiving chemotherapy showed that LRT improved fatigue, nausea, diarrhea, impaired taste, constipation, insomnia and other quality of life indicators.[48]

NTFactor® has been used in a study with severely chronic fatigued patients to reduce their fatigue.[45] Using the Piper Fatigue Scale5 we found that fatigue was reduced approximately 40.5% (P<0.0001), from severe to moderate fatigue, after eight weeks of LRT supplementation with NTFactor®.[45] Recently we examined the effects of this form of lipid replacement therapy on fatigue in moderately and mildly fatigued subjects and to determine if their mitochondrial function improved.[46] Use of this LRP dietary supplement® for 8 or 12 weeks resulted in a 33% or 35.5% reduction in fatigue, respectively (P<0.001).46 In this clinical trial there was good correspondence between reductions in fatigue and gains in mitochondrial function.

After only 8 weeks of LRT, mitochondrial function was significantly improved (P<0.001), and after 12 weeks LRT supplementation, mitochondrial function was found to be similar to that of young healthy adults.[46] After 12 weeks of supplement use, subjects discontinued the supplement for an additional 12 weeks, and their fatigue and mitochondrial function were again measured. After the 12-week wash-out period, fatigue and mitochondrial function were intermediate between the initial starting values and those found after eight or 12 weeks on supplement, indicating that continued dietary LTR is probably required to show improvements in mitochondrial function and maintain lower fatigue scores.[46]

The results indicate that in moderately to severely fatigued subjects dietary LRT can significantly improve and even restore mitochondrial function and significantly improve fatigue. Similar results were found with CFS and/or Fibromyalgia Syndrome patients indicating that LRT plus antioxidants for 8 weeks reduced moderate to severe fatigue by 43.1%.7

Footnotes:

1. Kroenke K, Wood DR, Mangelsdorff AD, et al. Chronic fatigue in primary care. Prevalence, patient characteristics, and outcome. JAMA 1988;

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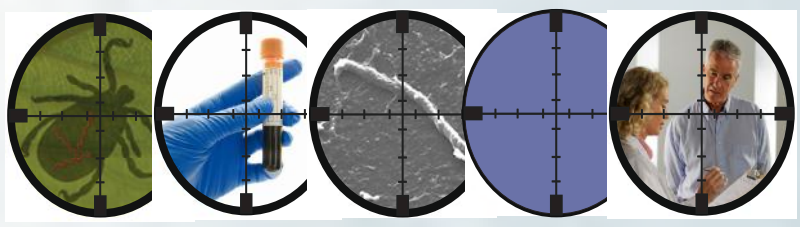
A New Era for Detecting Lyme and Common Co-Infection Organisms



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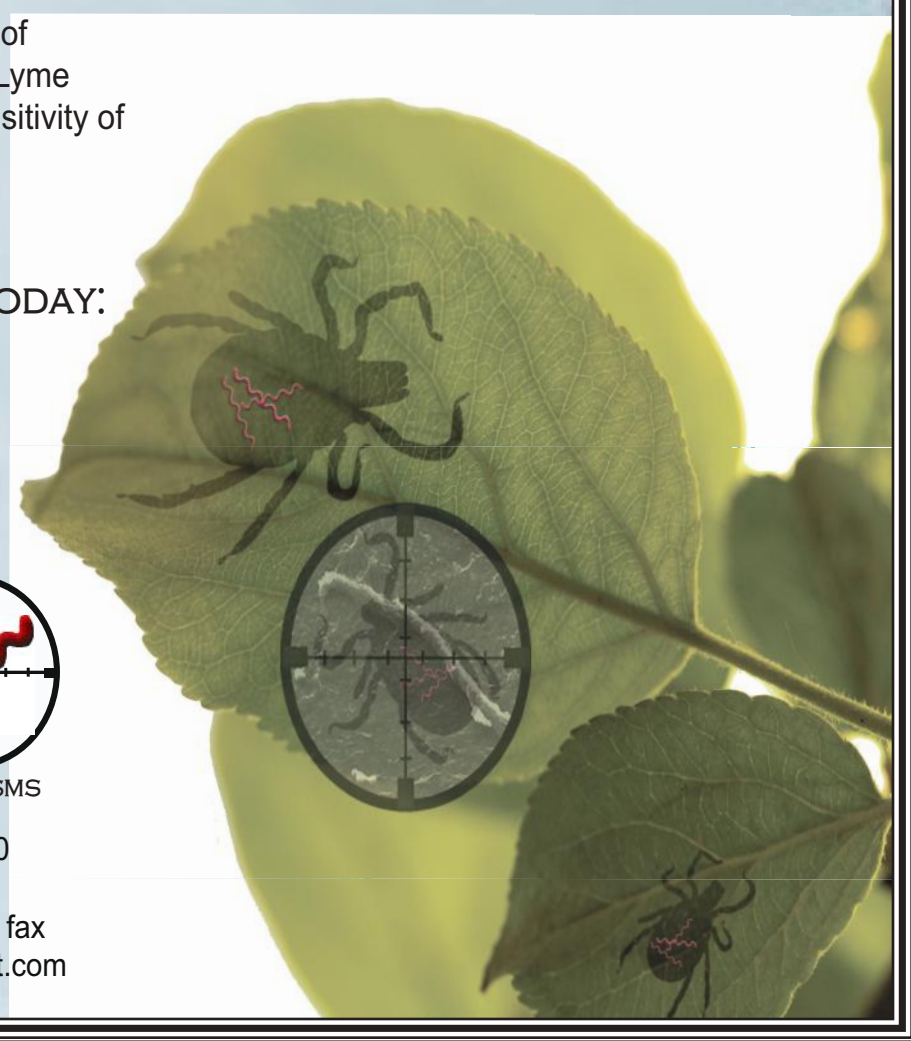

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Give Attention to My Word

by Joan Vetter

Working in temperatures over 90 degrees, covered with perspiration and mulch, I realized I had made the right decision to go work in the backyard. By the time I finished I was well! Just before I went outside, I had convinced myself that I was sick.

Last Saturday night I accompanied my daughter and granddaughter to the ER. Lauren had symptoms of meningitis - fever of 104, severe headache, and nausea, and she couldn't bend her chin to her chest. The doctor diagnosed her with a virus in the meningitis family and said to keep an eye on her.

There is much about this story I should have kept my attention on….First her temperature when we reached the hospital (after giving her Motrin at home) was normal! Second, she could bend her head (of course we don't know if this was God's intervention or just her fear of having a spinal tap). And she looked and acted completely normal the next day.

However, instead of keeping my attention on God's grace and goodness, my mind began to lie to me. I imagined some of the symptoms attacking me, and I was about to give in to them when I made my choice to go out in the heat and work in the yard. Now, you may chide me and say that was foolish, but I feel completely fine now!

Often Jesus would speak the words, "According to your faith be it done unto you." But most people think our healing is up to God - maybe He will heal us and maybe not. Hardly a week goes past that I don't hear someone say they are waiting on God to heal them.

I'd like to challenge you - to read carefully the story of the woman in the Bible who had been bleeding for twelve years (Mark 5:25-34). Maybe she had been praying for healing, but it seems like perhaps she had just heard that Jesus was a healer. For it says "When she heard about Jesus." Now what did she hear? She must have heard He healed people because her words were, "If only I may touch His clothes, I shall be made well." Then we read that immediately she stopped bleeding when she touched Him - and immediately Jesus knew that power had been released from Him. When He discovered that she was the one who drew this power out He never rebuked her. He said, "Daughter, your faith had made you well."

Often people are diagnosed as attention deficit. Let's not be attention deficit with the Word of God. In Proverbs 4:20 God pleads with us to attend to His Word. Attend means to listen, concentrate, focus, keep your mind on, think about and apply. As the times get more difficult , it is time to switch Kingdoms. And to so concentrate on God's Word that we understand and focus on His truth. The doctor may tell you tthat you have an incurable disease, but what does God's Word say? In Psalms 103:3 it says that He forgives all our iniquities and heals all our diseases.

I am surely not an advocate of ever saying to people that they don't have enough faith. Yes, it takes personal faith to receive, but I see it more as a personal knowing that God is good, He is powerful, and He cares about us. It is by the Spirit of God and His Word that we come to that realization, and then we automatically invite Him into every situation.

Sometimes the manifestation of our healing will come as a surprise. I heard of a man who passed out in a church service. He was a diabetic, and believing God for his healing. When they checked him out they realized he didn't need insulin any longer, so the shot he normally gave himself every morning is what caused him to pass out. Now he is off the insulin. Also, our pastor's wife had rheumatoid arthritis - was prayed for - and suddenly one day she just realized the symptoms were gone. Interestingly, whenever she gives her testimony of God healing her the symptoms try to return. Sometimes our belief is stretched, but when we see Him come through for us it broadens our understanding of His goodness and power. For instance, last evening my daughter called for prayer. At 105 degrees, their air conditioner had gone out. She had to get ready to teach on Monday and the kids were heading back to school. Also with two daughters in college they really didn't have the money for this emergency. Laurie's request was, "Mom please pray that the air conditioner will start to work again." Remember the woman with the issue of blood? Jesus said, "According to your faith be it done to you" So I prayed - trusting in His ability to do even what seemed impossible in my mind.

When we got home from church there was a message on our answering machine: "Mom, by the time the air conditioning repairman came our air conditioner was working, and he didn't even charge us." It did quit again on Monday, however our specific request was answered - to God be the Glory!

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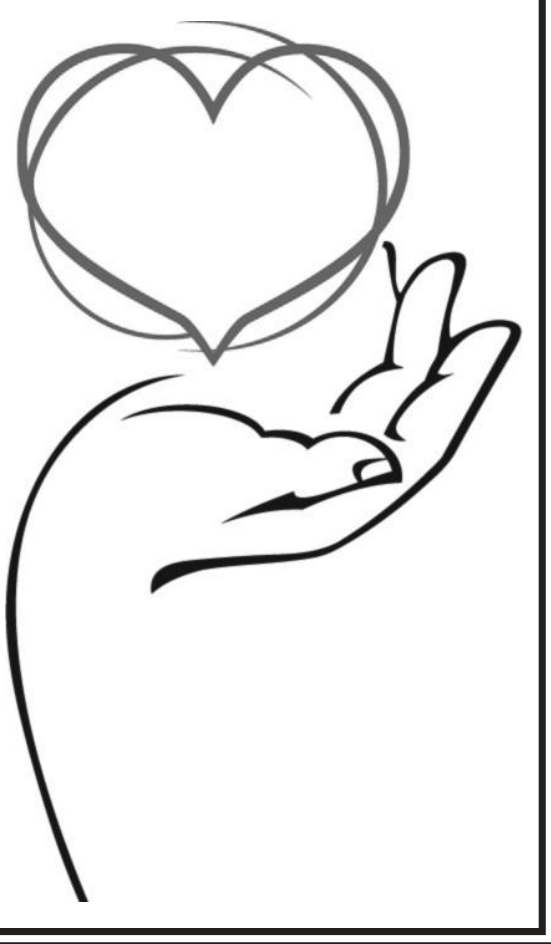

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Poetry Corner

Mistaken Identity

(To Bingo, our cat)

When I thought you were a male,
Life was easier for me;
Then, I harbored no concerns
About your furred anatomy!
You came, you went, your nights were spent
(Wherever cats spend nights.)
But since I've viewed your private parts,
I live with constant frights!
I do not want you to appear
With bulges in your belly;
I do not want small furry feet
To turn my life non-smelly!
So, I hope husband Henry's right,
You're too old for the trauma,
Of bringing forth new kitty-cats,
And I don't need the drama!!

No Ordinary Candle

Just a candle, honey-scented,
Sits, unlit, and looks like gold,
In the center of my table,
Silent, bulky, waxy mold.
But, for me, it symbolizes
More than future match-lit fire,
My daughter's gift has given me
A special gift all Moms desire.
A gift of recognition
For years of love and caring,
A creation of togetherness
That only comes from sharing.
So, the candle on the table
May be wax to passers-by,
But, for me, a star on Mother's Day
In Age's darkening sky!

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 1986 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@aol.com.

Over the Edge by Brandilyn Collins: A Must-Read

by Linnette R Mullin
Author of Life-Changing Romance
www.LinnetteMullin.com
OceanOfGrace@Live.com

Over the Edge is a must-read. Brandilyn Collins expertly weaves a story representing the life of Lyme patients with precision and empathy. Though an issue-based novel, the story doesn't feel issue-based. It feels like mystery, suspense, intrigue, and for us Lymies, *real life*. What a great way to show the world how Lyme sufferers live!

Brandilyn Collins is a best-selling author known for her trademark Seatbelt Suspense®. Her crime thrillers earned her the tagline "Don't forget to b r e a t h e . . ."® Her first book, *A Question of Innocence,* was a true crime published by Avon in 1995. Its promotion landed her on local and national TV and radio - including the *Phil Donahue* and *Leeza* talk shows. Her author awards include the ACFW Book of the Year (three times), Inspirational Readers' Choice, and Romantic Times Reviewers' Choice.

Brandilyn is also known for her unique book on fiction-writing techniques, *Getting Into Character: Seven Secrets a Novelist Can Learn From Actors* (John Wiley & Sons). *The Writer* magazine named *Getting into Character* one of the best books on writing published in 2002.

When she's not writing, Brandilyn spends time teaching the craft of fiction at writers' conferences. She and her family divide their time between homes in the California Bay Area and northern Idaho. Now, for more about her latest novel, ***Over the Edge***:

1) Why did you write Over the Edge?

I wrote ***Over the Edge*** to tell a good suspense story. But beyond mere entertainment, I wanted to help shed light on the difficult struggles of thousands of Lyme patients in this country. I hope the novel helps individuals out there. Perhaps you. Perhaps someone you love.

2) Does any of the story reflect your personal experience?

I haven't just studied Lyme. I've lived it.

Remember Jannie McNeil's fall in her kitchen, and her inability to get up? That's straight out of my own life. When Lyme hit me, it came fast and hard. Until that day I had been a healthy, fit, five-miles-a-day runner. Fortunately I had a friend who recognized the symptoms and insisted I go for testing. From there I linked up with a Lyme-literate doctor. Most fortunate of all, God chose to miraculously heal me from the disease months later. But not before I'd lived the nightmare of Lyme. Six years later in 2009 I was re-infected and conquered it after six months of antibiotic treatment.

I remember slumping in the waiting room of my doctor in 2003, so sick I could not remain sitting in the chair. (They had to move me to the doctor's personal padded arm-chair with footrest in a private office.) Hanging on the waiting-room wall was a framed newspaper article summarizing the 2001 findings written in *The New England Journal of Medicine.* (While Brock McNeil's part in writing those findings is fictional, the findings themselves are very real.) The newspaper article explained how researchers had once again proved that Lyme was never chronic and was, in fact, very easy to treat with a short-term round of antibiotics. People claiming months or years of crippling symptoms from the disease were just wrong.

What those know-it-alls need, I thought with an admittedly un-Christian attitude, is a real good case of Lyme. And so the idea for this novel was born. It would take another seven years before I was ready to write it.*

3) How much of your novel is true to life and how much of the Lyme wars are real?

In ***Over the Edge*** the background information about Lyme disease and the Lyme wars is straight out of my research. To this day many Lyme patients have to fight for diagnosis and treatment. But beyond that, this book is a work of fiction. The characters are in no way real. Brock McNeil does not represent any one doctor. Rather, he arose from my own imagination as a combination of researchers who still deny the existence of chronic Lyme as an active infection. In placing him at the Stanford School of Medicine I'm casting no aspersions on that respected institution. It simply provided a setting for my story.

One other fictional point to note: In ***Over the Edge***, Jannie's test results from the Lyme lab were available within about six hours. I wrote it that way to keep my story moving. In reality, results could not be ready that quickly.

Fiction aside, the Lyme wars go back a number of decades. It's a complex war with complex arguments, but simplified it comes down to these two sides: Lyme-literate doctors-working in the trenches with very sick patients-who believe long-term antibiotic treatment is effective, vs. doctors aligned with such powerful entities as the Centers for Disease Control (CDC) and the Infectious Diseases Society of America (IDSA), who deny the existence of chronic Lyme as an active infection. The latter group of doctors insist that long-term patients suffer from a post-Lyme treatment syndrome-some form of autoimmune disease as yet unknown and undefined. This "syndrome" should only be treated symptomatically, they say, and not with antibiotics.

As ***Over the Edge*** depicts, the Lyme wars arise from these four factors, which form a vicious circle:

First, ***Ineffective testing.*** The CDC criteria for administering and interpreting tests have been controversial since they were approved in 1994. The CDC insists on a two-tier form of testing, starting with the ELISA test, then proceeding to the Western blot only when the ELISA is positive. Unfortunately all too often a negative ELISA is a false negative because of the test's poor sensitivity. (Although the CDC insists the test is sensitive.) So many patients are lost right there.

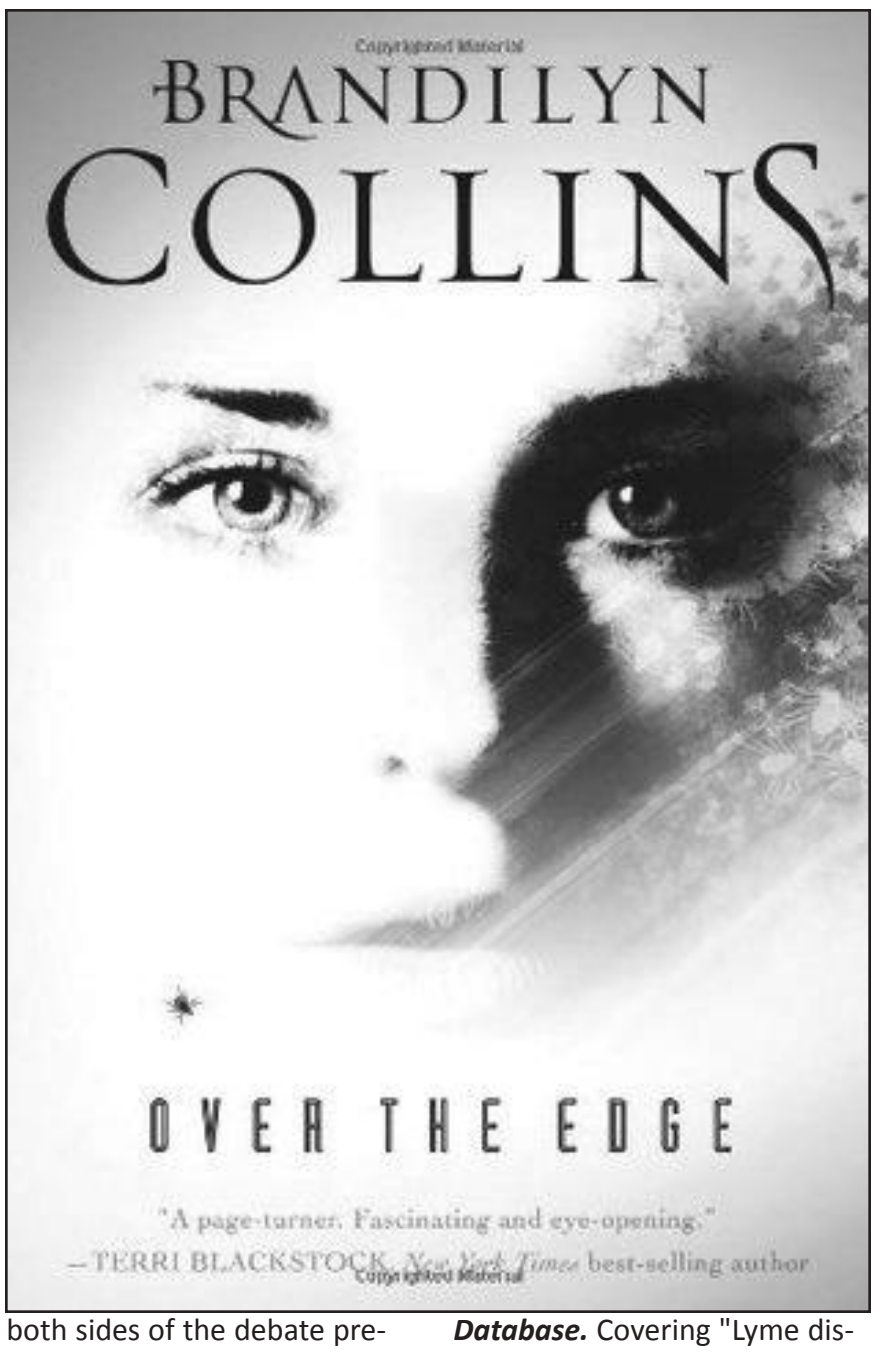
Second, ***Lack of education among doctors.*** Lyme-literate docs are few and far between. The rest simply don't know enough about the disease, relying on outdated information as to where Lyme is found and what its symptoms are.

Third, ***Doctors' fear of treating chronic Lyme.*** Many of the doctors who treat Lyme with long-term antibiotics are taking a great risk. Some Lyme-literate docs have had their licenses pulled. They've been sued by insurance companies, who didn't want to cover the expensive drugs. Even a reputable doctor who recognizes a case of Lyme may refuse to admit it because he simply does not want to get caught in the Lyme war crossfire.

Fourth, ***Misdiagnosis.*** Since the patients are really sick and Lyme is ruled out through misuse of the CDC criteria and poor testing-well, they must have something. That "something" often is misdiagnosed as Chronic Fatigue Syndrome, Fibromyalgia, Multiple Sclerosis, Parkinson's, Rheumatoid Arthritis, and other diseases. Either that or the symptoms are just "all in their head." (Which some doctors have been known to claim.) The problem with misdiagnosis isn't just the lack of right treatment, but the introduction of wrong treatment. For example, CFS patients are often given steroids to combat their swollen, painful joints. The problem is, steroids suppress the immune system and therefore are never given when a doctor knows a patient has an active infection of any kind. Bacteria are left to thrive in an immune-suppressed body. The Lyme patient gets worse.

For more detail, see my author's note at the back of the book or on my website. You will also find stories of real people suffering as a result of the Lyme wars.

In 2009 a national hearing was held, during which physicians and scientists on



both sides of the debate presented their research data regarding Lyme to the review panel. Some of the presentations arguing against the IDSA guidelines are included in my author's note, as well.

I will say, however, that all findings from the hearing which proved that Borrelia burgdorferi exist after the IDSA-recommended two to four weeks of antibiotics were completely discounted.

In my novel, ***Over the Edge,*** Jannie reads an abstract of research that proves Borrelia continue to exist in mice after the recommended four weeks of treatment. This was taken from the article "Persistence of Borrelia burgdorferi following Antibiotic Treatment in Mice" by Emir Hodzic, Sunlian Feng, Kevin Holden, Kimberly J. Freet, and Stephen W. Barthold. from the University of California at Davis. The full paper can be found online at: http://aac.asm.org/cgi/content/abstract/52/5/1728. *

4) What advice would you give someone who thinks they may have Lyme Disease?

If you are experiencing muscle weakness, joint pain, confused thinking, or other symptoms mentioned in this story, you owe it to yourself to be properly tested for Lyme. Don't allow doctors in your area to dissuade you from tests by claiming it doesn't exist in your state. And to ensure results are as accurate as possible, have your blood sent to a lab dedicated to testing for Lyme. There are numerous organizations and online sites that can help with information.

5) Which resources do you recommend?

There are a dozen resources listed in the author's note at the back of my book and on my website, but here are a few:

a. ***Lyme Disease Research Database.*** Covering "Lyme disease symptoms, treatment, diagnosis, prevention, and research." Members receive access to the large database of LDRD resources. (http://www.lymedisease-research-database.com)

b. ***Lyme-Aware***. This organization was formed to "create a unity among all of the [Lyme] organizations, websites, blogs, authors, etc." (www.lyme-aware.org)

c. ***Advanced Topics in Lyme Disease*** by Dr. Joseph J. Burrascano. This is an in-depth medical abstract about the symptoms and treatment of the disease. The symptom checklist is particularly helpful if you are experiencing symptoms that might be caused by Lyme. (http://www.lymenet.org/BurrGuide200810.pdf)

d. ***Under Our Skin***, an award-winning documentary that follows the stories of numerous Lyme patients and includes interviews with doctors on both sides of the Lyme wars. Under Our Skin is well worth watching. It is both heartbreaking and hopeful. You can see firsthand what the symptoms of Lyme look like. And you'll be amazed at certain doctors' attitudes against recognizing the chronic form of the disease. You can order a DvD of the documentary from its web site at http://underourskin.com.

e. ***Cure Unknown,*** by scientific journalist Pamela Weintraub. This book is a highly researched and fascinating look into the Lyme wars, from their beginning history to present day. Weintraub and her entire family were infected with Lyme disease after moving to an idyllic setting in Connecticut. Her ensuing years of discovery about the disease and its controversy within the medical community make for a richly detailed and often horrifying

"Over the Edge" cont'd pg 10

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The Poison Plum is a gripping, chilling novel exposing the rampaging epidemic of Lyme disease now sweeping across America and the disease's connection, if any, to the government's top-secret biological research laboratory at Plum Island, New York.

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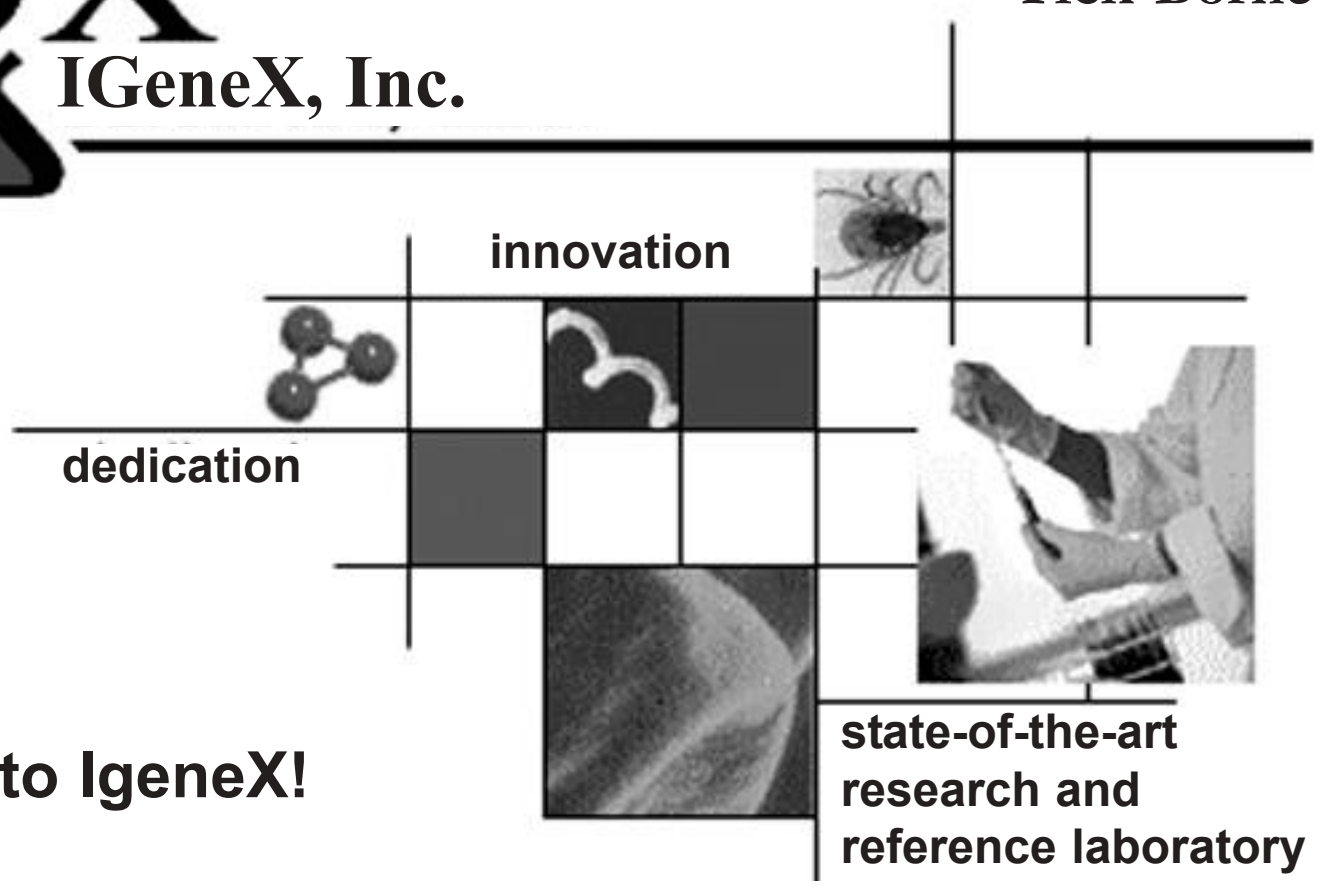

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(1-877-434-7441)
Fax: 215-643-9307
alsassoc@alsphiladelphia.org

Lyme Disease Support Arizona
Southern Arizona - Donna Hoch: nanandbo@cox.net
520-393-1452

L.E.A.P. Arizona
Tina J. Garcia
Lyme Education Awareness
http://www.leaparizona.com
480-219-6869 Phone

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

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

Mid-Peninsula Lyme Disease Support Group
Mountain View, CA
2nd Tuesday each month:
6:30-8:30 PM
ldsg_scott@hotmail.com

Lyme Disease Support

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

Connecticut
www.timeforlyme.org
914-738-2358
Meetings: first Thursday of every month from 7-8:30 p.m. at the Greenwich Town Hall

National Support:
truthaboutlymedisease.com/
Dana Floyd, director

LDA of Iowa
PO Box 86, Story City, IA
515-432-3628
ticktalk2@mchsi.com

Kansas
913-438-LYME
Lymefight@aol.com

Montana
bepickthorn@earthlink.com

Minnesota
Duluth/Superior Lyme Support Group. Meets first Tues. eachmonth at 7pm, St. Lukes Hospital, 1000 East 1st Street, Duluth, Mn. For more information call Tom Grier at 218-728-3914 or Tom Kurhajetz 218-372-3744.

North Carolina
Stephanie Tyndall
sdtyndall@yahoo.com

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

Lyme Disease Support

Illinois Lyme Disease Network
http://www.illinoislyme.com
Contact: 618-204-8084

New Mexico
Veronica Medina
(505)459-9858
vrmedina@comcast.net

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Janet Segraves 405-359-9401
Janet@LDSG.org
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TEXAS :
Greater Austin Area Lyme Council. Teresa Jones
tmomintexas2@yahoo.com

Dallas/Ft Worth
John Quinn
Jquinn@dart.org
214-749-2845

Houston
Contact: Teresa Lucher
lucher@sbcglobal.net

League City/ ClearLake & NASA Area
Sandra Mannelli
smannelli@comcast.net

Washington State
Alexis Benkowski
WA-Lyme-owner@yahoogroups.com

Western Wisconsin Lyme Action Group
Marina Andrews
715-857-5953

Military Lyme Disease Support

Military Lyme Support is an online source of information and emotional support. This site is for Military Members, Veterans, and their family members who suffer from Lyme and other vector-borne diseases. Members are stationed in the United States and abroad.

http://health.groups.yahoo.com/group/MilitaryLyme/

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"Dilemma"...cont'd from pg 2

and glory, these agencies and individuals continue to blatantly ignore published scientific research and massive patient suffering with the goal of promoting their personal, lucrative, financial agenda. Case histories have demonstrated continued improvement with prolonged courses of antibiotic. Even so, Borreliosis patients desperately need a more comprehensive treatment protocol, but the development of an effective treatment has not conscientiously been pursued by NIH and CDC.

It is obvious that these agencies don't want patients to receive treatment. This scenario is highly reminiscent of the Tuskegee Study of Syphilis (syphilis is a cousin to Lyme disease). The Lyme disease "study" has been ongoing for more than 35 years; the Tuskegee Study lasted 40 years, and was only discontinued when the inhumane abuses of the study were brought to public attention. The Lyme patient community is in desperate need of a media source willing to disclose the abuses we are enduring also.

Lyme-treating physicians do all they can to help their patients by trying various combinations of antibiotics, biofilm busters and immune-boosting supplements, but do so at the risk of being brought before state medical boards and losing their licenses for doing so.

In the meantime, the Lyme Medical Cartel retains its stronghold on research funding and excels at coaching the mainstream media on the use of key words like "some", "a few" and "Post Lyme Disease Syndrome." These misleading terms help to further disseminate the Cartel's medical disinformation campaign that keeps mainline physicians in the dark about the seriousness of this zoological epidemic.

While on the subject of zoological diseases, I'd like to point out the way in which Lyme disease is referenced by CDC and state health departments. It is referred to as an emerging infectious disease. I've got news - it's not emerging, it's already emerged! And it emerged more than 35 years ago from somewhere, either deliberately or by accident. The fact that Borrelia burgdorferi is classified by the American Biological Safety Association in its Risk Group Classification for Infectious Agents as a Level II bioagent, cases are being diagnosed globally, the disease causes Level II debilitating biowarfare symptoms, along with the knowledge that the possibility exists the pathogen emerged from Plum Island biowarfare lab, why isn't the Department of Homeland Security involved? Why are the CDC-run Lyme Medical Cartel and puppet state health departments downplaying the seriousness of this epidemic? With the similarities to the Tuskegee Study of Syphilis and the similar length of time it has been allowed to be ignored, why isn't the United States Public Health Service involved?

Could it be that these agencies actually are involved, but their involvement has been underestimated?

Quote: "'This is the first study I've seen that shows some immunologic difference between someone who resolves their Lyme and someone who develops post-Lyme disease syndrome,' says Linda Bockenstedt, a rheumatologist and immunologist at Yale School of Medicine in New Haven, Connecticut. The presence of varied antibodies hints that the chronic symptoms could be caused by an ongoing inflammatory response caused by antibodies mistakenly reacting to the body's own proteins, Bockenstedt suggests.

'The big question to me is whether this can lead to an autoimmune phenomenon," says Bockenstedt. "But if that were the case, I'd expect the disease to worsen without immune-modulating treatment, and it doesn't.' "

Comment: Dr. Bockenstedt is mixing apples and oranges when she refers to "someone who resolves their Lyme and someone who develops post-Lyme disease syndrome". Those who resolve their Lyme are those who had acute infection and received enough antibiotic therapy to resolve it. Those who have persistent symptoms are those who, once again, have not received diagnosis or treatment for extended periods of time. These patients have disseminated and embedded infections. Due to the fact that Bb can sequester itself in many tissues and organs of the body and is especially known to invade brain/neural cells, there is no way to confirm patients are infection-free post antibiotic therapy. Needless to say, blood tests are useless to determine this, as the bacteria don't reside in the blood as much as they reside in the tissues.

Therefore, Dr. Bockenstedt (and others who promote the mere opinion that Post Lyme Syndrome is an actual disorder separate from persistent infection) are promoting an assumption and speaking about it as though it is a scientific fact. In their audacity, they would have the medical community believe that every patient who suffers from disseminated and embedded infection (who had remained undiagnosed and untreated for long periods of time) is infection-free at the conclusion of tertiary-stage antibiotic therapy, no matter the length of time the therapy was administered -- short or long term. Such erroneous assumptions have no merit, as brain tissues cannot be tested in patients, until they unfortunately succumb to the devastating effects of Lyme disease. Please bear in mind that debilitating Level II bioweapons, such as Lyme disease, are highly valued for their effectiveness and ability to incapacitate people and cause diagnostic confusion. The horrible symptoms of embedded infection render people incapacitated for years and eventually, of course, do result in death.

It is not scientifically appropriate for Dr. Bockenstedt or others to state conclusively that patients with disseminated and embedded, tertiary stage, spirochetal, Borrelia infections (who were not diagnosed and treatment for prolonged months and years) to be infection-free. Medicine cannot make that determination presently, and therefore, the clinical aspect observed by the treating physician, along with the patient's response to antibiotic therapy and the patient's feedback regarding their symptoms are the most reliable evaluative tools to determine the need for additional treatment.

As Dr. Bockenstedt has extensive experience with Lyme disease research, having worked with Dr. Allen Steere, the epidemiological Godfather of Lyme disease, I think she must be aware of Biowarfare Lab Director Alan Barbour's work on the antigenic variation of Borrelia burgdorferi. I agree with Dr. Bockenstedt that there is definitely an inflammatory component to persistent symptoms, but I ask this very pertinent question -- does the cause of persistent symptoms need to be attributed to just one aspect of the disease complex? I think not.

The continued attempts to attribute the interaction of the complex factors of this disease to only one cause is one of the reasons Lyme disease patients have suffered without an adequate treatment protocol for decades - more than 35 years! This is a medical travesty that should be immediately addressed by NIH and CDC. I appreciate this research by Armin Alaedini and view it as a step forward toward the development of an adequate treatment protocol; that is, if the NIH and CDC are willing to concede that the IDSA treatment guidelines have, for too many years, ignored the published research on antigenic variation and persistence of infection.

As a patient who has suffered since 1998 -- more than 12 years -- with persistent Lyme disease infection, along with persistent inflammation, I bear witness that there are a multitude of factors involved with this horrible, debilitating biowarfare agent - infection, antigenic variation, inflammation, co-infections and genetic aspects, all of which determine the wide array of symptomatology. Borreliosis is the New Great Imitator that manifests in a myriad of symptoms and conditions, including MS, ALS, Alzheimer's, Parkinson's, rheumatoid arthritis, lupus, autism, chronic fatigue and fibromyalgia. In addition, physicians have observed that Bb infection can cause more than 300 different conditions throughout the body including lymphadenopthy, thyroid disorders, hypertension, scleroderma and RSD.

Of utmost importance, the long-term suppression of the immune system and accumulation of pathogens in and stagnation of lymph and nodes, due to continual activation (inflammation) in response to Bb antigenic variation, allows the proliferation of common, dormant, normally-manageable viruses, such as Epstein-Barr, cytomegalo and Human Herpes 6 (roseola) to proliferate to extremely high levels. Such a condition becomes fertile ground for the development of lymphoma and myeloproliferative cancers.

Unfortunately, I have reached this point at which my body has become a fertile ground for cancer due to extremely high levels of these viruses, especially HHV6. The extreme stress placed upon my immune system has allowed these viruses to replicate to unacceptable levels, causing spinal pain, sciatica and seizures.

I carry resentment for the Lyme Medical Cartel, because this dishonest group of individuals is responsible for the fact that I did not receive appropriate diagnosis and treatment during the early stage of disease. Of course, my case is not isolated; thousands of other Lyme patients have experienced the same deliberate medical neglect. Members of the Lyme Medical Cartel, in my opinion, should be held legally responsible for the devastation of lives they have caused. I would like to see them forced to pay financially for patients' treatment costs that are not covered by insurance. I would also like to see them imprisoned for their Lyme Crymes, as through their greed they have sentenced Lyme patients to LIFE IN PRISON FOR THE CHRONICALLY ILL.

I also resent the tiptoeing and walking on eggshells encouraged within the Lyme community. It is ludicrous to believe that we can talk the prison guards into releasing us. Such efforts, although perhaps well-intentioned, have stymied the patient community into a sense of intimidation and fear of speaking out. This fear has rendered the community impotent when it comes to activism.

Rallies should be held each year with as many of us attending as possible. In May of 2012, I will do everything possible to attend the MayDay Rally in Washington, DC. I urge the Lyme community to slough off the old advocacy skin and forsake the old and ineffective fear tactic that renders us afraid to speak out for fear of how we might appear to those who hold us hostage. The squeaky wheel gets the grease, folks, and we should have been squeaking loudly a long time ago. This must be done peacefully, of course, but banging on pots and pans with metal spoons and using a bullhorn can make a lot of noise, that hopefully, will shine a spotlight on the perpetrators of the Lyme Crymes, make them squirm and bring their wicked deeds to public attention. *pha*

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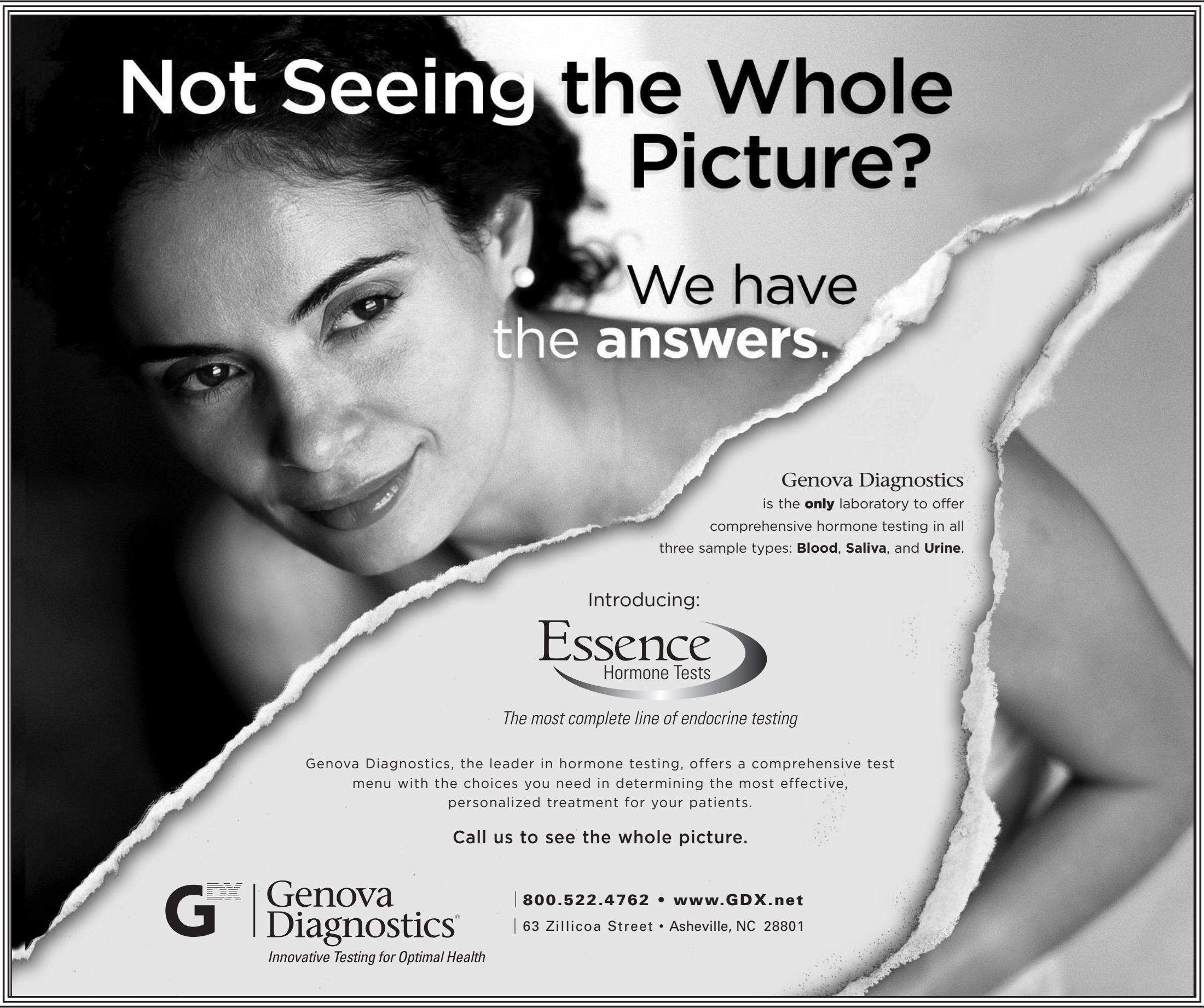

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"Over the edge"... cont'd from pg 5

picture of the patients and doctors embroiled in the battle.

f. ***My own web sites*** contain answers to questions about Lyme disease and links to helpful organizations. See *www.brandilyncollins. com* and *www.seatbeltsuspense.com*. On my Lyme-Over the Edge blog are many incredible stories of Lyme patients and their struggles, including my own. Read these stories, and you'll understand how they suffer, and why they continue to cry out for proper testing and treatment. (www.lymeovertheedge.blospot.com)

6) How can our readers get a hold of you?

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7) Just for fun, most writers have a favorite beverage they enjoy sipping on while writing. What's yours?

My morning mocha, made by moi at home on my handy-dandy espresso machine.

Brandilyn, thank you for all your research and the time you put into this novel. As a fellow writer, I know the emotional battles waged when writing a book. This could not have been an easy book to write. A Lyme sufferer myself, it was difficult to read. Not because it was poorly written, but because it was written so well. The entire story is very true to life and I admire the way you ended the book - realistic to Lymies and yet allowing for some closure. You did an amazing job! Thank you for sharing our story with the world through this work of fiction!

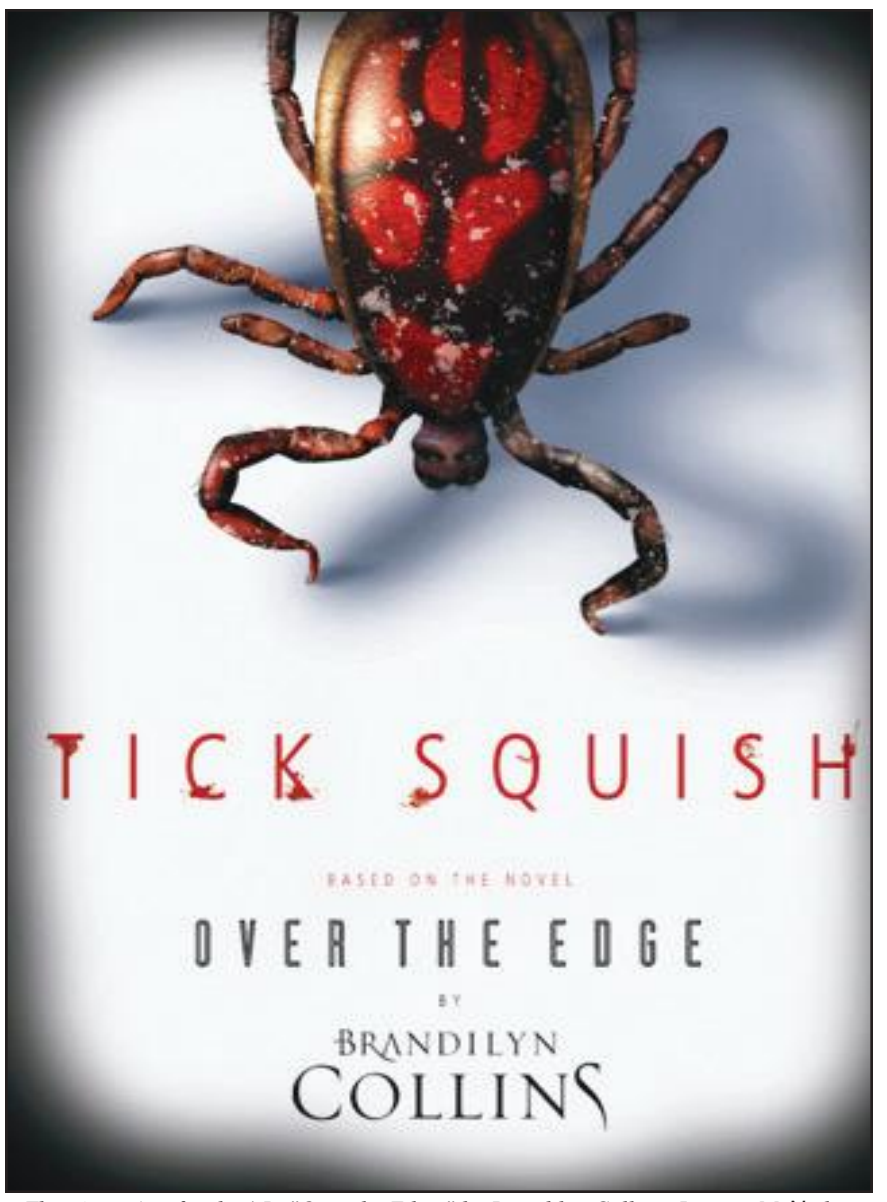
"God's blessings and health to all of you." ~Brandilyn Collins

*Due to the length and detail of Brandilyn's answers along with her busy schedule, much of her answers are excerpted from her author notes and

About Linnette:

Linnette R Mullin is an author and freelance writer. She also owns an on-line Christian support group for chronic illness sufferers. See her website for details. If you would like to contact Linnette, simply fill out the "Contact Linnette" form on her website and leave her a message. All email addresses are kept private and only used to keep in touch with readers: www.LinnetteMullin.com.

Author Brandilyn Collins



There's an App for that! In "Over the Edge," by Brandilyn Collins, Janessa McNeil is thrust into the Lyme Wars when infected by a tick. Now, you have a chance to fight back! Download the App "Tick Squish" from iTunes app store!

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

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Due to the efficacy and the science behind the products, these are my favorites
*- **Joseph J. Burrascano Jr. M.D.***

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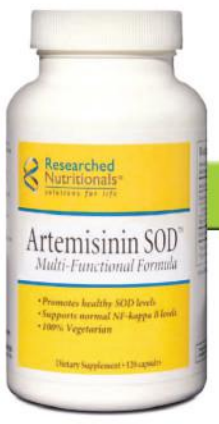

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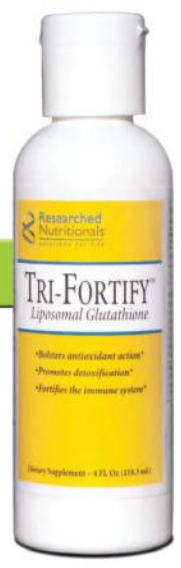

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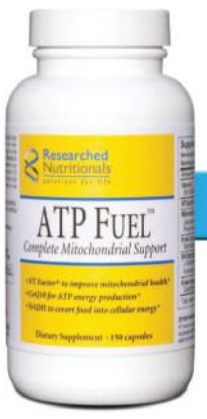

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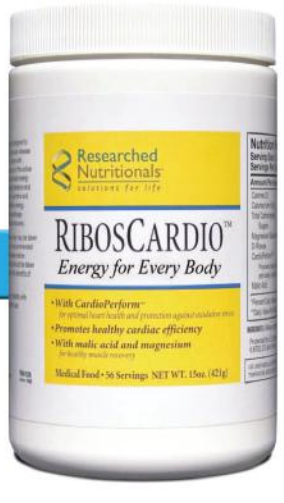

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ABOUT THE COMPANY

Nutramedix was founded in 1993 and currently has facilities in Jupiter, Florida, USA and in Shannon, Ireland supplying highly bio-active nutritional supplements to health care professionals and consumers.

From the beginning, Nutramedix has operated with a unique business model. First, the owners and management work diligently to operate a company according to Biblical principles– with honesty, integrity, value and respect for all people. Its corporate environment is one that works to serve both its customers and its employees, producing one the best customer service teams in the industry. Second, Nutramedix was founded with the goal of using a significant amount of its proceeds to support orphans, widows, Christian pastors and missionaries in economically distressed parts of the world. So as a customer, you are not just purchasing high quality nutritional supplements, you are helping us give back to people in need all around the globe.

ABOUT THE PRODUCTS

Nutramedix has made a significant investment to develop a novel, proprietary extraction and enhancement process used to manufacture its liquid extracts. The result is a highly bio-available whole plant, broad-spectrum extract that is also very cost effective. We were the first to introduce Samento, a rare chemo-type of Cat´s Claw, which has remained one of our signature products. We have since developed a full line of liquid extracts utilizing the same proprietary extraction and enhancement process.

Nutramedix also conducts extensive research to procure the very highest quality raw materials for its powdered capsule products, many of which have been designed to enhance the effectiveness of the liquid extracts. We are committed expanding our line of natural products meeting the highest expectations of health care professionals and consumers.

ABOUT THE FOUNDATION

The owners of Nutramedix have been involved in international Christian ministry since the 1980s. Prior to starting the company in 1993, our Founder and President was a missionary pilot serving tribal groups in Peru. The Kairos Foundation was created in 1995 to fund projects that address both the physical and spiritual needs of people in some of the most disadvantaged areas of the world. The foundation provides ongoing financial support for organizations operating in Africa, Asia, Eastern Europe, North America and South America.

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