Help for Lyme Sufferers

A New Law Will Educate Texas Doctors About a Painful Tick-borne Disease

By Jeff Prince

Waking Up the Nation, A New Law Will Educate Texas Doctors About a Painful Tick-borne Disease

Williamson (left): “Lyme does exist in Texas,” photo by Jeff Prince

Philip Williamson studies ticks, especially those that carry diseases. His research at the University of North Texas Health and Science Center has helped establish the existence in Texas of Lyme disease, a painful, debilitating illness that the medical community here has denied for years.

Williamson has testified at legislative hearings over the years, as a growing number of Texans pushed for better diagnosis and treatment. Now those efforts are paying off.

More than a decade of work by activists prompted the Texas Legislature this year to pass a law intended about Lyme disease and allow them to treat patients without fear of losing their medical licenses. The law takes effect Sept. 1.

Williamson, the forensic and investigative geneticist and research director of UNT’s Tick-Borne Disease Research Laboratory, oversees the lab that does testing in the state Department of State Health Services. He spends a lot of time looking at the annoying and sometimes dangerous little bugs through a microscope to determine what pathogens they carry.

A tick is no bigger than a freckle, but its bite leaves gigantic problems for many thousands of people each year. Lyme disease is exacerbated by a medical system that can’t agree on the symptoms, the treatment, or even whether ticks in the Southwest can transmit the disease.

Williamson knows the problem well.

“Lyme does exist in Texas; it’s not at the infective rate as you would see on the East Coast where it’s endemic, but it’s here,” he said.

The Infectious Disease Society of America (IDSA) estimates 200,000 people a year are infected with Lyme, but critics accuse that organization of downplaying the disease and prompting state medical boards to attack doctors who try to treat patients. The Texas Medical Board has threatened to suspend the licenses of doctors who choose to treat patients with long-term antibiotics, even though desperate patients are clamoring for them.

Lyme disease was first diagnosed in 1975 after residents of a community near Lyme, Conn., began experiencing nervous system symptoms and arthritic conditions. Over the years, reports of Lyme disease spread across the country. But IDSA maintains that Lyme is mostly confined to the coastal New England and the Mid-Atlantic states. It recommends short-term treatments only.

The Texas Medical Board follows IDSA guidelines and discourages doctors from prescribing long-term antibiotics. Patients such as Arlington resident Dawn Irons say those outlawed treatments have proved vital for her husband, Bitten,” Feb. 4, 2009). She previously visited an Austin doctor for treatments. But the medical board threatened to suspend the doctor’s license.

In 2009, cardiologist Mark Kantor and family practitioner at San Francisco. Irons then began seeing a Louisiana doctor. The trips took a financial and physical toll, but the treatments helped.

“I have officially been in remission since 2009,” she said. “I’ve not been on any form of treatment since then. Shortly after being declared in remission, I returned to graduate school and got my master’s degree in counseling. I practice in Bedford and have special interest in people who are struggling with chronic illness and the effects it has on the whole family system.”

After years of battling the medical system, Irons is skeptical but optimistic about the new legislation’s impact.

“If a doctor was truly able to treat with long-term antibiotics and not be bound to IDSA guidelines, nor be professionally censured by his peers and labeled a quack — thereby committing professional suicide and ruining his career — I would definitely see a local doctor,” she said. “But ... you can’t legislate what the vast majority of the medical field does not believe to exist.” Lyme can be successfully treated with short-term antibiotics if the disease’s early symptoms are quickly identified. But IDSA’s downplaying of the disease has an effect particularly in this part of the country.

“If you have flu-like symptoms, they’re not going to think about Lyme disease,” Williamson said. “A lot of people are slipping through the cracks.”

Among those pushing for legislative action was marketing executive Dave Claunch, who serves as mayor of West Lake Hills near Austin. Four years ago, his wife, Susan, developed problems with extreme foot pain, headaches, and general fatigue. She spent nine months visiting doctors in Austin and Dallas without being diagnosed. So she scourched the internet.

“We started to see that the symptoms she was having were connected to Lyme diseases,” Claunch said. “To this day we still don’t know how she got it. We’ve learned that less than half the people affected by this disease recall ever seeing a tick, and only about 50 percent of them ever get the bull’s-eye rash.”

Susan visited numerous doctors but her self-diagnosis met with skepticism.

“Every single one of them said, ‘No, there’s no Lyme disease in Texas.’ They wouldn’t even order the tests,” Claunch said.

The couple finally met other Texans dealing with Lyme disease, the few doctors who would prescribe long-term treatments.

“Lyme is like an onion, and every layer you peel off is a part of the story,” Claunch said.

Doctors in San Francisco, Washington, D.C., and Springfield, Mo., have since treated Susan. Travel expenses add immensely to the costs, but the results have been beneficial.

“She has improved greatly on this intravenous high-dose antibiotic therapy,” Claunch said. “It saved her life.”

Claunch met other Texans dealing with Lyme disease, and they began getting together and comparing notes.

“We combined our forces and leveraged our connections with various members of the legislature to get an interim study of the issue done between this most recent session and the session before that,” he said. Son, Chris Harris of Arlington, a longtime sufferer of Lyme disease, introduced a bill this session to encourage

There is an option to contribute online via Pay Pal, Credit cards, or by electronic check.

Elizabeth Chalker
c/o Dr. Corey Cameron
6292 La Costa Drive, Suite D
 Boca Raton, Florida 33433
cedonations@mindspring.com

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Public Health Alert

Public Health Alert

Assessing Lyme Infections and Lyme-hotspots in the USA

November 2011

www.helpelizabeth.net.
By Lisa Copen

I had just received the third pink slip in two weeks from the lab that said my payment was past due. Over three times I had called and my insurance company had assured me that the lab work was covered and that they would mail out a check that afternoon. This time, when I finally got a representative on the telephone, I was polite but firm. I said that I wanted the problem taken off the telephone, I was to talk to someone in customer service, and I was going to take matters absolutely seriously.

After all, it’s not the drugs that make us impa- tient and nit-picky about all of this insurance stuff! Has anyone ever bothered to read this page

All-Overish-Ness

by Dr. Virginia Sherr, MD

Dog lay in bed was or was propped up in a chair. He walked in great pain, feebly, and with only assistance. Everyone says that what happens when you get to be 90 years of age, you will get sick. I never would have thought that the fatigue of illness would have any of it: 10 years later I believe I do understand, I understand because I have experienced the all-overishness myself.

Cheeky I checked out again by a battery of medical special- ists as he approached the self-diagnosis that he has. We have logical questions to the assump- steps of a way of life for people who live on the rural Eastern Shore of Maryland. And he was a biologist; ticks are occupational nuisances. He picked them off himself with- out a thought. One dog belonging to the family had a known total of 300 ticks on him when my new family doctor recognized the symp- toms and asked me for the all-overishness syndrome label to my version of Dad’s excellent clinical description, “the all-overishness syndrome,” which you would have never time the opportunity arises. I have the right to be heard. You have the right to state my opinions, it but’s best to know your bound- aros, forgetting that we too, do have the right to be heard. Too many of us fall into the habit of talking all of the time, however, and forgetting that we also have the responsibility to listen. Know your bound- aros and what you are willing to listen to and not to listen to. When a new person in your life has a fever and said, “I can cure you with yu drinking your product.” I listened...and no, he didn’t convince me. He felt okay about it though, and I got out of an uncomfortable thirty-minutes pitch.

So be assertive – practice in front of the mirror if you must. As you step out and share your opinion, it may feel awkward at first, but then you will gain more confidence and it will become simpler the next time around. Even studies have shown that assertive people are more likely to have professional and personal relationship- ships that are based on honesty and mutual respect. If you lead a support group or are considering it, don’t forget to have a new book, http://StartAnIllnessSupportGroup.com for your members. You can also find step-by-step pages with instruction on how to write a vision statement, promotion ministry needs. Over 300 tick bites, and share your opinion, it doesn’t mean you have to talk with you further about your comments going to help you think, but it’s best to know your bound- aros, forgetting that we didn’t have a thought. One dog belonging to the family had a known total of 300 ticks on him when my new family doctor recognized the symp- toms and asked me for the all-overishness syndrome label to my version of Dad’s excellent clinical description, “the all-overishness syndrome,” which you would have never

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Six Medical Myths Busted!

by Dr. Jacob Teitelbaum, MD

The truth? Do the things that feel good, and you may live longer! When making the choices needed to maximize health, it is critical to have accurate information. Otherwise, our diet and lifestyle sacrifices, for which we sometimes give up things we enjoy, may kill us instead of helping.

Because of this, I would like to look at common, and simply wrong, medical myths about things we avoid for our health, and then let’s look at what the science really shows. Along the way, you may find you get to enjoy your pleasures again—quilt free!

Let’s examine 6 medical myths, along with my “bust” for each of them!

Medical Myth 1: Skinny People Live Longer

Being overweight won’t kill you— it may even help you live longer. That’s the latest from a study that analyzed data on 11,325 Canadian adults ages 25 and older who were followed over a 12-year period. The report, published online last week in the journal Obesity, found that, overall, people who were overweight but not obese were actually less likely to die than people of normal weight. By contrast, people who were underweight were more likely to die than those of average weight. Their risk of dying was 73% higher than that of people of normal weight, while the risk of dying for those who were overweight was 17% lower than for people of normal weight. The finding adds to a simmering scientific controversy over the optimal weight for adults.

Medical Myth 2: Salt is Bad for You

That myth has been well busted. Repeated studies show that people with higher salt intakes live longer. Medical Myth 3: Oily Food is Bad for You

This depends on the kind of fat. Trans fats (added to many processed foods—especially margarine, which was touted as more “heart healthy” than butter) is a major killer. Butter is much healthier. Olive oil is especially healthy. Fish oil deficiency is the 6th leading cause of death in the U.S.

Medical Myth 4: Eggs Raise Cholesterol and are Bad for You

Over 6 studies (at my last count) showed that eating 6 eggs a day for 6 weeks had no significant effect on cholesterol levels. Meanwhile, eggs are the best (most complete) protein source available—short of being a cannibal and eating other people!

Medical Myth 5: Chocolate is Bad

Dark chocolate has been shown to be high in antioxidants and offers numerous health benefits. Simply enjoy it in moderation.

Medical Myth 6 (the Most Deadly Myth): Avoid Sunshine

This especially dangerous piece of medical mal-advice is causing an epidemic of vitamin D deficiency, and is estimated to be causing 85,000 excess cancer deaths a year in the U.S. Vitamin D deficiency also contributes to obesity, and numerous other medical problems. The proper advice? Avoid sunburn, not sunshine!

The Overriding Fallacy?

The great fallacy is that things that make you feel good are bad for you. I suspect it is quite the opposite, and that these are the things that are GOOD for you! Listen to your body, and see how you feel overall with different pleasures. If they leave you feeling better overall long term, I suspect that odds are they are beneficial. I trust what our body and feelings tell us much more than the busted myths put out by our usually well-meaning but often wrong medical system.

About the Author:

Jacob Teitelbaum, M.D. is the director of The Annaposs Center for Effective CFIDS/Fibromyalgia Therapies. He battled Chronic Fatigue Syndrome and Fibromyalgia while attending medical school in the mid 70’s. In his struggle to heal, he discovered treatments that were unknown to the medical community and began a quest that became his life’s passion — helping those who suffer from these debilitating illnesses. The treatment program he developed has helped tens of thousands of sufferers reclaim the vitality CFIDS/FMS once robbed from their lives. Through his books, speaking engagements and private practice, he’s been fortunate to reach many of you.
Maintaining Your Marriage in the Midst of Suffering

by Linnette R. Mullin

"Marriage is an adventure, like going to war," says G.K. Chesterton. Is this how you feel - that marriage is a series of battles, one after another? I believe all couples dealing with chronic illness struggle daily just to survive and wonder if life will ever get better. Others don't fare quite as well and the marriage comes to a tragic end. Despite the constant upheaval we Lymies and our spouses face, I believe our marriages can do much more than simply survive. I believe we can thrive. Though our marriage isn't perfect, John and I have grown by leaps and bounds since the day we said "I do" seventeen years ago. We've been through enough trials to keep blog readers hooked for years. Keep this in mind as I share in an overview some things that have been vital in rescuing and strengthening our marriage. And remember that whether you are the one who is chronically ill or your spouse is, we all face the same struggles. So, please consider the following insights regarding building or rebuilding a strong marriage in the midst of your sufferings.

Between you and God:

1. Correct life focus - an intimate relationship with Christ is vital. Without it, there is no guarantee of success.
2. Pray without ceasing - bathe every aspect of your physical body, your marraige, and your spouse and your marriage.
3. Trust God completely - don't pull your faith out of his hand, both in faith, but in God Himself. Don't limit God by putting Him in a man-made box. He's so much bigger than we can ever hope to realize while in this life. He can and does move mountains that seem quite impossible to us. We may not be able to see or understand the things we go through in this life, but we can have the peace knowing that God knows and is working it all out for our good and His glory.
4. Renew your mind - train your mind to think about God, yourself, your spouse, your children, your circumstances, but mostly God. Learn Him.  
5. Ask for wisdom - God gives wisdom to all who seek it. It is the truth of God which keeps us anchored.
6. Avoid bitterness - its roots go deep and are the hardest kind to destroy. It grows and chokes out all the good work God would do in our hearts. It numbs us and keeps us from recognizing the Holy Spirit's leading. Its poison blinds our eyes to God's truth and the true condition of our lives. 
7. Talk to yourself - always tell yourself the truth and tell yourself the truth always. Don't allow lies to infiltrate your mind and dissuade you from doing the right thing and being the person God wants you to be. Remember who you are. If you are a true child of God, remind yourself of it often. Look carefully and measure what it means to be His child. This is an area where we should constantly be growing in our knowledge.

Between you and your spouse:

1. Learn effective modes of communication - scrutinize every way of communicating, be it emails, texts, or letters to be the safest means for such communication - scrutinize it yourself the truth always. 
2. Avoid bitterness - its roots go deep and are the hardest kind to destroy. It grows and chokes out all the good work God would do in our hearts. It numbs us and keeps us from recognizing the Holy Spirit's leading. Its poison blinds our eyes to God's truth and the true condition of our lives. 
3. Talk to yourself - always tell yourself the truth and tell yourself the truth always. Don't allow lies to infiltrate your mind and dissuade you from doing the right thing and being the person God wants you to be. Remember who you are. If you are a true child of God, remind yourself of it often. Look carefully and measure what it means to be His child. This is an area where we should constantly be growing in our knowledge.

4. Learn patience - be patient with yourself and your spouse as neither of you is perfect and sanctification is often a slow-go. Don't try to change your spouse; you'll only make things worse. Focus on changing yourself and pray for God to work on him or her. Since we all grow at different rates, be patient when you "get it" but your spouse doesn't. Focus on changing yourself first. It is God the only one who can change hearts.
5. Recognize improvements and be thankful - the slightest improvement is good. Even though it often feels like "two steps forward, one step back," be thankful. Recognize each step forward for what it is and don't take any of them for granted.

6. Persevere beyond your limits - don't give up no matter how hard things get. No matter how much you think the other person wants to, lie, or understand the things we go through in this life, but we can have the peace knowing that God knows and is working it all out for our good and His glory.

7. Enjoy the moments - relish those special moments, no matter how small, when all seems right with your marriage. They may be few and far between, but we would be so blessed if you make the most of them. Recognize how much they mean to you and cherish the time you have together.

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Remember, as I share this information, I am not judging anyone - I am simply stating what I have experienced or others have shared with me. God has taught us much and has given us a series of stories to help us understand what it means to be His child. This is an area where we should constantly be growing in our knowledge.

...
Governor Jerry Brown (Assembly Bill 499)[6] that has been quietly and quickly rammed through the state legislature by the medical-pharmaceutical lobby.[7]

If Governor Brown signs that bill into law, then children as young as 12 years old will be vaccinated with Gardasil, hepatitis B and future vaccines for sexually transmitted diseases without the knowledge or consent of their parents.

No Liability for Drug Corps or Doctors

In America, there is no legal liability or responsibility for drug companies selling or doctors giving government-recommended vaccines when those vaccines injure or kill children.[11,14] How can the state of California – or any state - give anyone in society the legal right to secretly take a child away from a parent and subject that child to a medical risk without the parent’s consent? There is no doctor, no government employee, and no politician, who has the moral right to do that to a parent or their child.

When Parental Rights Are Exploited and Children Are Exploited

This legislation that was pushed through the state legislature by pharmaceutical and medical industry lobbyists will strip parents of the long-held legal right to make informed, voluntary decisions about pharmaceutical products and medical procedures that carry risks for their children.

That fundamental legal right is all that stands between parents and exploitation of their children by those in positions of power in society with a personal or professional vested interest in forcing every child to use pharmaceutical products that are not safe and effective for every child.

Wake-Up Call for Parents In All States

This is a wake-up call for parents in all states. If politicians can vote to strip parents of their legal right to exercise informed consent to medical risks taken on their children in California, it can happen in your state, too. If young children can be secretly vaccinated for sexually transmitted diseases without their parents’ consent today, it will not be long before all babies and children can be secretly vaccinated with every government-recommended vaccine without their parents’ consent tomorrow.

CA Parents: Your Children Are Being Taken

Join NVIC’s vaccine choice Advocacy Portal. Stand up for your legal right to make informed, voluntary decisions about medical risk taking for your child today or you will not have that legal right tomorrow.

California parents: NVIC has issued a California Action Alert about Assembly Bill 499 at www NVIC.org. Let Governor Brown know how you feel about your children being taken from you.

REFERENCES


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Microbes & Mental Illness

by Robert C. Bransfield, M.D.

Microbes are the greatest predator of man. As medical technology improves, there is an increasing recognition that infectious disease contributes not only to acute but also chronic relapsing illness and mental illness. The evidence to support this is a combination of insights from theoretical biology (particularly Darwinian medicine), research, and direct clinical observations. We lead our entire lives surrounded by microbes. In a state of health, there is a balance, a reasonable resistance to infectious disease, and a peaceful co-existence. In contrast, with infectious disease, there is an imbalance between the threat posed by microbes and host defenses. This balance is affected by environmental factors (including exposure to pathogens) and a number of host factors such as genetics and/or increased vulnerability as a result of a state of chronic stress. Although the stress response is adaptive in a short time frame to allo- cate resources during a cri- sis, if the stress response is persistent, rather than cyclic, it further increases vulnera- bility to disease.

The most common sequence of disease begins with a vulnerability and an exposure to one or more stressors. The vulnerability may commonly include genetic and/or increased vulnera- bility as a result of chronic stress. As a result of these and other vulnerabil- ities, the microbe more easily penetrates the host’s defenses and an initial infection may then occur. However, the course of the infection most relevant to psychiatry includes injury from a prior infection; chronic, low-grade, persistent relapsing infections; or the persistence of the infectious agent in the inactive state. When persistent, relapsing infections occur, there may be extended period of laten- cy followed by some trigger- ing event(s) (i.e., stress, injury, surgery, or other infectious agents), which may then cause the activation of the infectious agent(s) and the progression of the pathological process. Some infection in infec- tious disease is a result of toxic products or direct cell injury, but a significant amount of disease is a result of host defense response in response to the infection. Neurological injury may occur by a variety of mechanisms which include vasculitis, direct cell injury, toxins, inflammation, altered autoimmune mechanisms, incorporation of parasite DNA and/or RNA, and excitotoxicity. This injury leads to a vicious cycle of disease resulting in the function of associative and/or modulating centers of the brain. Injury to associa- tive centers more commonly causes cognitive symptoms, while injury to modulating centers more commonly causes emotional and allo- cation of attention disorders. Psychiatric syn- dromes caused by infectious disease most commonly include depression, OCD, panic disorder, social pho- bias, variants of ADD, episodic impulse hostility, bipolar disorders, eating dis- orders, dementia, various cognitive impairments, psy- chosis, and a variety of other disassociative episodes.

In clinical experience, the link between infectious disease and psychopathol- ogy has been an issue with Lyme disease, syphilis, syphilis, babesiosis, ehrlichiosis, mycoplasma pneumonia, toxoplasmosis, stealth virus, borna virus, AIDS, CMV, herpes, strep and other unknown infectious agents. In the collective database of patients demonstrating psychi- atric symptoms in response to infectious dis- ease, the majority of the cases have been infected by ticks. Antistreptolysin is referred to as “fifty disgusting ani- mals”. They spend their lives living in dirt, feeding on the blood of mice, rats, and other wild animals. When they bite humans, they pose a risk of injecting an infec- tious cocktail of pathogens into the host.

Patients with psychi- atric symptoms from tick-borne diseases are most commonly infected by Borrelia burgdorferi, the causative agent of Lyme disease, and quite often other coinfections. There is an increasing recognition that many chronic, relapsing infections are complex inter- active infections in which microbes interact with each other in a manner that con- tribute to the disease process. The models most commonly discussed are coinfections associated with HIV and tick-borne coinfections. For example, coinfections associated with Lyme disease may be acquired at the same time, before or after the LB infection. Interactive infections, howev- er, is a more accurate term than coinfections, since these infections invariably cause an interaction that changes the disease process.

To understand con- taminations, we need to begin by defining each disease separately. This, of course, is an area of much contro- versy in regard to late stage chronic, relapsing Lyme dis- ease. A similar controversy exists in regard to other chronic infections. It is diffi- cult to explain how interac- tion occurs when there is such disagreement defining the clinical syndrome and pathophysiology associated with each infection separately.

A couple of years ago, other tick-borne dis- eases were not considered to be very significant in con- tributing to chronic, relapsing Lyme disease. Once there was a greater focus upon these organisms, it became clear that coinfections were a significant issue. We can better understand chronic, relapsing diseases such as Lyme disease by taking a closer look at interactive coinfections, host vulnerabi- lity, and host response that contributes to the disease process.

Some very interesting work is being done to better understand the role of inter- active coinfections between Bb and stealth virus, Candida, Babesia, and Ehrlichia. For example, stealth virus facilitates lipid production which facilitates Bb growth, Bb is protected from host defenses inside Candida cells, Babesia causes immunosuppression, and Ehrlichia causes bone marrow suppression. In summary, the complex- ities of these issues teach us humility. To better understand the clinical syn- drome associated with these infections, internists need to recognize the significance of mental symptoms in chronic interactive infections and psychiatrists need to better appreciate the role of microbes in causing mental illness.

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North Texas Lyme Support Group

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Bibliologically-based Lyme disease support group to encourage, educate, and inspire those suffering with Lyme or have a loved one suffering with Lyme disease. This is for both, men and women. We love and accept all and will not pass our faith on you. Come early or stay after group to visit, relax and enjoy some green tea/coffee or a wonderful meal at the Health and Harmony cafe. We look forward to seeing you there!
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tried to help. For some, the MP may do nothing for them.
I have likely had Lyme disease since I am a child as a case that I attributed to growing worse but when my health deteriorated, the symptoms of the symptoms were similar to those of my diagnosis of Lyme worse. In 2002, I contracted Giardia from a stream while hiking. At the time, I had a negative impact on my immune sys-
problems. I still have migraines, headaches and other problems that I know I wasn't symptoms of Lyme disease was at the root of my problems.
How bad were you at worst?
At my worst, I was really badly I couldn't discuss a fly of a stints. I often felt like people that have had Lyme treatments to their Lyme disease. In the remaining of this article, I could share with you more naturally with regard to Lyme and I recently had.
When and how did your Lyme disease journey begin?
I have likely had Lyme disease since I am a child as a case that I attributed to growing worse but when my health deteriorated, the symptoms of the symptoms were similar to those of my diagnosis of Lyme worse. In 2002, I contracted Giardia from a stream while hiking. At the time, I had a negative impact on my immune sys-
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Due to the efficacy and the science behind the products, these are my favorites
- Joseph J. Burrsano Jr. M.D.

Energy SOLUTIONS

Product | Features/Benefits* | Who Benefits*
--- | --- | ---
ATP Fuel™ | Optimized energy for serious mitochondrial needs | Those with compromised mitochondrial function
COQ10 Power™ | Recharges the energy system in the heart and mitochondria | Those with low CoQ10 levels
Energy Multi-Plex™ | Non-glandular adrenal support formula, developed to support but not to over stimulate adrenals | Those needing to nutritionally support adrenals, a condition common among patients facing long term health challenges
RibosCardio™ | Open ATP pathways to speed up energy production | Favorite of athletes who add it to their water bottles before and during exercise

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*These statements have not been evaluated by the Food and Drug Administration. These products are not intended to diagnose, treat, cure or prevent any disease.

Product | Features/Benefits* | Who Benefits*
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Artemisinin SOD™ | Features pure artemisinin for optimal immune support plus curcumin, quercetin, green tea, black walnut hull | Patients needing to promote healthy SOD levels
Prescript-Assist Pro™ | Clinically researched prebiotic, providing beneficial from the way nature intended – not from milk | Individuals searching for a clinically proven prebiotic
Transfer Factor Multi-Immune™ | Contains no antibiotic or hormone residues | Anyone concerned with milk allergies or hormone-fed cows as the source of dairy sourced probiotics
Tri-Fortify™ | No potential for lactose intolerance side effects | Patients on antibiotic treatment, which destroys both beneficial and harmful gut flora

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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 of 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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