In both becoming ill and recovering from Environmental illness, I have learned a great deal about the causes of ill health. A few years ago, after reflecting on my own health experiences, I wrote an article entitled "Women’s Health is Environmental Health." I attempted to share my newfound knowledge about Chemical Sensitivity. Although the potential dangers associated with mold exposure are known to many, or clinical practitioners of medicine do not read the current published literature presented in these integrative medicine, midwifery, or molecular psychiatry journals. Since traditional practitioners are unaware of their limited understanding of the community, it may be difficult for them to differentiate between a patient’s physical illness and the mental symptoms that are caused by said illness. In many instances, these physicians will erroneously label a patient’s physical (from the Greek wanderer or逛), instead of recognizing that these conditions are "environmentally ill."

While both men and women are in danger from mold toxin exposure, women run a greater risk of susceptibility, especially if they interpret a fact that has been well cited in current medical literature. It is important to recognize that there is a relationship between mold toxin that affects many of us. As we age, we need progressively lower levels of alcohol and alcohol-5-HTP instead of prose, and treatments for deficiencies of adrenal, thyroid, and Coenzyme Q-10 are needed. Most of all, we require assessment for dysautonomia, which causes our heart rates to rise when we stand and our anxiety levels to go up; this phenomenon of Postural Orthostatic Tachycardia Syndrome (POTS) is "aOTS" is present in many patients who have chronic medical/psychological problems.

While simple in nature, the treatments for POTS are many, as well as their symp- toms are not adequately addressed in traditional medical practices. Initial treatment may include diltiazem or midodrine, as well as beta blockers. Patients who have been affected by chronic exposure to mold toxins have symptoms including, but not limited to: fatigue, light-headedness, memory loss, skin problems, and autoimmunity. The "trichothecenes." Environmental illnesses were caused by mold found in the huge aquarium shed attached to its home, which produced dangerous mold, and indoor mold can hit women like I did. The Army has found that female rats exposed to airborne trichothecenes develop adrenal necrosis (death of the gland that makes steroid hormones). In humans, adrenal insufficiency causes health problems, including: depression, fatigue, allergies, low blood pressure, dizziness on standing, anxiety and intolerance of stress, hypo- glycemia, weight loss, tear- fulness, and increased sense of smell. These are symp- toms of environmental illness often found in women who live in moldy homes, as I did. The Army’s research shows that pesticides can help protect men from toxins such as tri- chothecenes, which could explain why men are less likely to develop the same symptoms as women. A sizable proportion of the U.S. population suffers from environmental illness. About 5% is dis- prominent women and about 5% is dis-
California may change the way we eat. In November, voters in that state will cast ballots on Prop 37, an initiative to require labeling of genetically engineered (GME) food. Polls show that California’s overwhelmingly want labeling: An April poll by San Francisco TV station KCBS found 95% backed labeling.

In a time when the country is deeply divided politically, labeling of GE food has the kind of public support most initiatives could only dream of. Nationally, 93% of people responding to a poll by Thomson Reuters and National Public Radio in October, 2010, said foods should be labeled to indicate whether they have been genetically engineered or contain geneticallymodified ingredients. More than one million people submitted comments this spring to the U.S. Food and Drug Administration on a petition for mandatory labeling of GE food. More than any other petition in FDA history. The FDA has taken no action.

Labeling became a hot topic in Washington when Sen. Bernie Sanders (I-Vt.) pushed for an amendment to the farm bill setting states regions as the place to mandate labeling of genetically engineered ingredients. In the Senate, Sanders was joined by 42 cosponsors — more than the 40 votes needed to reject the amendment, 26 to 75.

“Today is the first time a bill on labeling geneticallyengineered food has been brought before the Senate,” Sen. Sanders said. “It was opposed by virtually everyone who represents agriculture in the country. The people of America have a right to know what’s in the food that they eat.”

Labeling supporters say states already have the right to label GMEs since the FDA has not taken a position to the contrary.

GE vegetable oils, corn syrup, soy lecithin, MSG, cornstarch, and year’s extract are ubiquitous in this country. These are few of countless processed foods including cereal, candy bars, chicken nuggets, corn oil, salad dressings, cookies, soy infant formula, tofu and soy milk. Some 75 percent of what is on grocery store shelves contains genetically engineered ingredients and none of it is labeled. If it were, the ingredient list might say “GMO corn” instead of just “corn.” Such a label would require more than 5,000 other ingredients and processes to be labeled, but not GMO ingredients.

The California Proposition 37 (Prop 37) asks the people of California to order the FDA to mandate labeling for GE foods. The California Biotechnology Association (CBA) and the California State Biotechnology Association have passed resolutions calling for labeling of genetically engineered food.

The British Medical Journal has called for a halt to development of GE crops and food a decade earlier. “There is more than a casual association between GE food and adverse health effects.”

Labeling is a good first step, and it will need a moratorium,” said Amy Dean, DO, of Michigan and board member of the American Academy of Environmental Medicine (AAME). “We believe that GE-trig- gered changes we see in ani- mals include new bacterial, hepatitis, hypercholesterolemia and such could cause new diseases in humans.”

Michael Hansen, PhD, a Senior Staff Scientist at Consumers Union, and author of Consumer Reports, is among the group who thinks we need to track these changes. “For example,” he says, “suppose a company decides to insert a synthetic gene, which codes for an engineered protein, in tomatoes. Suppose that the novel protein causes a strong immune reaction (say by 24 hours) allergic reaction (e.g. serious rash, upset stomach, anaphylactic shock) in some relatively small subset of the population. GE food pollinators would have an extremely difficult time identifying the source of the reaction. The off-target effect in tomato variety is not very prevalent (i.e. does not have a large market share), but the regular allergy test, mak- ing a list of all foods eaten in the last 8 to 24 hours, might not uncover the tomato as the source of the problem (the lab test after the reaction) might not well take large numbers of people being adversely affected and having the offending tomato variety be a large share of the market because there would be no hope of figuring out what was causing the problem.”

Dr. Martha Herbert, a pediatric neurologist and past president of the American Academy of Environmental Medicine on GE foods saying, “We believe that GE-trig- gered changes that could be recog- nized by taste, smell, or other senses. The FDA clas- sifies GE foods as Generally Recognized as Safe (GRAS). The FDA leaves it to industry to determine how to test for safety, perform the tests, and analyze the data. Only one in four Americans is convinced that GMEs are “basically safe,” according to a survey by the Gallup Group.

Today, the biotech industry, which the group called Stop Costly Food Labeling, states that “there is no scientific basis for labeling genetically engineered foods and adverse health effects.”

The Scientific Studies The California effort to label GE foods adds fuel to a long-simmering debate over the merits of genetically engineered crops.

Last year, Canadian researchers found Bt toxins in the umbilical blood of 83 percent of 49 pregnant women tested. The fact that these GE toxins had reached “the amniotic fluid not only that they survived the gut, but could pass across the placenta to the growing fetus. Farmers have used natural Bt-toxin from soil in their crops for a few years on organic crops. But as Dr. Arpad Pusztai’s studies showed, sprayed Bt on plants, where it biodegrades in sun- light and can be washed off, isn’t the same as genetically altering the plant to produce it internally.”

GE seeds and their subsequent crops entered the American food supply in 1996 without human studies. Then Vice-President Dan Quayle spearheaded the speedy introduction of GMEs as a de-regulatory ini- tiative. In a 1992 policy statement, the FDA stated that GE foods are not “mate- rially” different from other foods. In other words, no changes that could be recognized by taste, smell, or other senses. The FDA clas- sifies GE foods as Generally Recognized as Safe (GRAS). The FDA leaves it to industry to determine how to test for safety, perform the tests, and analyze the data. Only one in four Americans is convinced that GMEs are “basically safe,” according to a survey by the Gallup Group.

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add and subtract. I will never forget the time in (your) class methodology class totally astounded by “2+9. I had just witnessed my eye glisten in my extremities. I developed horrible rashes and fever all over my body. The rash was so bad my dad thought I had staph. My body ached everywhere and I was overheated with crawling sensations. My hair began to fall out. I developed sores in my nose and mouth. I developed many new allergies and could no longer tolerate dairy or gluten without a violent reaction. I stopped get- ting my men- strual cycle. I became so exhausted that I was unable to get off my way home from school in the car. I actually slept 48 hours straight during the beginning of my period. I developed swelling in my ankles and knees. In addition to the debilitating burning sensations in my legs, I became totally defili- tated and began to lose the ability to ever get functional.

The next year was a cat and mouse game. I could not find answers to explain my mysterious illness. I visited my feel special- ist, an allergist, and then an added connective tissue dis- ease and “a somatofibrome” as they called it. Lyme, three of them being negative. I was left with thinking that there were no answers. I had made significant progress, however I still struggle with many symp- toms. My ability to function has gotten much better even though I am still exhausted and weak.

I managed to remain in school while I continued to consider a miracle. There is a lack of knowledge about Lyme. I continue to go to the bathroom to use the restroom on a daily basis. I am currently on a bunch of antibiotics to help my immune system, fight infec- tion and repair all the autoimmune damage done to my body. I eat a diet free of gluten, dairy or any type of sugar. These foods encourage inflammation and feed the spirochete bacteria so I must be careful. I take at least thir- ty pills a day including antibiotics and supplements. I live a whole life on a round pill bottle, in addi- tion to the frequent naps I have to take during the day. I have developed many autoimmune problems from the Lyme disease itself including endocrine issues and arthritis. I have also developed depression and I feel like my heart rate is very unstable. The light sensitivity is so great that I am stuck in the house and see in class without sunglasses. It is easier to be in the dark any day.

More agitating than this illness is the ignor- ance and lack of empathy surrounding it. Lyme is an invisible illness. Lyme patients need health it is only a façade. Nobody could tell me what was wrong with me. Only a few people comfort I am in a daily basis. Walking to the mailbox made me feel like my neck is going to give out. I could not breathe for two more days. All day long. After nights I was awakened by soaking overnight. That was until I literally thought I was waking up to my life. I managed to remain functional and healthy. I hope to live a normal life, one day. There is no reason why people cannot have a good quality of life. It was said by a Lyme literate person that if I continue to be symptomatic I will be able to live a normal life. I am not asking for a change in the medical com-

community, I am demanding one. It is not fair to my body, my family and my boyfriend that I have to live with this disease. The conventional medical community is truly disastrous. Most infec-
tions doctors deny the exis-
tence of chronic Lyme and accuse patients of suffering from their own imagination on "post Lyme syndrome."

The Lyme literate physicians have the scientific ac-

cience to prove that ongoing Lyme symptoms are actually ongoing Lyme disease. However, due to political agenda of the medical community, the real Lyme studies are ignored and invalidated. Lyme patients continue to suffer and be stuck in the middle of this heated medical debate.

My family has paid to address my Lyme disease properly out of my pocket. Insurance companies refuse to cover anything outside the conventional Lyme treatments. Many times the Lyme literate doc-

tor will pay for co-pay money out of pocket for helping patients with this disease.

Long-term antibiotics are the reason that I am here today. If I had short treatments for the first month, as suggested by the current guidelines, then I could have fallen back into a wheelchair or dead. This dis-

ease has not only cost a ton of money but it has cost me what is supposed to be "the best years of my life."
The reader may wonder how a practicing physician from Milwaukee has chosen to present fifty-one case reports and eleven essays regarding his treatment of chronic Lyme disease.

My involvement with Lyme disease started in 1989, when the son of a woman who was dying from amyotrophic lateral sclerosis (ALS) called me and suggested that his mother’s illness may have started when she developed a severe case of Lyme disease.

Intrigued by his question, I investigated by having a study done by a professor of neurology at the medical school in Madison, Wisconsin, using sera that had been collected from a number of patients who had ALS. Enough of the sera showed antibodies to Borrelia burgdorferi to suggest that a relationship between ALS and Lyme disease may be present. We reported this finding in the medical journal The Lancet.4 This awakened my interest in Lyme disease, for I saw my first case in 1990.

One thing led to another, and I began to keep a journal of mouth and sharing my experiences on my website, hoping to see a correlation between chronic Lyme disease and to study this disease. By 2007, I was investigating this disease on a regular basis, in order to report my findings to the public.

To my wonderment, before I was able to write, I was approached by many of my colleagues and with patients who are unfortunate enough to have chronic Lyme disease.

This book is based on my experiences with this disease, on my interviews with my colleagues and with patients who are unfortunate enough to have chronic Lyme disease.

Gerba’s research. He points out that significant quantities of microorganisms is to eliminate the cross contamination by multiple-sclerosis-like signs.

The duration of this symptom, if untreated, may be months and even years, during which time a patient may be seriously and permanently debilitated.

Chronic Lyme “...cont’d p.7"
by Joan Vetter

I'm certain my sense of outrage was shared by many as we witnessed on TV the pictures of a dog so horrifically abused. His mouth was taped shut with his tongue extended, and he needed 100 stitches to close his deep stab wounds on his neck.

Along with the outrage, I was happily observing the miraculous recovery of this abuse victim. He had trust in his eyes, and wagged his tail constantly, apparently re-established the rescue of this one time of terror. Perhaps he had a strong inner resource to draw upon. Perhaps the love and care of the veterinary staff provided emotional healing as well. I don't know the answer, but I do know it brought me joy to see him overcome.

In much the same way, people are strengthened when our lives reflect the healing power of God's Spirit. When we can share how the abuses and disappointments in our lives are cradled in God’s comfort and transformed, we invite others to hope.

An example of this is the story Kim Meeder shares in the summer issue of Around the Fire, a newsletter from Crystal Peaks Youth Ranch in Bend, Oregon. Kim was shopping at Goodwill and shared with the cashier that she found what she needed for an upcoming speaking event. Angel, the cashier asked her what she was speaking on, and she replied, “I get to speak about hope.” She proceeded to share a brief explanation of the ranch where horses and lives are rescued.

Kim felt the nudge from God to tell her about the circumstances leading to her establishing the rescue ranch. She looked directly at her and said, “I agree with you that everyone needs hope in their lives. I’ll never forget the day that I found genuine hope. I was nine years old. It was the same day that my dad murdered my mother and then killed himself. In my grief, I cried out to Jesus - the Author of hope - and He has been in my heart ever since.”

As if suddenly struck by an unseen arrow, Angel stiffened and drew in a quick breath. She glanced at Kim and then stared at the floor. She stood frozen in place, seemingly looking in time. In what looked like slow motion, her eyes gradually rose to meet Kim’s. What they held was liquid sorrow. In a voice Kim could barely hear, she said “When I was twelve, I saw my mom kill herself right in front of me.” Angel had never told that to anyone. Kim opened her arms, and held Angel for a long time, as a beautiful piece of God’s profound plan dropped into her lap.

Have you experienced the touch of God - to heal your body or your inner soul from the abuse of man or from disease? The world needs hope - people are waiting and longing to hear your story of a God who gives love. And even though God does not bring disease or destruction, He is the bringer - first to us and then through us to others.

Elizabeth has written a powerful, God-inspired book that will encourage and help strengthen anyone who reads it. If you are in the midst of suffering, or struggling through intense hardships, then this book will provide solace and hope to pull you out of the darkness and into the light!

Elizabeth is still courageously fighting for her life and to get the resources necessary to receive life-saving medical treatment.

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Thank you for your help, your support, and your prayers. We pray that Elizabeth’s book will help you in your journey.
**Chronic Lyme** ...cont’d from pg 5

The following are excerpts from Dr. Waisbren’s case studies:

**Case 1:**

This woman was fifty-three years old when I first saw her in 2007. She drove from Northern Milwaukee with a self-diagnosis of chronic Lyme disease and instituted a course of therapy which, after a few weeks, was discontinued. We will never know for sure, but all concerns are satisfied with the result.

**Patient History (written by patient):**

In 1993, when living in Missouri, I removed a tick from my abdomen. I had a reddened area that gradually went away over a few weeks. Associated with these symptoms followed over the next six months, I never associated it with the tick bite.

In 1996, I developed optochiasmatic retinitis on MRI which showed demyelination. In 1998, I experienced cronic muscle and joint pains, weakness in my lower legs, wasn’t thinking I’m crazy now. If I had a strange disease that could have turned out a lot worse, I would not have made it this far. I am doing much better than before treatment and without your treatment I would not have made it this far. I am a happy ending. I know you think I’m crazy, but at least there has been a happy ending.

On December 1, 2010, I began to notice “brain fog” and muscle and joint pain that he had in the several years before he was treated with intravenous ceftriaxone. He had changed insurance and had very little coverage so, at his request, I started him on an oral program that included doxycycline, ceftriaxone, and Diflucan. (At this time, I had no real experience of the disease, but it was symptomatic. We will continue the antibiotics for another year.

The book is available from www.medsbook.com for $24.95 or by calling (530) 573-0190.

About the Author:

Burton Waisbren, MD, FACP, FIDSA has been practicing medicine for over 37 years. He is one of the Founding Members of the Infectious Diseases Society of America (IDSA) and has published research on Lyme disease in prestigious journals such as The Lancet. Dr. Waisbren is a native Milwaukeean who received his B.S. and M.D. degrees from the University of Wisconsin Medical School in Madison, Wisconsin. He served his internship at the Harvard Service at Boston City Hospital. His military service was at the Navy Medical Research Institute, Bethesda, Maryland and the Biological Warfare Center, Camp Detrich, Maryland.
Antonio of King’s College London School of Medicine in 1981, and then John Fagan issued a report enti- tled GMO Myths and Truths. The report was so biased and one-sided that the U.K. Science Det- rimental hyperactivity has been an even greater concern for doctors treating children. The hyperactivity can lead to more serious learning and behavioral issues. This is one of the reasons why many doctors now recommend that children be tested for environmental sensitivities and treated accordingly. The American Academy of Pediatrics states that children with environmental sensitivities and allergies are more likely to develop behavior problems. The Environmental Health Network (EHN) has also recommended that children be tested for environmental sensitivities and treated accordingly.
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FEATURES

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Have you been told, “It’s all in your head?”
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PUBLIC HEALTH ALERT

COWDEN SUPPORT PROGRAM

FINANCIAL ASSISTANCE IS AVAILABLE FOR THE COWDEN SUPPORT PROGRAM
LIMITED AVAILABILITY – CONTACT US FOR MORE INFORMATION

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 on 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 Sameno, 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 Kinos Foundation was created in 1988 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.

Providing Quality Natural Products Since 1993
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