Doctor Vs. Patient: Why You Should Win

by Amy B. Scher

Working with many clients so bravely trying to emerge from a place of illness, I see a strong pattern of people disconnected from their own inner wisdom, and, therefore, from their heart. And indeed, I have been there too. Sadly, so much of our intuition is self-doubt and fear comes from “experts” we reach out to for support. Although most physicians have incredibly good intent, we must remember they operate from their own life experiences and belief systems just as we do. Their practice is often reflective of that.

When I suffered with Chronic Lyme disease for 8 years, I experienced an intense tug-o-war around my doctor’s guidance because so much of it was not in line with what felt good to me. But I felt stuck and forced to choose whether to “know best.” After all, I often thought: Where would I be without my doctor?

Many of them told me things that intensified my already-strong fear around being sick. Only if you follow everything I suggest, will you get better. You’ll never get well without addressing “x, y or z.” You are the worst case I’ve ever seen and I’m not sure you’ll ever be back to 100%. Some told me I might die. Some got defensive or irritable if I questioned a protocol or wanted to get another opinion. One of them even made me sign a contract agreeing that staying from their protocol would give them permission to eat out of their practice without warning.

In my work as an energy therapist, however, it is my job to help people release stored emotional energy present in their body from getting well. And, as often as I hear stories of clients quitting, I hear stories that related to medical professionals too. They are all too familiar: the doctor who threatens to fire them; the top researcher who told them they’ll never get better without following their advice; the professional who becomes irate at the idea of a patient looking at other alternatives. Because I operate so differently, these stories upset me to my core. I focus my entire practice on encouraging you and fostering empowerment-constantly asking my clients what I am saying resonates with them (because if it doesn’t, we leave it at that). I give tools to people on their own. You are the independent; homework if they want it. I practically jump with joy when a client starts to really experience the true ease of following what feels good to them, even if it’s the opposite of a suggestion I made. The reason for this is the true centerpiece of healing: regulating the power you’ve given away. It gives your body the message that you can and will heal, and it is safe to do so.

When we’re sick, it’s easy to carry the fear of making a wrong turn and losing the support of someone we perceive we need, often a doctor. However, this can easily cloud our ability to see a situation for what it is. Any doctor or practitioner that gets offended, angry, defensive or threatening when you disagree with what’s best for your body is not going to help you heal (no matter how knowledgeable they are). They are going to help create an inner conflict for you-one where you are forced to choose your own opinion over your own guidance. In my experience, inner conflict is one of the biggest causes for stress on the body’s immune system.

Why Being In Alignment With Our Path Matters

Our bodies will absolutely follow the path of any belief we are in line with—positive or negative. “The mind leads and the body follows.” If we sub-serve to beliefs that we’ll never get better or that we won’t heal if we don’t follow a certain protocol, we will subconsciously seek to fulfill that. When we choose someone else’s beliefs about our health (like a doctor’s), we are subscribing to their limita- tions on what they think is possible for us. I always joke with clients that if they are choosing between their doc- tor’s limiting belief and theirs, they should choose theirs. They are more easily changed and they don’t have to pay for them.

You Can Heal Despite the “Mis-steps”

When I was suffering with Chronic Lyme disease and co-infections, the protocol wasn’t nearly as sophisticated as it is now and admit- tedly, I was a less than compliant patient at times. I was so overwhelmed with all of the different aspects of infections, allergies, complications of Lyme, and so on, that there is simply no way to get well without addressing mold issues. When I was going through treatment, I wasn’t aware of this. According to doctors, I should not be well today. I also never went on the can- dida diet, even after being on “Dr. vs. Patient…” cont’d pg 5

Gastrointestinal Reinforcement

The Gastrointestinal Tract is comprised of the stomach, small intestine and large intestine, however, times it includes everything from the mouth to the anus. Certainly the function of chewing and mixing enzymes found in the saliva has a direct effect on the digestion of food as well as the assimilation of nutrients. At the same time, one must remember that somewhere between 40% and 80% of the immune system is in the intestines. This includes the Peyer Patches of the small intestine as well as the vital balance of bacteria in both the small and large intestine.

One’s body is colonized with 10 times more bacteria that one has cells in their body. This environment is called the microbiota. Research is recognizing the true connection between cer- tain bacteria and health as well as certain bacteria and disease. The microbiota com- position differs with inflammato- ry bowel disease, type 2 diabetes, and obesity.

Gastrointestinal Reinforcement

The composition of the microbiota can have extreme consequences in human health, including death.

The bacterium, which comprises as many as 500 varieties, has numerous digestive functions, includ- ing the decomposition of the (microbiota) into fee material. During these processes, non-pathogenic bacteria (probiotics) in the large intestine manufacture butyrate, B vitamins and vitamin K, absorb nutrients the small intestine might have missed (leaky gut), block toxins from reabsorp- tion, recycle water and bile.

While a lot of these thoughts feel like bad news, there is good news in one’s ability to reinforce the microbiota. This has an effect on the liver, kidneys, immune system and G I tract. The application of pro- biotics, when done rectally, (called Reflorastation) has a 100% delivery, whereas the oral application has between a 3% and 5% delivery into the large intestine. Certainly the use of enteric coating has slightly increased the results, but the pill of the stomach and digestion are still significant deterents.

There are many gastrointestinal conditions that respond well to Reflorastation.

Constipation is the most common gastrointestinal complaint in the United States. Symptoms include: constipation, diarrhea, gas, pain, headaches and irritability. The stool is often hard, small and difficult to eliminate. The medical defi- nition of constipation is hav...
LYME IN PREGNANCY

When God Gave Mercy

by Shelley White

The fact that Jes Armstrong’s last name includes the word “strong” is not ironic, not in the least bit. No, it is exactly as it should be. Jes and her family embody the meaning of “strong.” They possess the admirable level of strength we all like to wish we would have in the face of fear and tragedy. Jes Armstrong’s strength, which shows even as I write the words she so bravely shared with me, continues to prevail. Knowing the controversy it will inevitably bring, renders them highly respectable.

After selflessly sharing her story with me, Jes allowed me the opportunity to share her story, a story imperative to every mother and/or mother-to-be, with you.

During the summer of 1999, Jes was just a typical thirteen-year-old girl freely playing with her cousins in the mountains of Pennsylvania while visiting her grandparents. Her whole life was ahead of her, so when she developed an odd rash, it was understandably brushed off as something much more dangerous than Lyme disease. Her bulls-eye rash, now known as one of the key identifiers of Lyme disease, was deemed ringworm—which happens to be a quite common misdiagnosis when it comes to diagnosing a bulls-eye rash. This moment, from an intended perspective was a turning point in the breezy mountains of Pennsylvania, set into motion a downward spiral of events stemming from Lyme disease.

Throughout middle school, high school and college, Lyme disease steadily showed its face in the form of co-existing health problems. Jes developed chronic migraines, lack of feeling in her legs, abnormal and debilitating fatigue, and unexplained abdominal pain. After an examination by numerous health specialists, Jes claims “there were no real answers.” This feeling, this dead end, is one known all too well among the Lyme community.

As if that time period was not difficult enough for Jes, what happened next ensured her battle would be amplified. Following repeated unsuccessful attempts at conceiving, Jes and her husband found it in their hearts to adopt a child from China. As fate would have it, the child they would end up saving would not be from China; rather it would be their own biological daughter whose existence had seemed impossible. Right before sending their adoption papers, Jes discovered she was pregnant. Due to agency policy, the adoption process was placed on hold.

As Lyme would have it, hormonal changes would not come without a fight. Jes’ pregnancy was anything but smooth sailing. Early on, sexual relations became nonexistent. Indeed, her pregnancy was a high risk one; prompting Jes to work with her doctor to seek out a qualified OB/GYN team with extensive experience in managing Lyme and pregnancy.

There was not a single trimester in which Jes did not find herself at a hospital bed due to unexplained bleeding, low anemic fluid levels, and a host of other Lyme symptoms. Despite concern bred by setbacks, Jes’ baby girl Mercy successfully arrived two weeks earlier than anticipated. That she was beautiful was simply undeniable. That she was healthy was merely an illusion. When describing the experience, Jes said “my daughter was my miracle baby, sent to us by God in spite of my own illness, which remained untreated at that point.”

A year later, still overjoyed by the new life they had brought into the world, Jes and her husband resumed their dream of adopting a child from China and started working with an adoption agency again. However, Jes had taken a major and continual nose dive following the birth of her baby girl. Her neurological and cognitive abilities deteriorated to the point where she forgot how to get to and from work, a daily routine that had once been deeply ingrained in her. Finally, the answer to all of her unexplained health problems came in the form of a diagnosis of Lyme disease. In response, the adoption agency told Jes she was no longer an acceptable potential adoptive parent in China. Now, Jes would need to focus on fighting for her and Mercy’s lives.

Jes had treat-ment, and she her husband noticed that Mercy was beginning to have unusual health symptoms as well. She had digestive issues, food allergies, and irrational behavior, especially when on antibiotics. These symptoms alone were not enough to go on, though, as many young children are susceptible to Lyme, especially young girls.

Jes’ daughter was young enough to have missed out on this unconfirmed diagnosis as she had, Jes had Mercy tested for Lyme. Mercy’s test results came back positive for both Lyme disease and Ehler Danlos. Soon after, Mercy developed seizures, symptoms of Obsessive Compulsive Disorder, urinary difficulties, and symptoms of Sensory Processing Disorder.

“As awful as my treatment was, my daughter’s were one hundred times worse. She was a toddler, then a pre-school child, then a school-aged child, and although her communication abilities increased every year, her self-awareness of when she was becoming sick or fatigued was not as devel-oped as my own. I could express to others when I needed a break, needed to go down on certain medications, or was extremely ill—but with Mercy and we didn’t know she was suffering immensely until she was in the thick of it. Those were some very dif-ficult, heart-wrenching years for our family,” Jes Armstrong reported.

It has now been five years since Mercy started treatment for Lyme disease. She is currently an intel-ligent, well-functioning kindergartener. It has been an entire year since Mercy has experienced a grand-mal seizure, and it has been six months since she has had an absence seizure. Her symp-toms of Obsessive Compulsive Disorder and Sensory Processing Disorder are non-existent except when she is behaving severely. Jes credits the team of Lyme lit-erate health professionals, as well as the Lyme community, for the significant improve-ment in Mercy’s health. As for Jes, her health has improved so much that she and her husband are now able to pursue their desire to adopt. As far as having more biological children? Due to the risk of passing Lyme disease to another infant, Jes and her husband have made the decision to never pur-posefully have a biological child. Making this decision, Jes says: “We are at peace with our decision; but we will never forget how hard it was to make, nor the devastation we felt when we learned how Lyme disease would affect Mercy and our hopes for future biological children.”

PHALyme Network

The PHALyme Network is committed to research and understanding Lyme disease and other chronic illnesses in the United States. We coordinate and strengthen our forces with local and nationwide support group leaders. These groups include:  
Multiple Sclerosis, Leiomyosarcoma (ALS), Lupus, Chronic Fatigue, Fibromyalgia, Heart Disease, Multiple Sclerosis, and Other Illnesses of unknown origins.

PHA seeks to bring information and awareness about these illnesses while maintaining public attention. We ask that you make sure that anyone struggling with these diseases has proper support emotionally, physically, spiritu-ally and medically.

Letters to the Editor

You may send letters to the editor to publichealthalert.org or by postal mail to:

PHALyme Network
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Turn the Corner has partnered with Create Footprints™, a national program that allows volunteers across the country to plan a walk to raise funds for Lyme disease research and initiatives through TTC. You can become an organizer of an event and raise money in your own neighborhood. Create Footprints™ gives you everything you need, including forms and step-by-step instructions, to execute a successful fundraising walk no matter where you live. The staff at Create Footprints™ and Powered by Professionals will be there to support your efforts every step of the way.

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Public Health Alert
www.publichealthalert.org

ing less than three bowel movements per week. In my practice some of my patients hav-
ing a small bowel elimination every 10 days. These individuals have “tried everything” they know, without relief. In most cases of constipation, both acute and long term can be resolved with some lifestyle changes.

Even when medications are contributing to the constipation, there are choices one can make to assist in daily ease of elimination. This multifaceted approach includes drinking the proper amount of water, adding healthy oil in the diet, if anything including soluble and insoluble fiber (food or supple-
mant) that doesn’t increase gas or bloating provides substance to propel through the intestines, and the cor-
rect balance of bacteria.

Each person begins treatment at the same individual colonic and Reflorastation. They are instructed on the correct way to use a colonic (1/2 of body weight in ounces) for hydra-
ation, one tablespoon of clear liquid in the diet daily (preferable Olive oil, Apple juice), lub-
ification, and sufficient fiber in the diet. A fiber derived from seeds of the guar gum plant and inulin derived from the chicory root is described as the best fiber. The inulin provides prebiotic support.

A follow up consulta-
tion is scheduled 3 or 4 days later to evaluate what, if anything has occurred. Some will have a bowel movement, others will not. At this time, there are also additional supplements to consider depending on the individual. When one feels they can’t expel the stool, the herbs his-
osyp can be used. If a lacta-
tive need is to be used, certain forms of aloe are beneficial since it is soothing to the lining of the G I tract yet gives some stimul-
ation to the muscle action called peristalsis. Certain vitamin, minerals and enzymes can aid in elimina-
tion; these need to be evalu-
ated with the help of a holistic practitioner.

Some individuals don’t respond within two weeks, additional colonics are suggested. Many of the machines stimulate peristals-
ism so they function as a “water aerobics” class for the intestinal muscles. These are given either weekly or bi-
monthly. During this time, the fluids applied to the rectum can be adjusted to find the combination that will work for the colon.

Chapter 10 of my book You Oughta Have GUTS: The Natural Approach to G I Health focuses on IBS. There are many points to consider beyond the scope of this article. Some things needed to be added, moved or things needed to be eliminated. Mary M., 80 years old, has struggled with constipa-
tion most of her adult life, with the week of her cycle being a much more difficult time. For the last 8 years she has followed this pro-
gram and has a colon with Reflorastation monthly if needed or at least four times per year. While her low back pain was used to cause her pain and she frequently needed chiro-
practic help, this has resolved since her bowel movements are working effectively. She even has good elimination when she travels and enjoys being active and keeping up with two teenage daughters.

Inflammation: There are many forms of inflammation of the intestines: irritable bowel syndrome (IBS), inflammatory bowel disease (IBD), colitis, ulcerative coli-
tus (UC) and Crohn’s disease.

Irritable bowel syn-
drome (IBS): Typical symp-
toms include chronic abdominal pain, bloating, discomfort and fluctuation in elimination between diar-
rhoea and constipation.

There are many suspected causes including celiac, mild infections including para-
tic infections, and digestive disturbances. In a diarrhea phase, the Reflorastation is administered. With constipa-
tion, the colonic and Reflorastation is admin-
istered.

In many cases, one treatment is sufficient to return bowel elimination to a daily or twice daily stool with symptoms. In many cases, subsequent Reflorastation is necessary. This is generally repeated at one-week intervals, up to five applications. By the third treatment, if there is no change or improvement, the diet must be discussed, with a foods such as: corn, wheat, and other com-
mon allergens.

Post Antibiotic Therapy: Antibiotics are fre-
quently overseen, however there are occasionally times that they are necessary. It is interesting to note that after the completion of broad-
spectrum antibiotics, one expects the rapid coloniza-
tion of GI bacteria without any support. My theory is this: “After antibiotic ther-
apy, the bacteria that remain are antibiotic resistant.” Would it be beneficial to replace the microflora with strains of healthy probiotics instead of leaving it up to a serving of yogurt and racing?

One application of Reflorastation will return the bowel environment to healthy function. My sugges-
tion is to wait 24 hours after the last dose of the antibiotic, or 24 hours after the effectiveness of the antibiotic are complete. In the case of more than 10 days of antibiot-
ics, weekly applications can help with yeast over-
growth, whether vaginal or facial. This is particularly common in patients who are continuous antibiotics, IV or oral, such as Lyme disease.

Mary V., 28 years old, with an unknown exposure to Giardia, had a bowel diagnosis was later changed to Collagenous Colitis 20 years ago and had an episode of collagenous colitis 6 months ago. While the GI doctor diagnosed it, he offered little help. A holistic doctor suggested he have the Re-florastation. Within two treatments her symp-
toms were gone. Two months later she returned for a “booster” and said, “I’ve had IBS for way too long, and if this is all it takes (Reflorastation), I’ll be bow-

ting back any time I need you.”

Inflammatory bowel disease (IBD) is character-
ized by inflammation or ulceration of the small and/or large intestine. Many of the same symptoms as IBS are experienced with IBD, however IBD reflects the inflammation with rectal bleeding, extra-
ordinary weight loss. These are usual-
ly classified as Ulcerative colitis (UC) and Crohn’s disease.

Lyme Disease: Lyme disease is a post infectious disease which is normally treated with one colonic irrigation and Reflorastation. There are 10 to 20 watery stools per day. He was living in the bathroom and said “The doctors can’t find anything and the medicine doesn’t work.” One Reflorastation was administered and a week later, he commented: “I feel a million times better and all thanks for the great treat-
ment.” All diarrhea symptoms resolved. He returned a month later after a course of antibiotics. Seven years later, he still marvels at the success of the Reflorastation and insists his son, wife and step dad come for occasional treatments “just because.”

Candida Overgrowth: Yeast overgrowth symptoms can cause itching, irri-

tation of the mucous membranes, vaginal itching and discharge as well as the symptoms of IBS. This experience influenced her to become a health professional and she utilizes colon hydrotherapy.

Candidate Overgrowth: Yeast overgrowth symptoms can cause itching, irri-

tation of the mucous membranes, vaginal itching and discharge as well as those symp- toms of IBS. This experience influenced her to become a health professional and she utilizes colon hydrotherapy.
“Doctor vs. Patient”... cont’d from pg 1

high dose long-term antibiotic. I laugh now as I remember a two-month period of time that literally all I ate for dinner was fast food (dairy and gluten, oh my)! And, I healed anyway. My mercury toxicity lab results were literally off the charts, but I never did challenge. I healed anyway.

Even though I went through a radical stem cell transplant in India, my doctor had told me that things like toxicity and candida would still have to be addressed when I returned or I wouldn’t get well. In fact, he told me the treatment in India might kill me. Needless to say, I didn’t subscribe to any of those beliefs and I survived, and even thrived.

"Believe nothing, no matter where you read it, or who said it, no matter if I have said it, unless it agrees with your own reason and your own common sense." -Buddha

This is not a message to ignore your doctor’s protocols at all. They are our guides on this journey and a critical part of our support system. However, it is an opportunity to explore how beliefs play into our reality.

When we operate from a place of fear, we ultimately end up subscribing to the belief that if we don’t do it perfectly, we won’t heal.

Why Your Inner Voice Is Essential To Getting Well

One of the best things that ever happened to me when I was sick was doctors giving up on me because I didn’t comply or they simply couldn’t help. Although it initially caused a reaction of panic (who will cure me?), this truly freed me to find my own path. All of the disappointments and failed doctors routes ended up leading me to the right place. And I learned a big lesson.

Doctors are human. Sometimes they guess. Sometimes they are right and sometimes not.

However, our inner guidance is literally one of the most accurate skills we all possess. It is counterintuitive to our bodies to go against this mechanism, thus creating stress when we do.

Often the resistance we feel about a protocol or path is our body saying “Don’t go there…it’s not right.” If we ignore this inner voice, we not only give our power away to those we do choose to listen to, but we create a conflict which can further burden our bodies. We give ourselves the message that we don’t know enough, aren’t good enough and have no part in the outcome of our health. How do you think these messages help you heal? You’re right. They don’t.

Changing Beliefs Can Change Our Life

Once I finally learned to dig through everyone else’s beliefs, I was able to see mine clearly: improving my immune system was the key to my wellness. Not relentlessly chasing each bug or virus. Not finding out the names of each of the diseases I had by doing endless lab work. Just one simple thing: bringing my immune system up to help me heal.

Because I believed it so strongly, all of the other beliefs that fell outside of my alignment with that had no bearing on my ability to get well.

While the road to get to that point of being fearless wasn’t easy, I confidently walked away having proven that all along I knew best. I have not only the gift of health now, but hindsight too. The big secret I learned from it all is that you can’t mess up. Life won’t let you. There is no one way to get well and if you simply follow your internal compass instead of everyone else, not only will you heal faster, but you might just find a few things on the journey that you never even knew you were looking for.
by Laura Wild

Before thirty-two-year-old Amber Back, of Owings Mills, Maryland became ill, she was a very active athlete. She played co-ed football and softball on her work colleagues’ team. Amber loved her job as an attending college class-es, finishing up her pre-clinics for a RN Nursing Degree. Amber always wanted to be a nurse, and had a goal of helping others every day. Becoming a RN was her life’s dream and her absolute passion in life.

In 2008, Amber began experiencing some strange health problems. At first she just found herself sleeping more than usual, but chalked it up to her busy life and schedule. It wasn’t until her niece’s first birth-day party that Amber really noticed something was seri-ously wrong. Suddenly, Amber had trouble walking correctly, and was overcome with severe joint pain. She remembers being around a large group of peo-ple, many of whom suggest-ed she could have Lyme dis-ease because her symptoms seemed to match.

In 2010, Amber got even sicker. She was exhausted all the time and she began to experience neu-rological problems. She complained of shortness of breath, heart palpitations, unexplained shakiness, weakness, and extreme fatigue.

On the advice of her friends, Amber went back to her doctor, and this time she was diagnosed with Rocky Mountain spotted fever (RMSF), another disease carried by ticks. Amber was not told anything about the disease by her doctor or the doctor’s office staff. She was treated with seven days of the antibiotic doxycycline and nine days of steroids, and sent on her way. After the seven days were up, Amber called the office again complaining that she was still not feeling better, so she received just another seven days of doxycycline and steroids. Although her symp-toms eased up slightly on the steroids, nothing was ever the same for Amber’s health.

When her symptoms were at their worst, Amber went to the Emergency room, scared for her life. The ER staff told her that she was not sick, but instead had anxiety disorder and that she needed to see a psycho-therapist. Amber was admit-ted to the hospital for 3 days, and saw a neurologist and a cardiologist, both of whom stated that Amber’s prob-lems were psychological. That made no sense to Amber. She had just left her hospital stretcher crying. Before being released from the hos-pital, Amber’s primary care physician had called in with some blood work results that she had drawn prior to Amber going to the hospital. Amber’s doctor informed the staff that her Lyme disease testing was positive.

With that new Lyme information, Amber saw three more doctors. The first one, an Infectious disease specialist, told Amber that he did not believe in Lyme disease lasting more than a week. A second Infectious disease specialist told her the same thing. Finally the third Infectious disease doc-tor saw her run a western blot test for Lyme, which turned up negative, confirm-ing his belief that it was not Lyme, and insisting her symptoms were all psycho-logical.

Frustrated and scared, Amber left the hospi-tal not certain as to what was truly going on with her. Why were these doctors telling her she had anxiety? Did anxiety cause joint pain, relentless fatigue, heart pal-pitations and feeling weak all over? No, Amber knew in her gut that the doctors she saw were all wrong, and something did not sit right with Amber’s whole hospital experience. She knew better, after all, she was going to be a nurse, so she knew not to just take these “specialists” at their word.

Going on her instincts, Amber began researching the symptoms of Lyme disease online, and stumbled across some enlightening information about co-infections, which are other diseases that are carried in ticks. After learn-ing more about these infec-tions, Amber decided to go to a fourth infectious disease doctor. This time Amber was pleasantly surprised: the new doctor was actually aware of co-infections, and knew which of her symp-toms matched up with which infections. It turned out that Amber was right all along. She had Lyme disease, Rocky Mountain spotted fever, Ehrlichiosis, babesia and bartonella.

As a result of all these infections, Amber feels sadly that she has lost her spark. In her own words “I was a charming always smiling girl who loved my friends and family and enjoyed going out and just having fun with life. Since Lyme disease, I am struggling to keep the smil-ing girl alive. She is in there and comes out every once in a while, but she hides behind their symptoms. They take away the best part of me. I am not there for my friends like I want to be, I have not seen most of my best friends in a few years. I hardly go out, and now that I am on a 4-hour-a-day IV treatment, I am in bed most of the time.” Lyme disease makes Amber angry and upset. She feels that a huge part of her life’s joy has been taken away from her and she might never get it back. One of the hardest things for Amber is reading all the other Lyme patient stories online and seeing just how many people are going through the same thing. Amber prays she will be one of the patients who gets through treatments and has a significant turnaround. That is what Amber prays for daily, to get her life back, and be able to live it on her own terms.

Like many Lyme dis-ease patients, Amber struggles to get the support and understanding she needs from family. Although her Mother and boyfriend have been wonderful to her, Amber’s sister has struggled with understanding the com-plex aspects of the disease. In Amber’s words “My sister doesn’t understand why I am sick and why I am still sick after all the medication I am on. She too thinks I may have psychological prob-lems. She never asks me how I am doing or lends support, which is probably more hurt-ful than the disease itself.”

Still, Amber Back is one determined young woman. Despite her set-backs, her hopes and dreams for the future have not changed, and Amber refuses to let them change. Amber is determined to get better, fight hard through treat-ment, and become a nurse. Amber has every intention of beating Lyme disease and co-infections, and getting back out there in the world, helping others. In light of all she is going through, Amber will most likely switch direc-tions a bit and become more involved in the diagnosis and treatment of tick-borne ill-ness. Amber is currently feeling better, but is still on IV antibiotics and also still battling babesia. Lyme disease has taught Amber many valuable lessons. It has taught her never to take life for granted, especially her health.

Through her experience, Amber felt discomforted by far too many doctors which she feels is horrible, and should not happen to anyone. To make someone feel like they have psychological problems when they are sick with mul-tiple infections is a terrible feeling, especially when those doctors are supposed to be “first, do no harm.”

SHARING OUR STORIES

The Amber Back Story

Like many Lyme dis-ease patients, Amber struggles to get the support and understanding she needs from family. Although her Mother and boyfriend have been wonderful to her, Amber’s sister has struggled with understanding the complex aspects of the disease. In Amber’s words “My sister doesn’t understand why I am sick and why I am still sick after all the medication I am on. She too thinks I may have psychological problems. She never asks me how I am doing or lends support, which is probably more hurtful than the disease itself.” Still, Amber Back is one determined young woman. Despite her set-backs, her hopes and dreams for the future have not changed, and Amber refuses to let them change. Amber is determined to get better, fight hard through treatment, and become a nurse. Amber has every intention of beating Lyme disease and co-infections, and getting back out there in the world, helping others. In light of all she is going through, Amber will most likely switch directions a bit and become more involved in the diagnosis and treatment of tick-borne illness. Amber is currently feeling better, but is still on IV antibiotics and also still battling babesia. Lyme disease has taught Amber many valuable lessons. It has taught her never to take life for granted, especially her health. Through her experience, Amber felt discomforted by far too many doctors which she feels is horrible, and should not happen to anyone. To make someone feel like they have psychological problems when they are sick with multiple infections is a terrible feeling, especially when those doctors are supposed to be “first, do no harm.”

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detoxification channel can carry the residues away. One Refloastation is usually suf- ficient, however, as any residue on the detoxification proto- col (chelation, etc.), more may need to be removed. Another individu- al who has his patients come for a treatment after every two days has found hydro- gen peroxide IVs.

Nancy, 36 years old. The girl was so weak, her bowel distended and very constipated. She typi- cally passed 4 bowel movements a week. A stool cul- ture was done and C. difficile was reported.

The report stated: “This is an excessive level and may be an indication of a chronic intestinal yeast infection.” She had four colon irri- gations and Refloastation. One month later, her physi- cian repeated the stool cul- ture. It came back with no yeast. The sample was cul- tured for seven days and re- examined. There was no yeast isolated. Her response: “I’m doing great. Mybowelsaremovingtwicedailywithnodiscomfort.”

Samantha, 4 weeks old, was brought to the hospital with thrush and cried throughout the night. Her parents were still grieving after the loss of their other child. One Refloastation was administered to the nursing mother. Within 24 hours, the baby slept from 8 PM until four in the morning, woke up smiling and asleep and woke happy. The coating tongue was also back to normal.

Post Chemotherapy: The administration of medications is a decision made between the physician and patient. My position is to help the patient whether or not their program is con- sistent with the medication or comple- mentary therapy. While chemotherapy has shown benefits, at some cost, there is a toxic byproduct to these medications. When a course of insulin potentional thera- py (IPT) is used to a much lesser degree than the dosages for the medication is complete, it is important to remain aware of the body tissues as quickly as possible.

Colonic with Refloastation and liver cleansing may be started 3 days after finishing the IPT. Generally, the colonic and Refloastation is adminis- tered on day three after the IPT, however, we will call it day one of our protocol. Liver and colon cleansing must be done while eating, with beets, carrots, and cucumbers are at the same table. Colon irrigations are given on days 3, 4, 5, 6, and 7. Refloastation is done on day 7. They are repeated weekly as needed or after each chemotherapy treatment has been given. It is important to remember to reinforce the bowel with Refloastation after the IPT.

Greg was 37 years old when he was diagnosed with Hodgkin’s Lymphoma in 2001. He had been a raw food advocate and vegetarian as well as a martial artist, being very fit and vital. (While one can ask Why? the answer will only be speculative.) He under- went both chemotherapy and radiation, which was successful. Four years later he found colonics with Refloastation and clear laser electronically assisted lymph- drainage. These are done during his free time (work travel) schedule allows. It includes liver cleansing and coffee colonics.

Candida Auris Difficile (C. difficile)

This condition is becoming more common in recent years with those in hospitals and long term care, and after the use of antibiotics. The bac- terium can cause symptoms ranging from mild to life threatening inflammation of the colon. Of all adults, there are more susceptible. Patients spending 5 or more days in a hospital are almost guaranteed to have C. Diff. It is important that all medical prac- titioners use different antibiotics in cases of severe stomach woes.

While some practitioners use Flagyl, others do not have found that the duration every five days for five treatments will resolve it. This is also impor- tant to an oral probiotic pearl that is enteric coated for 9 days. This will seed the enteric coated and the gut. The probiotic is best taken 45 minutes after an alkaline meal when digestion is almost complete. Additional fermented foods can be used; however, the intake of a dis- hr, is often frequent and explosive, a fiber that is also a bowel modulator can be added. The goal of elimination. This must be known and measured to be able to Refloastation to reduce symptoms of gas and bust. It is not unusual. At the age of 50, a young radiologist, presented with a 5-year history of C. Diff. He had been experiencing non-stop pain, bouts of IBS. He used a stool softer and fiber sup- plements to assist elimination as needed. Nothing had worked. He had been on multiple courses of Flagyl. Colon irrigation with Refloastation was adminis- tered weekly for five treatments at which time he com- mented: “My GI tract is good. I feel deep pain relief and elimination; no IBS symp- toms; although there is some bloating.” As a result, the fifth treatment was one month later. It was decided to continue stool softener and fiber supplements to resolve the ocassional consti- pation.

A necessary surgery requiring hospitalization occurred early in 2007 (afterward, as did the C. Diff. As he lay in his hospital bed, his thoughts were: “Where can I get to Vicki for Refloastation?” He chose to use the Flagyl for 9 days. Refloastation therapy (with- out colon irrigation) was begun and the C. Diff. quickly res- olved.

Detoxification: Our skin barrier, our gut barrier and our respira- tory tract must be kept in check daily. One can see this as malaise, skin eruptions, gut irritability, and moodiness and anger. Many are exposed to toxins in the workplace: nail salons, beauty shops, paint and chemical manufacturing facilities, restaurants, produce markets, and nail technicians.

As much amount of treat- ments must be balanced with the level of exposure and the years of exposure. For those who only have exposure because of daily life, one yearly cleanse may be sufficient. This includes a liver cleanse with compre- hensive nutrients, and three colonics at two week inter- vals. The first and last treat- ments will include the Refloastation, while the sec- ond treatment will have a retention coffee infusion.

Parasite Infestation: This often comes from food, water, pets and travel. As our world becomes small- er through travel, parasites are often transferred during contact with others from for- eign places. A parasite cleanse may be included at the same time as a liver cleanse or when needed. If so, begin with a colonic with paint and maternal explained for helping to reverse the condition. As our world becomes smaller and our immune system becomes weaker, we need to remember that a dietary change may be needed to eliminate allergies.

An 8-week old bull- dog was bleeding rectally because of a vet- erinarian suggested to “put in an enema.” The owner knew me and called crying. One Refloastation was adminis- tered and the symptoms have not returned. This “pup” is now 12 years old. A 10-year old Terrier mix was having excessive bouts of diarrhea, experat- ered the general practitioners had been confined to the largest bath- room, however the odor was putrid and was removed by a client and remembered a conversation about the parasite. The owner then brought his terror over that evening. Refloastation was done, his wife cleaned the bathroom and put down fresh newspaper. A week later the dog was confined to the bathtub. The next early morning he stood on the dog and everyone in the bathroom was still clean. The dog now is healthy walking, where the dog promptly- took care of his bladder and bowels, as all he had returned to normal.

Conclusion: While one has ten times more bacteria in their body than the cells in the body, wouldn’t it seem reason- able to consider the role of invasion of vital, healthy, benefici- al bacteria regularly? Refloastation is a 100% delivery of the bacte- ria. The formula 1 developed in 1991 and 1993 has 20 different varieties of bac- teria and 30 billion CPUs per dose. Three to four medica- lly and new strains are considered after adequate evaluation. In the past 22 years, I have administered over 20,000 treatments with Refloastation. For a healthy individual, my sug- gestion is twice yearly Refloastation to keep one’s body with health and chal- lenges, using Refloastation and Refloastation treatment to have invasives conven- ient approaches.

About the Author: Dr. Victoria Bowmann is a health care professional, author and speaker with more than 30 years of expertise in clean- ing, detoxification, digestive dynamics and natural health. Growing up with allergies and a predisposi- tion to atopy, Dr. Bowmann’s early years were more pro- pathic and to the sug- gested medical treatment is steroids. There are some breeds that are more prone to UC and the suggested treatment is enteral nutrition. These are extreme measures to which one may want to refer to the veterinarian suggested to “put in an enema.” The owner knew me and called crying. One Refloastation was adminis- tered and the symptoms have not returned.

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