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Investigating Lyme Disease & Chronic Illnesses in the USA

**July 2013** 

# 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 intuition and heart. And indeed, I have been there too. Sadly, so much of what fuels our selfdoubt 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 listen to those who "knew 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 straying from their protocol would give them permission to excuse me from their practice without warning.

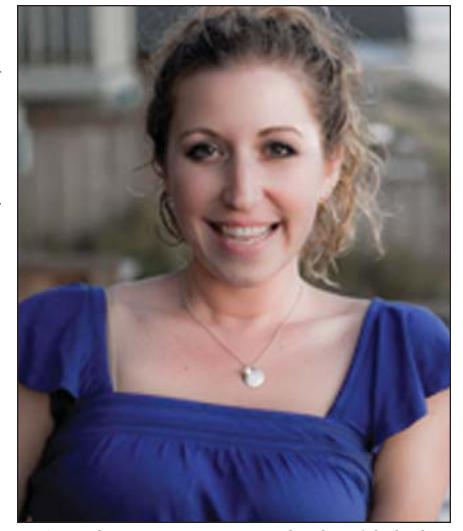
In my work as an energy therapy practitioner, it is my job to help people release stored emotional energy preventing them from getting well. And, as often as I hear stories of childhood trauma, I hear those related to medical professionals too. They are alltoo-familiar: the doctor who threatens to fire 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 and fostering empowerment-constantly asking my clients if what I am saying resonates with them (because if it doesn't, we leave it at that). I give tools to help clients gain independence; 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. There is a reason for this. This is the true centerpiece of healing: regaining 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, the fear 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 their opinion over your own guidance. In my experience, inner conflict is one of the very 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 alignment with-positive or negative. "The mind leads and the body follows." If we subscribe 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 limits on what they think is possible for us. I always joke



Amy Scher is a Lyme survivor and author of the book This is How I Save My Life

with clients that if they are choosing between their doctor'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 admittedly, I was a less than compliant patient at times. I was so overwhelmed with all of

the different aspects of infections, allergies, complications, toxicity issues and more, that I literally couldn't address them all. In addition, some things were never presented to me as essential issues. For instance, now Lyme patients are told 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 candida diet, even after being on "Dr. vs. Patient" ...cont'd pg 5

# Gastrointestinal Reinforcement



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The Gastrointestinal Tract is comprised of the stomach, small intestine and large intestine, however often 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

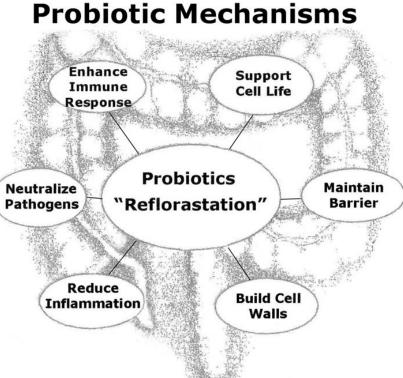
the small and large intestine. One's body is colotimes more bactecells in their body.

nized with 10 ria that one has This environment is called the microbiota. Research is recognizing the connection between certain bacteria and health as well as certain bacteria and disease. The microbiota composition differs with inflammatory bowel disease, type 2 diabetes, and the elderly. Five different strains of

Clostridium can have extreme consequences in human health, including death.

The bacterium, which comprises as many as 500 varieties, has numerous

digestive functions, including the decomposition of food (chyme) into fecal 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 reabsorption, recycle water and bile,

all before the elimination as stool.

When one is ill there are two factors that affect the composition and efficacy of the microbiota. The dis-

> ease has a course that it runs, sometimes quickly and sometimes lengthy in the case of chronic conditions. The biproducts of the disease as well as the side effects of the medications affect the microbiota. In addition to this, the worry that accompanies

any illness has an effect on the quality of the microbiota. Research is discovering stress as a factor that decreases healthy bacteria and increases the clostridium strains.

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 probiotics, 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 pH of the stomach and digestion are still significant deterrents.

### There are many gastrointestinal conditions that respond well to Reflorastation.

*Constipation* is the most common digestive complaint in the United States. Symptoms include bloat, gas, pain, headaches and irritability. The stool is often hard, small and difficult to eliminate. The medical definition of constipation is hav

"Gastrointestinal" ...cont'd 4

# 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. Something about a person who fearlessly stands up and tells the truth, 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 1990, 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 less 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 care free summer in the breezy mountains of Pennsylvania, set into motion a downward spiral of events stemming from Lyme disease.

Throughout middle school, high school and col-

lege, Lyme disease steadily showed its face in the form of countless, newly developing health problems. Jes developed chronic migraines, lack of feeling in her extremities, abnormal and debilitating fatigue, and unexplained abdominal pain. Despite 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 though, 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 off their adoption papers, Jes discovered she was pregnant. Due to agency policy, the adoption process was placed on hold.

As Lyme would have it, happily ever after would not come without a fight. Jes' pregnancy was anything but smooth, much less semi-normal. Indeed, her pregnancy was a high risk one; prompting Jes and her husband to seek out a qualified OBGYN team with extensive experience in dealing with high risk pregnancies. There was not a single trimester in which Jes did not find herself in a hospital bed due to unexplained bleeding, low amniotic fluid levels, or other strange symptoms. Despite concern bred by setbacks, Jes' baby girl Mercy successfully arrived two weeks earlier than expected. That she was beautiful was simply undeniable. That she was healthy was merely an illusion. When describing the experience, Jes said "my daughter was our miracle baby, sent to us by God in spite of my own illness, which remained unnamed 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' health had taken a major and continual nose dive immediately 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.

As Jes began treatment, she and 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 displaying such symptoms for a number of reasons. Not wanting her daughter to endure twenty years of suffering from an undiagnosed disease as she had, Jes had Mercy tested for Lyme. Mercy's test results came back positive for both Lyme disease and Ehrlichiosis. Soon after, Mercy developed seizures, symptoms of **Obsessive Compulsive** Disorder, urinary difficulties, and symptoms of Sensory Processing Disorder.

"As awful as my treatments and herxes were, 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 developed 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 we didn't know she was suffering immensely until she was in the thick of it. Those were some very difficult, 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 intelligent, 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 symptoms of Obsessive Compulsive Disorder and Sensory Processing Disorder are non-existent except when she is herxing severely. Jes credits the team of Lyme literate health professionals, as well as the Lyme community, for the significant improvement 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 purposely have a biological child again. On coming to 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."

pha

# Public Health Alert

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

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

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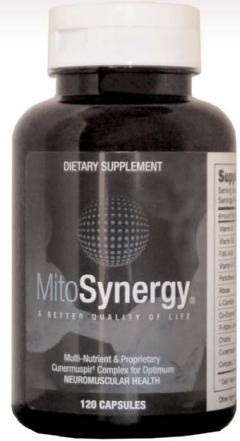
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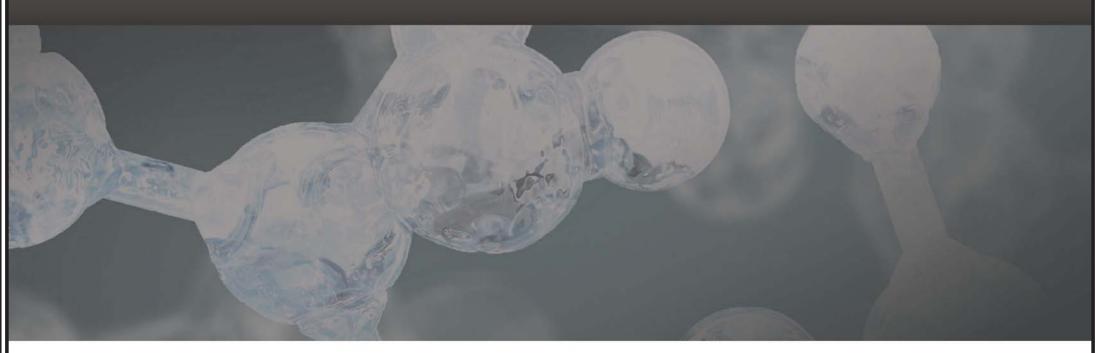


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# "Gastrointenstinal" ...cont'd from pg 1

ing less than three bowel movements per week. In my practice some are only having a small 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, including soluble and insoluble fiber (food or supplement) that doesn't increase gas or bloat yet provides substance to propel through the intestines, and the correct balance of bacteria.

Each person begins treatment with one colonic irrigation and Reflorastation. They are instructed on the correct amount of water consumption (1/2 of body weight in ounces) for hydration, one Tablespoon of oil in the diet daily (preferable Olive Oil or Flax Oil) for lubrication, and sufficient fiber in the diet. A fiber derived from seeds of the guar gum plant and inulin from the chicory plant is considered a bowel modulator and is perhaps the best choice. The inulin provides prebiotic support.

A follow up consultation 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 herb hyssop can be helpful. If a laxative needs to be used, certain forms of aloe are beneficial since aloe is soothing to the G I tract yet gives some stimulation to the muscle action called peristalsis. Certain vitamins, minerals and enzymes can aid in elimination; these need to be evaluated with the help of a holistic practitioner.

When an individual doesn't respond within two weeks, additional colonics

are suggested. Many of the machines stimulate peristalsis so they function as a "water aerobics" class for the intestinal muscles. These are given either weekly or bimonthly. During this time, the supplemental protocol can be adjusted to find the combination that will work for this case

Cheryl L, 47 years old, has struggled with constipation most of her adult life, with the week of her cycle being a much more difficult time. For the last 18 years she has followed this program and has a colonic with Reflorastation monthly if needed or at least four times per year. While her low back used to cause her pain and she frequently needed chiropractic help, this has resolved since her bowels 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 colitis (UC) and Crohn's.

Irritable bowel syndrome (IBS): Typical symptoms include chronic abdominal pain, bloating, discomfort and fluctuation in elimination between diarrhea and constipation. There are many suspected causes including celiac, mild infections, including parasitic infection, and digestive disturbances. In a diarrhea phase, the Reflorastation is administered. With constipation, the colonic and Reflorastation is administered.

In many cases, one treatment is sufficient to return bowel elimination to a daily, or twice daily stool, without symptoms. In many cases, subsequent Reflorastation is necessary. This is generally suggested 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 focus on dairy, gluten, corn, wheat, and other common allergens.

Chapter 10 of my book *You Gotta 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 need to be added, some things need to be eliminated.

Mary M., 80 years old, was diagnosed with IBS 20 years ago and had an episode of collagenous colitis 6 months ago. While the G I doctor diagnosed it, he offered little help. A holistic doctor suggested she have the Reflorastation. Within two treatments her symptoms 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 coming back any time I need you."

Inflammatory bowel disease (IBD) is characterized 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, diarrhea, fever and weight loss. These are usually classified as Ulcerative colitis (UC) and Crohn's. While I don't directly treat these conditions, I offer support to the microbiota with the Reflorastation. The severities of the diagnosis require a very comprehensive approach and the Reflorastation is one part of this approach for management of the condition. However it is a very important part. One treatment weekly for five weeks is usually sufficient with subsequent applications as needed.

Al, 52 years old, wasdiagnosed with Crohn's. The diagnosis was later changed to UC by his gastroenterologist. At his first Reflorastation treatment he was instructed to remove Sodium Laurel Sulfate products from personal use and to eat lots of butter since the butyrate will support the colonic epithelial cells. His second Reflorastation was one week later. The symptoms resolved with the second treatment. Later he

commented: "It is unbelievable what this has done. I haven't needed any of the medication and I've gone 6 months without any problems."

Diarrhea, diarrhea from food poisoning, traveler's diarrhea: Nothing ruins one's vacation like sudden onset diarrhea. The symptoms include abdominal pain, frequent explosive elimination, nausea, vomiting and fever. This can occur within 30 minutes of ingestion of tainted food or linger for several days. Usually food poisoning runs its course in 2 days, while diarrhea can occur intermittently for weeks, months, or years. Understanding the cause always helps in the treatment by eliminating contributing factors to the diar-

One application of the Reflorastation is generally all that is needed. It is important to elevate the buttocks on a pillow for 20 minutes to insure the Reflorastation will be retained for one hour. Occasionally, one will need to empty the bowels within the first 5 minutes. If so, relax for 15 minutes and then repeat the Reflorastation. This is a second "seeding" with probi-

Note: Many of my clients carry an "At Home Colon Kit" when they travel. It has saved their vacation from traveler's diarrhea.

Roy, 50 years old, had 90 days of diarrhea, having 10 to 20 watery stools per day. He was living in the bathroom and said: "The docs 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, thanks for the great treatment." All diarrhea symptoms were 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."

**Post Antibiotic Therapy:**Antibiotics are fre-

quently overused, however there are occasionally times that they are necessary. It is interesting to note that after the completion of broadspectrum antibiotics, one expects the rapid colonization of GI bacteria without any support. My theory is this: "After antibiotic therapy, the bacteria that remain are 'antibiotic resistant'. Wouldn't it be beneficial to replace the microbiota with strains of healthy probiotics instead of leaving it up to a serving of yogurt and fate?"

One application of Reflorastation will return the bowel environment to healthy function. My suggestion 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 antibiotics, weekly applications can help with yeast overgrowth, whether vaginal or thrush. This is particularly important for those with continuous antibiotics, IV or oral, such as Lyme disease.

Mary D, 28 years old, with an unknown exposure to Lyme. It might have been from childhood. 9 months prior she had been on antibiotics for 6 weeks. From that time forward her bowel elimination was incomplete. The morning after her first Reflorastation, she had her first "real bowel movement" since the antibiotics. This experience influenced her to become a health professional specializing in colon hydrotherapy.

# Candida Overgrowth:

Yeast overgrowth symptoms can cause itching, irritation of delicate mucous membranes, vaginal itching and discharge as well as thrust (coated tongue). There is a constant drain on the immune system as it attempts to reduce the overgrowth. Antibiotic use, toxins and heavy metals contribute to systemic yeast.

While Reflorastation won't address it systemically, it will decrease and potentially eliminate it in the bowel. This gives the body some place to fight the system yeast from, and the

"Gastrointestinal" cont'd p.7

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# "Doctor vs. Patient"... cont'd from pg 1

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

pha

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# The Amber Back Story

by Laura Wild

Before thirty-twoyear-old Amber Back, of Owings Mills, Maryland became ill, she was a very active athlete. She played coed football and softball on her work colleagues' team. Amber loved her job as and was attending college classes, finishing up her pre-clinicals 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 birthday party that Amber really noticed something was seriously wrong. Suddenly, Amber had trouble walking correctly, and was overcome with severe joint pain. She remembers being around a large group of people, many of whom suggested she could have Lyme disease because her symptoms seemed to match.

In 2010, Amber got even sicker. She was exhausted all the time and she began to experience neurological 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 seven 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 symptoms 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 psychiatrist. Amber was admitted to the hospital for 3 days, and saw a neurologist and a cardiologist, both of whom stated that Amber's problems were psychological. That made no sense to Amber, and she sat in her hospital stretcher crying, scared and confused. Before being released from the hospital, 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 doctor she saw ran a western blot test for Lyme, which turned up negative, confirming his belief that it was not Lyme, and insisting her symptoms were all psychological.

Frustrated and scared, Amber left the hospital 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 palpitations 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 learning more about these infections, 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 symptoms 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 smiling girl alive. She is in there and comes out every once in a while, but she hides behind her 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 goes 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.

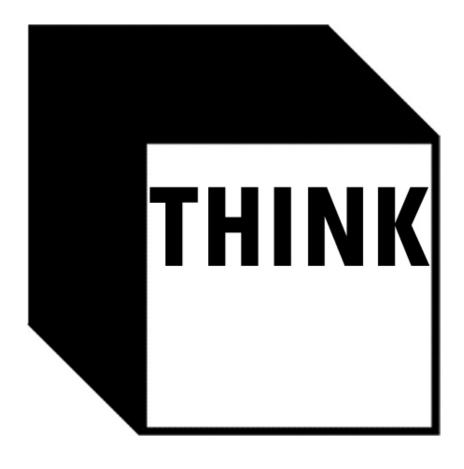
Like many Lyme disease patients, Amber also struggles to get the support and understanding she needs from family. Although her Mother and boyfriend have been wonderful to her, Amber's sister has struggled with understanding the complex aspects of the disease. In Amber's words "My sister doesn't understand 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 setbacks, 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 though, 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 discounted 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 "first, do no harm."

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# "Gastrointestinal"... cont'd from pg 4

detoxification channel can carry the residues away. One Reflorastation is usually sufficient, however, depending on the detoxification protocol (chelation, etc), more may be needed. One physician has his patients come for a treatment after every ten chelation IVs or hydrogen peroxide IVs.

Nancy, 36 years old. The gastroenterologist found her bowel distended and very constipated. She typically has only 2 bowel movements per week. A stool culture showed Candida 2+. The report stated: "This is an excessive level and may be an indication of a chronic intestinal yeast infection." She had four colon irrigations and Reflorastation. One month later, her physician repeated the stool culture. It came back with no yeast. The sample was cultured for seven days and reexamined. There was still no yeast isolated. Her response: "I'm doing great. My bowels are moving twice daily with no discomfort."

Samantha, 4 weeks old, was diagnosed with thrush and cried throughout the night. Her parents were exhausted and distraught. One Reflorastation was administered to the nursing mother. Within eight hours, the baby slept from 8 PM until four in the morning, where she nursed, fell back asleep and awoke happy. The coated 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 conventional therapy or complementary therapy. While chemotherapy has shown benefits in some cases, there is a toxic byproduct to these medications. This is also true of insulin potentiation therapy (IPT) but to a much lesser degree. Once the usefulness of the medication is complete, it is important to remove the residues from the body tissues as quickly as possible.

Colonics with Reflorastation and liver cleansing may be started 3 days after the chemotherapy. Generally, the colonic and Reflorastation is administered on day three after the chemo, however we will call it day one of our protocol. Liver cleansing herbs or juicing with beets, carrots, and cucumbers are begun at the same time. Coffee enemas are given on days 4, 5, 6, and 7. Reflorastation is done on day 8 or this protocol is repeated weekly as needed or after each chemotherapy treatment. It is important to remember to reinforce the bowel with Reflorastation after the coffee enemas.

Greg was 37 years old man when he was diagnosed with non-Hodgkins 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 underwent both chemotherapy and radiation, which was successful. Four years later he found colonics with Reflorastation as well as electronically assisted lymphatic drainage. These are done monthly when his work (travel) schedule allows. It includes liver cleansing and coffee colonics.

# Clostridium Difficile (C. Diff.):

This condition is becoming more prevalent in recent years with those in hospitals and long term care, and after the use of antibiotics. The bacterium can cause symptoms of diarrhea to life threatening inflammation of the colon. Older adults are more susceptible. Patients spending 5 or more days in a hospital are almost guaranteed to have C. Diff. Standard medical practice uses different antibiotics in cases of severe symptoms.

While some patients come to me using Flagyl, others do not. I have found that Reflorastation every five days for five treatments will resolve this. It is also important to add an oral probiotic pearl that is enteric coated for 30 days. This will seed the small intestine at the same time as the reflorastation stabilizes the large intestine. The oral probiotic is best taken 45 minutes after an alkaline meal when digestion is almost complete. Additional fermented foods can be of value. Since the diarrhea is often frequent and explosive, a fiber that is also a bowel modulator can assist in regulating the rate of elimination. This must be started after the first Reflorastation to reduce symptoms of gas and bloat.

Bob, a 50 year old radiologist, presented with a 5-year history of C. Diff. He had deep lower quadrant pain, bouts of IBS. He used a stool softener and fiber supplement to assist elimination as needed. Nothing had worked. He had been on multiple courses of Flagyl. Colon irrigation with Reflorastation was administered weekly for four treatments at which time he commented: "My GI tract is good; no deep pain; healthy elimination; no IBS symptoms; although there is some slight constipation." The fifth treatment was one month later. It was decided to continue stool softeners and fiber supplements to resolve the occasional constipation.

A necessary surgery requiring hospitalization occurred two years later (2007), as did the C. Diff. As he lay in his hospital bed, his thoughts were: "How quickly can I get to Vicki for Reflorastation." He chose to use the Flagyl for 9 days. Reflorastation therapy (without colon irrigation) was

begun and the C. Diff. quickly resolved.

### Detoxification:

Our skin barrier, our gut barrier and our respiratory barrier are exposed on a daily basis. One can see this as malaise, skin eruptions, putrid breathe, and even moodiness and anger. Many are exposed to toxins in the work environment: print shops, paint and chemical manufacturing facilities, exterminators, beauticians and nail technicians.

The amount of treatments must be balanced with the level of exposure



Hookworm Infestaion

and the years of exposure. For those who only have exposure because of daily living, yearly cleansing might be sufficient. This includes a liver cleanse with comprehensive nutrients, and three colonics at two week intervals. The first and last treatments will include the Reflorastation, while the second treatment will have a retention coffee infusion.

# Parasite Infestation:

This often comes from food, water, pets and travel. As our world becomes smaller through travel, parasites are often transferred during contact with others from foreign 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 Reflorastation, a second colonic is suggested with a retention garlic infusion, and a final Reflorastation after the parasite cleanse is complete. The products I suggest are in three categories: energetic, chemical and mechanical.

Homeopathic combinations such as Amebex, Bowel Pathogen Nosode, Vermex, or Cerivi are energetic methods to attack the parasite. Black walnut tincture is an effective chemical method. I prefer the tincture to a capsule as powdered herbs lose effectiveness with age and tinctures become stronger with age. Food grade diatomaceous earth is an inert nontoxic powder that kills parasites by penetrating the epicuticles causing death by dehydration. It consists of 79% silicea dioxide and 14 trace minerals. With a negative charge, it acts upon positive charged substances such as virus, bacteria and toxins, includ-

When parasites are confirmed by stool analysis, there may be a need for antiparasitic medication. While blastocystis hominis may resolve in some individuals without treatment, it is often difficult to eliminate in others. It is important to administer Reflorastation after the medication. It may be necessary to cycle the treatment as the parasite also cycles. These decisions must be made on a case-by-case basis.

### Colonoscopy:

This procedure can be of value to determine the state of the

mucosal tissues of the large intestine as well as to identify polyps, fissures, fistulas and other abnormalities. When a colonoscopy is recommended, the bowel is emptied of its contents for the examination. This is an ideal time for the Reflorastation. During the recovery time, the probiotic

bacteria grow and re-establish a vital milieu for the patient.

# Children:

Colonic irrigation isn't recommended for children however age and size is a factor. The Reflorastation can quickly bring back a healthy microbiota to infants and children. When there is toxicity and malnourishment, this aids in supporting healthy digestion. One doesn't worry about the child retaining the Reflorastation. One does the best we can.

N.U. is a 10-year-old boy with failure to thrive. His body weight and size was that of a 7 year old. He had multiple allergies, chemical sensitivity and ulcers throughout the GI tract, starting in the mouth. When I lifted the buttocks to administer the Reflorastation, there were ulcers on the anus. One week after the treatment, he had no new ulcers developing and his appetite had increased. Months later, I received a thank you note from his mom, thanking me for helping to reverse the condition as he was now doing well.

# Aging Adults:

As one ages, the microbiota deteriorates at a faster rate than during earlier adult years. Therefore, the inclusion of more frequent Reflorastation supports the large intestine environment to slow the aging process and maintain optimal digestion and assimilation. For a healthy adult age 60 +, quarterly Reflorastation are recommended, and after 70, monthly treatments have additional value.

Four legged Mammals:
Our dogs and cats can

have G I distress with diarrhea that is uncontrollable. Hot spots are frequent in some breeds, with unbearable distress as the pet chews on their own flesh to obtain some relief. The suggested medical treatment is steroids. There are some breeds of dogs more prone to UC and the suggested treatment is euthanasia. These are extreme measures to me, when one Reflorastation often resolves the situation. It is important to remember that a dietary change may be needed to eliminate allergies.

An 8-week-old bull-dog was bleeding rectally because of UC and the veterinarian suggested to "put her down". The owner knew me and called crying. One Reflorastation was administered and the symptoms have not returned. This "pup" is now 12 years old.

A 10-year-old Terrier mix was having frequent bouts of diarrhea, exasperating the owners. He was kept confined to the larger bathroom, however the odor was pungent. The owner was a client and remembered a conversation about the puppy with colitis. He brought his terrier over that evening for one Reflorastation as his wife cleaned the bathroom and put down fresh newspaper. Upon returning home, the dog was confined to the bathroom. Early the next morning, Paul went to check on the dog and everything in the bathroom was still clean. He took him outside for a walk, where the dog promptly took care of his bladder and bowels, as all had returned to normal.

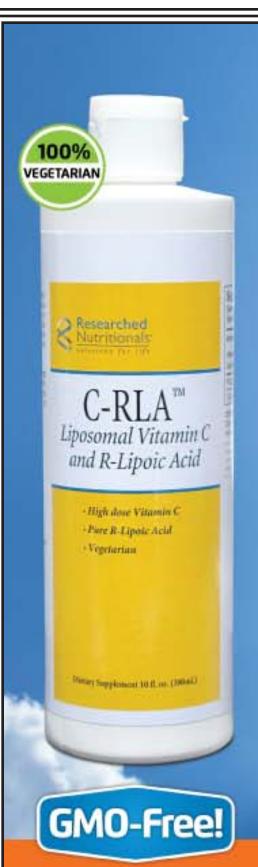
# Conclusion:

While one has ten times more bacteria in their body than even cells of the body, wouldn't it seem reasonable to support the inclusion of vital, healthy, beneficial bacteria regularly? Reflorastation provides a 100% delivery of the bacteria. The formula I developed between 1991 and 1993 has 20 different varieties of bacteria and 50 billion CFUs per dose. It is retested periodically and new strains are considered after adequate evaluation. In the past 22 years, I have administered over 20,000 treatments with life changing results. For a healthy individual, my suggestion is twice yearly Reflorastation. For those with health illness and challenges, using Reflorastation as an integral part of their program has great value.

# **About the Author:**Dr. Victoria

Bowmann is a health care professional, author and speaker with more than 30 years of expertise in cleansing, detoxification, digestive and gastro-intestinal (GI) health. Growing up with allergies and a predisposition to arthritis and other genetic ailments, she began in earnest at a young age to research alternative treatments to invasive conventional approaches.

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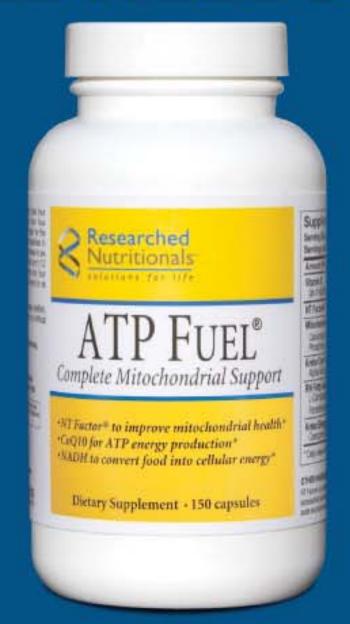
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