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Investigating Lyme Disease & Chronic Illnesses in the USA

August 2013

## Common Lone Star Tick Implicated in Lyme Disease Bacteria Found in Southerners

#### Dr. Clark's Research May Help Millions

 $by\ Georgia Lyme Disease.org$ 

For the first time ever, University of North Florida's Dr. Kerry Clark and colleagues reported finding two species of Lyme disease bacteria previously unknown to infect humans, Borrelia americana and Borrelia andersonii, in symptomatic patients living in the Southeastern USA. Importantly, the commonly found lone star tick, formerly believed by many to be incapable of transmitting Lyme disease, was implicated in some of these cases.

The research, published in the May issue of The International Journal of Medical Sciences, is extremely significant for several reasons. First, only one Lyme bacterial species, Borrelia burgdorferi sensu stricto (Bbss), was previously recognized to cause disease in North America. Current testing methods and interpretation criteria, designed to detect just one species, may explain many of the complaints involving the unreliability of Lyme disease tests in the USA.

In addition, the belief that only black-legged "deer" ticks can transmit Lyme disease has been widely publicized for decades. Lyme disease risk has been calculated largely based upon the

prevalence and infection rate of these "deer ticks," Ixodes scapularis. In fact, Yale University recently released a new Lyme Disease Risk Map funded by a \$2.9 million CDC grant which was highly contested by many. (They only tested a total of nine black-legged ticks from a few southern states.) Yale's map, based solely on "deer" ticks, shows little risk to people living outside the Northeastern USA. Clark's findings, together with past studies implicating lone star ticks associated with Lyme disease (Masters, Rawlings, Felz, Feir, etc.), strongly suggest otherwise.

Dr. Clark and his team identified lone star ticks, Amblyomma americanum, removed from humans who tested positive for Lyme bacteria, including the species of Borrelia burgdorferi, Bbss, already known to cause the disease in North America. Some of the ticks removed from the patients tested positive, too.

Lone star ticks are the most commonly found species biting humans in the Southeastern United States. These aggressive ticks are found almost halfway across the nation - from the deep South and as far north as Canada. This groundbreaking research may clarify why so many humans living out-

side of the Northeastern USA claim they have contracted Lyme disease\*\* regardless of the presence of infected black-legged "deer" ticks.

The new findings significantly expand the geographic area where Lyme disease should be considered by medical providers and citizens alike. As Georgia Lyme Disease Association president Liz Schmitz remarked, "If only one percent of these ticks are able to transmit Lyme disease, it poses a tremendous threat to public health because lone star ticks are known to bite humans so frequently."

Dr. Clark's work may help millions of chronically ill people living in areas where Lyme disease wasn't previously recognized. Called The New Great Imitator, Lyme disease is often mistaken for illnesses such as Fibromyalgia, Chronic Fatigue Syndrome, Lupus, Multiple Sclerosis, Rheumatoid arthritis, Lou Gehrig's disease, Parkinson's, ADHD, and even Alzheimer's. Georgia Lyme Disease Association is proud to have provided both technical assistance and funding in support Dr. Clark's important research.

\*\*Article Note: For



decades, public health officials and Lyme disease groups and organizations have heard from thousands of patients living outside known "endemic" areas who claim they and/or their family members contracted Lyme disease with no travel history. Georgia was the 4th highest state in the nation in number of CDC-reported Lyme cases in 1989 with 715 cases on record. Now, most cases of southern Lyme disease are unreportable due to the different surveillance guidelines used regionally. Many cases are also dismissed as "false positives."

New GALDA campaign to help fund the work of Dr. Kerry Clark & colleagues: Please help us support the ongoing research efforts of Dr. Kerry Clark by making a tax-deductible donation to GALDA's new fundraising campaign. GALDA is an all-volunteer, non-profit 501(3)c organization. All proceeds of this campaign will go directly to support the important work of Dr. Clark and his colleagues.

Five...ten... twenty dollars... every bit helps! Let's speed up our understanding of Lyme disease by working together to unlock Borrelia burgdorferi's secrets! Patients and citizens everywhere will benefit. Thank you for your generosity.

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# Non-GMO Projects Responds to USDA Announcement of GMO Wheat Contamination

by Courtney Pineau

Bellingham, WA, -The U.S. Department of Agriculture's (USDA) Animal and Plant Health Inspection Service (APHIS) announced today that an unapproved variety of genetically engineered glyphosate-resistant wheat was found in samples taken from a farm in Oregon. The variety detected was the same variety that Monsanto grew in test plots in 16 states from 1998 to 2005. There are no genetically engineered wheat varieties currently approved for sale in the United States or any other country.

Michael Firko, Acting
Deputy Administrator for
APHIS' Biotechnology
Regulatory Services states in
the USDA's press release:
"We are taking this situation
very seriously and have
launched a formal investigation. Our first priority is to
as quickly as possible deter-

mine the circumstances and extent of the situation and how it happened. We are collaborating with state, industry, and trading partners on this situation and are com-

mitted to providing timely information about our findings. USDA will put all necessary resources towards this investigation."

The Non-GMO Project responded immediately by coordinating a surveillance testing strategy to help assess the extent of the contamination. The testing plan includes sampling wheat products from the national retail market

national retail market as well as raw plant material directly from Oregon. The first tests are scheduled for Thursday, May 30, less than 24 hours after the USDA's announcement. According to Megan Westgate, Executive Director of the Non-GMO Project, "Our priority right now is to assure the integrity of Non-GMO Project



Verified products and to assist in the USDA's investigation. The current situation is yet another reminder of the serious risks posed by open-air field trials of unapproved GMO crops."

This is not the first time a U.S. crop has been contaminated by an unapproved GMO. Most notably, in August 2006 the USDA

> announced that Bayer's genetically engineered LibertyLink rice was found in two popular varieties of U.S. long-grain rice. The discovery led to rejection by foreign markets and a corresponding dramatic decline in U.S. rice prices. The LibertyLink contamination eventually resulted in a \$750 million legal settlement between Germany-based

Bayer AG and its affiliates and U.S. rice farmers. According to the Delta Farm Press, European Union purchases of U.S. rice remain only a small fraction of what they were before the 2006 contamination incident.

The U.S. wheat market has similar vulnerability. According to the Oregon Wheat Commission, Oregon exports 90% of its wheat production. More than 60 countries now require labeling of GMOs, and international regulations on import and sale of unapproved GMO varieties are strict.

With the Non-GMO Project Verified label currently the fastest-growing claim in the natural products industry and more than 30 states now working toward mandatory GMO labeling, widespread GMO contamination in wheat would also have serious repercussions for the domestic market. Westgate adds, "We remain hopeful that this is an isolated incident, but the Non-GMO Project will do whatever it takes to protect the consumer's right to know."

DLN

## A Life-Changing Year

by Annalisa Walker

I am a 45-year-old wife, mother of three, and professional. I had always been the most optimistic, joyful, and healthy person as I journeyed through my very happy life. I had encountered some minor trials in my life, but nothing like what I encountered in October, 2011. October 27, 2011 is the day that I knew my life would never be the same.

However, October 27 wasn't the beginning of this very long journey. I need to go back three years prior to that. In the summer of 2008, I started feeling like I had bugs crawling across my forehead. I started experiencing a racing heart - even though I worked out every day by running four miles per day and doing kickboxing four days per week. I also started having abnormal hair loss. I had my PCP run blood work, and it always came back perfect. There was never one test that came back abnormal. These issues were annoying, but nothing that I couldn't get through on a day to day basis. The following year, I started experiencing white, squiggly lines through my vision. Again, nothing that was really affecting my day to day living. I chalked all of these annoying symptoms up to "getting older" and pushing myself harder than I knew I should. I am a Type-A personality, so I really never gave my body a chance to rest, relax, and rejuvenate.

On October 27, 2011 I was grocery shopping in Wal-Mart when I got electrocuted in my right eye. This happened two times for about 10 seconds each time. These shocks in my right eye literally dropped me to my knees. After the shocks I became very nauseated and disoriented. Somehow I made it out of Wal-Mart, drove home, told my husband what happened, and lay down on the couch the rest of the day. All day long as I lay on the couch feeling sick, I knew something bad had happened to me. However, I had no clue of what was to come the following weeks and months.

For the next two weeks I felt somewhat weak, but again, nothing that I couldn't fight through. On Veteran's Day Weekend the same shocks happened again. I knew that I needed to call my doctor and schedule an appointment to discuss this. My doctor ran blood work again, which came back fine, and said I was experiencing abnormal migraines. During

the next week I developed a very strange eye pressure, dizziness, numbness, neck pain, and a feeling that my legs and arms were not connected to my body. I scheduled appointments with an ENT, optometrist, rheumatologist, and my PCP again. These doctors found nothing wrong, but said to take some antibiotics for a possible sinus infection. Little did I know that these antibiotics would make me so sick that I thought I was going to die (which we know now was a herx from Lyme disease). These antibiotics are used for Lyme disease treatment, but my ENT had prescribed it for the sinus infection. The last day that I worked was November 16, 2011.

I became so sick I ended up being admitted to the hospital for three days. I had every blood test done that they knew of (including Lyme), CT scans, X-rays, and heart tests. The doctors could find nothing wrong, and discharged me with a diagnosis of fatigue. I went home and continued to get worse. My husband took me back to the hospital the following week and was admitted again. This time they did a spinal tap, MRI, more CT scans, and more blood work. Again - nothing showed up showing anything was wrong. A counselor came in and saw me and let me know that "women my age often have nervous breakdowns and need to re-evaluate their lives." "Perhaps that is your situation," she stated. I let her know that a few weeks ago I was living a very happy, fulfilled life, and that MOST **DEFINITELY** was not my problem. I was discharged this time with a diagnosis of "stress."

By this time I was so weak that I needed help walking, could not drive, and had lost my short term memory. My husband called his mom, and she came down to stay to help with our children, as I could no longer take care of them. My family googled my symptoms, and the only illnesses that kept popping up were HIV and Lyme disease. However, these tests had both shown up negative in the hospital. My sister said that someone she knew had a relative with Lyme disease. It really was the only disease that seemed to fit my case. We contacted this person, and she referred us to an LLMD in California. My PCP and this LLMD corresponded by telephone about my case, and determined that I just may in fact have Lyme disease. I started on antibiotics on December 14, 2011.



I became even sicker once I started on my antibiotic regimen and my homeopathic protocol. I could not get out of bed for days, I had panic attacks which lasted for three days, and became suicidal. I could not be left alone, as I could not take care of myself or my family.

After about three months I started to pull out of this nightmare. I could think again, was no longer suicidal (I had been on anti-psychotics during this time), and my pain had dissipated. I still had neurological symptoms eye issues, brain fog, dizziness, and fatigue/weakness. However, I could take care of myself and family again, although it was not nearly at the level I had prior to my Lyme diagnosis. I was functioning at about 50% of what I used to, but at least I was no longer bedridden.

During the spring and summer of 2012 I did not work. I did not have the strength or energy to go back to my job at the University. I was fortunate to have had enough sick leave built up over the years to be able to take a year off with pay. However, in August 2012 I did not have an option and returned to work. It was a hard transition. There were days when I didn't think I would be able to make it through to the end of the day. It is now May 2013 and I have only missed one day of work since returning.

I see my LLMD every three months, switching medications each time. I also see a naturopathic doctor who has me on an amazing protocol of supplements. I believe that these two doctors saved my life and have helped me through this journey. I am still taking antibiotics every day, doing Rocephin injections, and taking 72 pills per day as well as over 40 tinctures.

I am a changed person because of Lyme disease and the co-infections I have (Babesia and Bartonella). I no longer push myself to the point of exhaustion, have learned to lighten up, and enjoy the small things in life. I know that the only important time in our life is right now. I know now that I can't predict the future.

The only reason I survived this experience is thanks to my amazing, loving family and friends who never abandoned me throughout this ordeal. I am living at about 95% of normal now. I am able to work, exercise, take care of my family, and laugh again.

I do not remember getting bitten by a tick. I did have "ringworm" a few years ago...which may have been a tick bite. I have hiked in the Redwoods in Northern California before, but don't remember being bitten. My mom has been sick her whole life and they think that perhaps she has Lyme as well. So maybe she transmitted it to me and it lay dormant for a long time. I don't think we will ever know for sure how I contracted Lyme disease.

There is hope for everyone out there who is living with this nightmare of an illness. Please do not give up. Please hold on to every bit of hope you have. With the right doctors you will be able to receive the care you need.

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#### 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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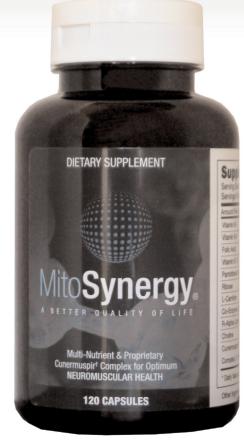
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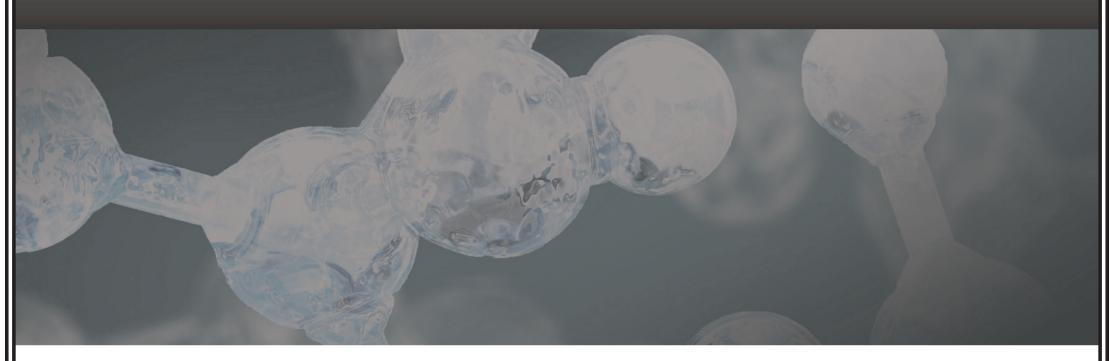


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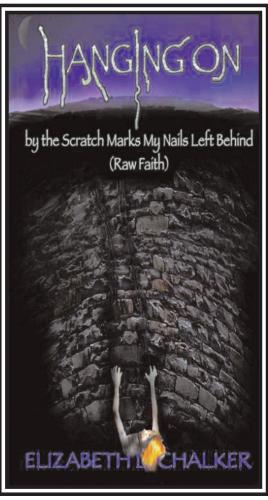


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# Out of the Woods: Healing Lyme Disease Body, Mind & Spirit

[Interview with Lyme disease advocate, recoveree, and author of multi-award-winning book "Out of the Woods: Healing Lyme Disease Body, Mind & Spirit" Katina Makris, CCH, CIH.]

#### PHA: Tell us who you are, Katina Makris.

Katina: I grew up on Long Island, New York, and moved to New Hampshire in 1991. I am a Classical Homeopath of 28 years, a certified spiritual healer, Lyme disease advocate and speaker, and now host of a ground-breaking talk show, "Lyme-Light Radio."

# PHA: How did you find out you had Lyme disease?

Katina: After five years of misdiagnosis, and hundreds of tests, scopes, scans at top New England hospitals and doctors, a certified clinical nutritionist used a Lyme specialty lab with more refined testing techniques and isolated my case of advanced Lyme disease.

#### PHA: Why so long to get diagnosed?

Katina: The commercial, regional labs most physicians use have a 60% error rate. I had three false negatives. The average physician is working with out-dated Lyme information, over 35 years old, defined by The Centers for Disease Control in 1975. They are not aware of what "chronic" Lyme symptoms are, nor the existence of state-of-the art labs. The doctors I saw did not even KNOW they were looking at a Lyme disease case in front of their eyes, thus misdiagnoses of fibromyalgia, CFS, migraines, arthritis, depression. I was mismanaged and bedridden.

#### PHA: How did you get well?

Katina: I used a natural medicine protocol of Lyme specific herbs and homeo-

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pathics, known for their antibiotic properties. Weekly acupuncture and a tailor-made nutritive supplement program were employed to rebuild the massive depletions a Lyme patient suffers, all supervised by my Integrative Medicine physician. It took five years of hard work. After being bedridden for two years, we slowly built in walking, then exercise-yoga and swimming, and deep inner work done at the spiritual levels.

# PHA: What is the biggest misconception about Lyme disease you would like to correct?

Katina: That you must have a "bulls eye" rash. Only 50% of people manifest this rash. I never did!

# PHA: Is spiritual work really a player in recovery from chronic Lyme disease?

Katina: Yes, in spades! The energy of this illness is that of depletions, depression, anxiety and exhaustion. So many lose their careers, financial savings, and joy. The emotional and spiritual ravages are often profound. It was just as essential I spend time mending my broken spirit as well as my broken body. All forms of chronic illness really call for inner healing. Fixing the body is only part of the equation.

#### PHA: What would you tell a person with a fresh tick bite or Lyme infection?

Katina: Get on 6-8 weeks of antibiotics immediately for a new infection or suspicious looking/feeling tick bite. Killing the borrelia burgderferi bacteria as soon as it enters your bloodstream is critical before it replicates. Insist your physician take the ILADS.com doctor training (easy to do) to become "Lyme literate," so they can properly treat and diagnose. The out-dated antibiotic

regime of two weeks in insufficient in killing this aggressive bacteria and its companion co-infections. Have your tick tested at MainelyTicks.com.

#### PHA: Any prevention tips?

Katina: Cover your body with essential oil formulas of lemon balm, rose geranium, eucalyptus, available in health food stores. Use permethrin bug repellant on clothing. Creating a tick deterrent vard habitat requires removing bird feeders, moving the log pile to the outskirts of your land, making a three-foot wide pebble or heavy bark mulch border around your personal patio area. Ticks won't walk on such rough terrain. They like cool, shady areas. Prune, trim all grass and shrubbery. Open, sunny decks and patios are safest. Wear long sleeves and a hat when gardening, hiking. Do tick checks nightly.

#### PHA: Do people select alternative medicine versus traditional medicine when treating Lyme disease?

Katina: No. I believe that this is the epidemic illness of our era that asks us to unite the two hands of health care. It asks us to take the scientific diagnostics and pharmaceutical weaponry of allopathic western medicine and marry it with the restorative therapeutics of natural medicine. We all know two hands working together are better than one. Killing the bugs is half the story; the other half is rebuilding the depletions a long-term infection induces. An acute infection though is clearly eliminated with prompt, aggressive antibiotics.

#### PHA: What did you learn about yourself in the ten years you battled Lyme disease?

Katina: Re-evaluating the way I lived my life. The type A American lifestyle of exter-

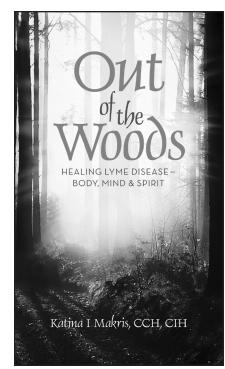
nal success, displayed by career status, financial wealth, material accumulation creates a hard-driving pace and personality. Spending years alone, stripped of these structures, in contemplation and on forced rest, I journeyed into my soul's center. I discovered much about myself, humankind and true healing. Now I favor the compassion and creativity, I have earned, as personal emblems of success. It all boils down to who we are on the inside, essentially. Developing character is one of life's true lessons. Lyme stripped me down to bare bones and I re-bloomed with greater wisdom and a calling to end this epidemic.

## PHA: Tell us why you wrote "Out of the Woods".

Katina: As beings we need nurturance and care when we are ill. I wrote "Out of the Woods" as a hand-hold of comfort and inspiration to the all too many who suffer with this illness. The Lyme epidemic has flown under the radar for decades, leaving an estimated 3,000,000 people stricken in various stages of this chronic form. "Out of the Woods" offers diagnostic and treatment guidance, too. Most vividly, it puts voice to the emotional experience the Lyme collective shares. I offer it as a talisman of hope, and a light of inspiration that you too can heal.

# PHA: As a woman who battled back from the brink of death to recovered health, you are a stunning visionary for so many others. How do you maintain your energy and well-being now?

Katina: Balance, moderation, self-care, meditation, prayer, fun, exercise, rest, and creativity are my steady staples. I take immune and adrenal supplements and a low dose of Cat's Claw. Every day I practice gratitude and intention. I am blessed to have healed. I take nothing for



granted and honor divine guidance.

# PHA: What lies in your future, as you seem to be so passionate about living?

Katina: Yes, it is true. I live from my heart now, not my mind or society's expectations. My calling is to promote healing at the mindbody-spirit level. We need to become more attuned to our inner powers and use them. I have two books in the works. One on spirituality and healing, another on Lyme and auto-immune illness recovery. I'm deliriously excited, too, about the exciting dialogue my new radio show "Lyme-Light Radio with Katina" will create on all things related to Lyme disease. We will have scientists, patients, doctors, authors, advocates and more, with an open call-in format. How fantastic to be sharing this on the airwaves! Life breeds many miracles and I am honored to be walking my path with purpose and love.

Katina I. Makris, CCH, CIH Classical Homeopath, Intuitive Healer, Author, Speaker; USA Book News award finalist, "Out of The Woods: Healing Lyme Disease, Body, Mind & Spirit"

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# Discover Lyme The Top Disease TO Treatments

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## Common Emotional Patterns in Chronic Illness

by Amy Scher

Working with so many different types of clients, I am always finding common threads in emotional energy patterns I see. Because I had chronic Lyme disease and about 50% of my clients experience it, I thought it might be useful to outline some of the common emotional denominators I see with this disease. I believe these are factors that disrupt the energy in the body, making it harder to heal. And who isn't willing to make healing a little easier, right?

#### **How These Patterns Affect Us**

Unresolved emotional issues and negative emotional patterns can put a huge stress on the immune system, which can allow a disease to take over. Our immune systems are our bodies' greatest protection. Stress hormones have been found to inhibit the production of cytokines, the agents of the immune system that respond to danger. This causes these cells to overreact and create an inflammatory response that is over the top, often creating a greater problem than the original danger. Our systems cannot distinguish the difference between a negative emotional pattern, trauma or wound; or a real threat to our physical health. If the emotional issue or trauma does not get released, our bodies can remain in a perpetual state

of stress

Clearing these emotional issues can be highly beneficial in releasing the immune system from suppression.

In my opinion, a disease always serves a purpose - to keep us safe, to allow us justification to not be perfect, to force us to care for ourselves when we'd otherwise feel too guilty, to make us re-assess how we live, our relationships, and the list goes on.

The only way our body has to communicate with us is with symptoms, and it does a very good job using them to get our attention:) Once you take away the body's reason to try to get your attention, it is amazing how the symptoms can start to fall away because they have no purpose anymore.

#### What is your body trying to tell you?

Common Emotional Patterns Leading to Stress

1. Self-criticism (fear of not being perfect). This is a huge one. My Lyme disease clients are some of the ones that beat themselves up the most - about everything. I can attest to having been one of the best examples of these people (and still have to work on it to this day). This process is so unconscious that many people don't realize it until we start to break down what's really going on. Some ways this shows up are fear and guilt. If these are

themes in your life, chances are you're probably a highly self-critical person. I often recall something a friend used to tell me when I was struggling with chronic health issues: The mind leads and the body follows. If we are constantly telling ourselves we aren't good enough, criticizing every little thing - why do we think the body has any reason to feel deserving of health, and ever come into line with that?

What messages are you giving to yourself? Ones that you deserve to be healthy, or ones that allow your mind and body to justify that you're in exactly the right place with deserving the punishment of an illness. Our bodies listen to us - make sure you're not sending the wrong messages.

2. Inability to trust self and life (has to be in control). Another one I always see is inability to trust - which leads to a feeling of being unsafe in the world. This is the person who tries to control EVERY-THING. This one is not only completely exhausting, but never works either (or else you probably wouldn't be reading this). We always tend to think that our analytic selves know better than anything or anyone how to run our lives. But it's not always true. We over-plan, over research, kill ourselves getting every perspective from every doctor everywhere. But the sheer amount of energy this consumes,

takes an unbelievable toll on the body (and mind)!

How would things be different if you followed the flow of where life was trying to take you? For those of you who believe in the Universe and/or God, how would things be different if, just for awhile, we considered they knew more than us? And also considered that our inner selves knows what feels right for us? What if we stopped over-researching, over controlling, over analyzing everything and just followed what felt right?

I believe there is an absolute flow to life and by trying to control the path precisely using logic, you may be steering yourself away from the very place you're meant to go...

I saw a massive shift in my health when I was finally able to just let go....stop holding myself to unrealistic treatment rules I made for myself....trust that if I was feeling something wasn't the right road for me despite what others' said, it would be ok.

You can't imagine the strain on your body that's released when you get to this point of trusting and letting go.

3. Taking on too much responsibility. This one is a pattern of taking on everything! I find these clients to be highly energetically sensitive which can be a gift; but the downfall is it's too easy to take on everyone else's crap. Once someone has a chronic illness, this can become exacerbated as they suddenly feel like they have to save everyone from going through this themselves. It perpetuates the problem.

This can show up in a few ways: feeling responsible for other people's feelings, feeling like you have the responsibility to make sure other's lives are going right, thinking you know better for someone else than they do, and feeling like you have to save people from their own pain or possible mistakes.

This is dangerous as not only are you draining your own energy, but no one has a right to impede on another's journey. We each walk on our own and you are interfering when you can't allow someone else to fully be themselves. This attempt at 'helping' other people hurts both parties.

Once someone can work through their need to take responsibility, it can release so much healing energy for their own body.

#### Do Any of These Resonate With You?

If any of these resonate with you, it is a good idea to start watching out for this pattern and even watching for how it might correlate with symptoms. Your body is a messenger and it's trying to tell you something.

How would it change your life if for awhile, you tried to really, really listen?

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#### James Park, PharmD Candidate

Curcumin is a water soluble orange-yellow colored powder and is one of three curcuminoids found in the herb, turmeric (Curcuma longa)<sup>1</sup>. The other curcuminoids found in turmeric are demethoxycurcumin and bisdemethoxycurcumin. Turmeric is a yellow Indian spice which has a long history of treatment for inflammatory conditions in Ayurvedic medicine in India. Curcumin is the main constituent of turmeric and was identified in 1910 by Lampe and Milobedzka. Curcumin has been known to treat a vast number of indications such as rheumatoid arthritis, ulcerative colitis, dyslipidemia, Alzheimer's disease,

and even certain cancers. This natural product is capable of treating many indications due to its number of properties. Curcumin has anti-inflammatory properties by inhibiting numerous enyzmes and cytokines involved in the inflammatory response such as cyclooxygenase-2 (COX-2), lipoxygenase (LOX), inducible nitric oxide synthase (iNOS). tumor necrosis factor (TNF), and numerous interleukins2. By inhibiting such enzymes involved in the inflammatory process, curcumin can be compared to non-steroidal anti-inflammatory drugs (NSAID) in the treatment of rheumatoid arthritis and osteoarthritis. TNF promotes the inflammatory process and is typically associated with chronic autoimmune indications such as rheumatoid arthritis and Crohn's

disease. By inhibiting TNF, curcumin can also be compared in terms of mechanism of action to costly TNF inhibitors such as etanercept (Enbrel), infliximab (Remicade), and adalimumab (Humira).

Curcumin also displays antioxidant properties where it can prevent damage due to free radicals. Free radical mediated peroxidation of membrane lipids and the oxidative damage of DNA have been thought to be associated to chronic indications such as cancer. Also, the improper regulations of inflammatory enzymes such as COX-2, LOX, and iNOS have also been believed to cause certain cancers. Due to curcumin's antioxidant and antiinflammatory properties, it has been thought to be able to treat certain cancers.

Curcumin is believed to be able to protect the brain not only by binding to heavy metals, such as cadmium and lead, but by inhibiting glutathione S-transferase as well to prevent toxicity3. By inhibiting glutathione Stransferase, this would increase the amount of reduced glutathione circulating in the body. Also, this herb is believed to lower cholesterol, prevent blood clots, and treat stomach conditions such as nausea, bloating, appetite loss, and gas. Understanding the potential this natural herb has with its medicinal properties can open the door for alternative treatment in many indications. If curcumin has the potential to treat rheumatoid arthritis and osteoarthritis as well as

#### Curcumin

increase gluathione, could this natural herb possibly be an alternative treatment for patients with chronic Lyme disease?

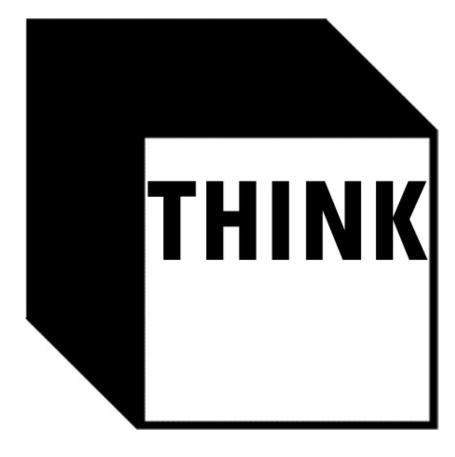
Lyme disease is a potentially debilitating condition that can lead to chronic therapy if not treated properly. Lyme disease is caused by a bite from a tick that transfers the bacterial spirochete, Borrelia burgdorferi <sup>4</sup>. Lyme disease is the most common tick-borne disease in Northern America. Early symptoms of Lyme include fever, headache, fatigue, depression, and the distinctive skin rash that resembles a bulls eye which is also known as erythema migrans. Patients who suffer with chronic Lyme disease often experience chronic, yet periodic, arthritis, confusion, lack of coordination, skin disorders, and/or dizziness. It is believed that a patient with Lyme disease has a decreased amount of glutathione in the body. Glutathione has been referred to the "body's master antioxidant" and is naturally produced in the body 5. It is thought that Borrelia burgdorferi causes a release of reactive oxygen and nitrogen species that require glutathione for clearance. However, the bacteria deplete the body's supply of cysteine which is essential for the formation of glutathione. Aside from appropriate antibiotics, curcumin seems to be a viable option for treatment of chronic Lyme disease with its antiinflammatory property, antioxidant property, and

inhibition of glutathione S-

transferase. It is important to know the difference between the supplements available over the counter. Turmeric supplements are essentially the spice itself and do not contain high percentages of either turmeric or curcumin. The percentage of curcumin in these supplements is not enough to become health beneficial. There are curcumin and turmeric extracts available which consist of a combination of all of the curcuminoids and are at high enough percentage to be health beneficial. Previously, curcumin had a reduced bioavailability due to many factors including poor absorption, high rate of metabolism, and/or rapid elimination from the body. However, there have been many different promising approaches to improve both bioavailability and absorption. Adjuvants, which can block the metabolism of curcumin, are one way to possibly improve bioavailability<sup>6</sup>. Piperine is an adjuvant isolated from black pepper that inhibits glucuronidation of curcumin by inhibiting CYP450 enzymes and uridine 5'-diphospho-glucuronosyltransferase (UGT)1. Quercetin is derived from soy beans and inhibits sulfotransferases which is involved in the metabolism of curcumin. Another adjuvant being studied is genistein which inhibits alcohol dehydrogenase. With the addition of adjuvant(s), this leads to an increase in curcumin bioavailability, serum concentration, and absorption. All of the adjuvants have the probability of

improving bioavailability; however, studies may indicate that the inhibition of glucuronidation by piperine may be the major mechanism by which it improves the bioavailability of curcumin<sup>6</sup>. Liposomes, micelles, and phospholipid complexes are other promising formulations that appear to provide better permeability and longer duration in the body. Due to previous studies, it was found that compounding curcumin in a liposomal vehicle led to an increased capability of loading more curcumin in to cells than with either human serum albumin (HAS) or dimethyl sulfoxide (DMSO). A micelle is the formation of molecules (e.g. phospholipid complex) that aggregate in a aqueous solution. Micelles and phospholipid complexes, such as silymarin and dolichol, have been shown to improve the gastrointestinal absorption of natural drugs. BCM-95 curcumin (EuroPharma) is the new formulation that has an astonishing absorption rate in comparison to other curcumin supplements. According to recent studies, it was shown that there was a 10-fold increase in absorption with BCM-95 compared to other curcumin supple-

Because curcumin is a natural herb that is consumed as a spice throughout the world, it is considered generally safe. However, drug interactions with anticoagulants/antiplatelets, chemo regimens, norfloxacin, and midazolam have been cautioned. Primary care physicians "Curcumin"...cont'd pg 7





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## Desperate Times for Vaccine Risk Denialism

#### by Barbara Loe Fisher

These are desperate times for those denying vaccine risks. We know it because we are witnessing so many acts of desperation being committed by doctors determined to shut down the public conversation about vaccination and health. Vaccine risk deniers are working overtime to restrict public access to information, cover up vaccine injuries and deaths and violate the human right to informed consent to medical risk-taking.

#### No Flu Shots? No Employment.

2013 was only a few days old when public health agencies and medical trade groups called for veteran nurses and other health care workers to be fired for refusing to obey orders to get annual flu shots - no exceptions and no questions asked. 1 It did not matter that the risky and notoriously ineffective influenza vaccine turned out to be almost useless in preventing infection with the most prevalent influenza strains circulating in the U.S. this year. <sup>2</sup>

#### Proposed State Legislation to Force Vaccine Use

This was followed by the introduction of legislation backed by public health officials and Pharma-funded medical trade groups like the American Academy of Pediatrics in states like Texas, Oregon, Arizona and Vermont. <sup>3</sup>Their goal is to remove or restrict non-medical vaccine exemptions in state laws so doctors have more power to force vaccine use by children and adults no questions asked and no exceptions.

#### Institute of Medicine Report: Where Is the Good Vaccine Science?

In mid-January came the eye-opening Institute of Medicine committee report acknowledging that only 37 scientific studies have examined the safety of the current U.S. vaccine schedule for newborns and children under age six,<sup>4</sup> which now totals a stunning 49 doses of 14 vaccines <sup>5</sup> compared to 23 doses of 7 vaccines recom-

mended in 1983. <sup>6</sup> The lack of enough good scientific studies meant the committee could not determine whether the numbers of doses and timing of government recommended vaccinations is or is not - associated with development of chronic health problems like seizures, autoimmunity, allergies, learning disabilities and autism in the first six years of life. <sup>7</sup>

#### New U.S. Autism Prevalence Statistic: 1 Child in 50

In March, a report was issued by the National Center for Health Statistics estimating that among children attending school in America, today 1 child in 50 has been diagnosed with autism spectrum disorder (ASD). 8 In 2004, that number was 1 child in 150. In 1992, it was 1 child in 500 and in 1986 it was 1 child in 2000. 9

By April, which is Autism Awareness Month in the U.S., there was a full court press by doctors inside and outside of government to dismiss any association whatsoever between steep increases in the numbers of vaccinations given to children during the past 30 years and corresponding steep increases in the numbers of children developing autism. Those doctors know, but a lot of young parents today don't know, that the public conversation about vaccine-induced brain inflammation and chronic brain and immune system dysfunction, including autism, began 16 years before a study was published in The Lancet in 1998 examining the potential association between MMR vaccine and autism. 10 11

#### CDC Study Fails to Confirm Offit's Claim 10,000 Vaccines Safe for Babies

On Good Friday, April 1, during Easter and Passover observances, a study conducted and funded by the Centers for Disease Control was released by the Journal of Pediatrics declaring that "increasing exposure to antibody stimulating proteins and polysaccharides in vaccines is not associated with risk of autism" and, therefore, vaccines don't

cause autism. <sup>12</sup> It was a pathetic attempt to validate a Machiavellian hypothesis forwarded in 2002 by pediatric vaccine developer Paul Offit claiming that an infant could safely respond to 10,000 vaccines given at any one time. <sup>13</sup>

However, an eighth

grade science class student with an elementary understanding of health research methods, 14 the bioactivity of various vaccine ingredients 15 <sup>16 17 18</sup> and the difference between naturally acquired and vaccine acquired immunity, 19 could figure out that the absence of an unvaccinated control group meant the study was fatally flawed. It proved absolutely nothing about the potential relationship between administration of multiple vaccinations in early childhood and the development of autism among genetically diverse children with and without increased biological susceptibility to adverse responses to vaccination. 20

#### Pediatricians Label Social Networking Parents

"Nonconformers"

On April 15, Pediatric News published an online survey stating the obvious: a person's knowledge, values and beliefs, as well as the opinions of friends and families in social networks, strongly influences decisions about vaccination. <sup>21</sup> Parents who expressed doubts about vaccine safety and used alternative vaccine schedules for their children were pejoratively labeled as "nonconformers.

Pediatricians commenting on the survey suggested that nonconforming parents did not base their vaccine decisions on "rational logic" and "scientific evidence" because they were influenced by non-conforming friends and misleading information on nonconforming websites. 22 Apparently, there was no consideration given to the fact that nonconforming parents found the poor science and empty rhetoric buttressing onesize-fits-all vaccine policies entirely unconvincing. 23

#### Journalist & Magazine Attacked for Article Questioning Gardasil Safety

April was also the month that a veteran journalist and radio show host was personally attacked by pediatricians and public health officials in Buffalo, New York for daring to write an article questioning the safety of Gardasil vaccine and urging parents to make informed vaccine choices. 24 Outraged doctors threatened to financially ruin the magazine that published the article by destroying the magazine's paid advertising base unless the article was retracted. 25

#### Offit Plays Class & Race Card to Demonize Smart Nonconforming Parents

By the end of April, a CNN reporter quoted doctors blaming outbreaks of whooping cough, measles and mumps on unvaccinated people in developed nations, who spread their vaccine safety doubts on the Internet and jeopardize the health of people around the world. 26 Crassly playing both the class AND race card, the magical thinking, attentionseeking Dr. Offit offered the opinion that "It is the upper middle class, well-educated Caucasian parents who are shunning vaccines. They have generally gone to graduate school, are in positions of management and are used to being in control," he said flatly.

Doctors playing the blame game apparently disagree about whether nonconforming parents asking questions about vaccines are simply stupid and irrational or are just over-educated, rich white folks refusing to acknowledge the intellectual superiority and infallibility of those with M.D., PhD or MPH written after their names regardless of the color of their skin or how much money they make.

Doctors like Offit, <sup>27</sup> Halsey, <sup>28</sup> <sup>29</sup> <sup>30</sup> Plotkin, <sup>31</sup> <sup>32</sup> Omer <sup>33</sup> <sup>34</sup> <sup>35</sup> <sup>36</sup> and others denying vaccine risks are blaming everyone but themselves for the miserable statistic that 1 child in 50 in America develops a type of brain and immune dysfunction labeled autism when it used to be 1 child in 2000 before they dumped three times as many vaccinations on babies.

#### Regression Into Poor Health After

#### Vaccination: A Universal Experience

What doctors drowning in denialism <sup>37</sup> refuse to accept is that, today, everybody knows somebody who was healthy, got vaccinated and was never healthy again. <sup>38</sup>That pattern of regression into poor health, 39 that universal experience of suffering after use of a pharmaceutical product that has a long, well documented history of risks 40 41 42 and failures, <sup>43,44</sup> is why the public conversation about health and vaccination in the 21st century must and will continue. It will continue until doctors, who are pushing more and more vaccines on children and adults already more highly vaccinated and sicker than ever, come up with a much better explanation than it's "bad genes," "better diagnosing" or all "a coincidence."

#### Vaccine Makers and Doctors Shielded from Liability Have Ethical Duty

In the U.S., vaccine manufacturers are shielded from product liability in civil court and doctors promoting and administering vaccines are also shielded from vaccine injury lawsuits. 45 46 Doctors without legal accountability have an even greater ethical duty to encourage patients and parents of minor children to become educated about all risks and honor the vaccination decisions patients or parents make, even if the doctor does not personally agree with the decision made.

Freedom of thought, speech and conscience are deeply valued and constitutionally protected rights in America. 49 The public trust in the integrity of public health policies is destroyed when defensive doctors unwilling to share decisionmaking power fail to respect the human right to informed consent to medical risk taking and behave like schoolvard bullies instead of compassionate healers committed to, first, doing no harm.

# References available at the www.NVIC.org website.

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## "Curcumin" ...cont'd from pg 6

should be made aware if patient is consuming curcumin. Why isn't everyone taking curcumin? This natural herb supposedly demonstrates many properties that sound promising, however, there lacks clinical evidence for support. People should be made aware of Curcumin's possibilities and with further studies, this natural spice has the potential to treat numerous indications.

For more information on how Curcumin might be beneficial for you, call Community Compounding Pharmacy at 1-855-LymeRxs or send your inquiry to compounding specialist Melissa Ruark at melissa@communitypharmacymd.com.

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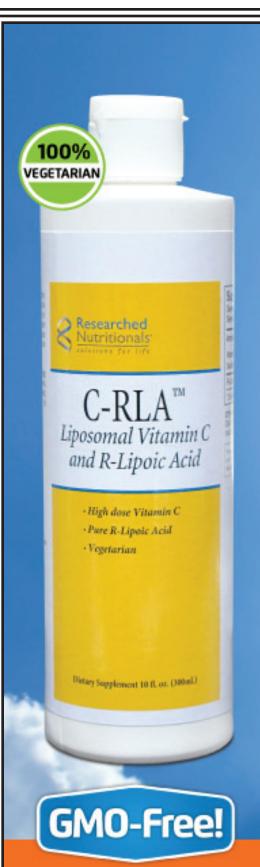
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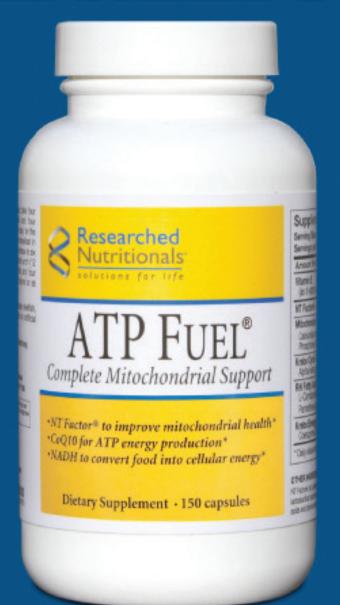
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