In 1975, I was the only psychiatrist in an eight-county area in the rural South. While making hospital rounds, a nurse timidly approached me and handed me a note on a doctor’s prescription pad which read, “This patient has too many complaints, and all the tests are negative. The problems are all in her head; she is hopeless, so I am referring her to you.” This note was a good example of the confusion that surrounds the mind-body interaction in a state of disease. This same conceptual error persists today, unfortunately among some physicians in highly respected and influential positions. There is considerable confusion regarding terms such as psychosomatic, somatopathic, hypochondriasis, malingerer, and factitious disorder. Our manner of categorizing these conditions is also confusing.

It is incorrect to state that any disease process is even “all in the head” or “all in the body,” since there is constant reciprocal interaction between the brain and the body. The body consists of the brain and the rest of the body, the soma. The brain is in constant communication with each other through four major systems—the voluntary nervous system, the autonomic nervous system, the endocrine system, and the immune system. Any change in the brain can impact the soma and vice versa through communication in these four systems. All diseases have a psychic and somatic component, however, either component may be more dominant in different disease states. It is also incorrect to state that a disease process is either a psychological or a physical process, since all mental processes correlate with physical, biochemical events with the brain.

To discuss the brain/body connection, I’ll begin with a few definitions. Some of these definitions are from the American Psychiatric Association Diagnostic and Statistical Manual DSM IV:

- Psychosomatic: Mental distress results in somatic symptoms.
- Somatopsychic: Somatic distress results in mental symptoms.
- Hypochondriasis: An excessive fear of having a serious disease based upon misinterpretation of one or more bodily sign or symptom.
- Malingerer: The intentional production of false or grossly exaggerated physical or psychological symptoms motivated by external incentives such as financial compensation, obtaining drugs, avoiding work, etc.

Factitious disorder (Munchausen’s Syndrome): The intentional production of physical or psychological symptoms that are intentionally produced or feigned in order to assume the sick role. The highly controversial factitious disorder by proxy (Munchausen syndrome by proxy) is in the intentional production of symptoms in another person.

Somatoform disorder: A broad diagnostic category of disorders currently used by the American Psychiatric Association in which there is the presence of physical symptoms that suggest a general medical condition which cannot be explained by the etiologic condition, and is not caused by the direct effect of a substance.

Somatization disorder (previously called hysteria or Briquet’s syn- drome): A disorder with multiple symptoms beginning before the age of 30, extending for years, characterized by a combination of pain, gastrointestinal, sexual, and pseudoneurological symptoms which cannot be explained by the presence of a medical condition.

Conversion disorder: Sensory or voluntary motor symptoms resulting from repressed emotional conflicts.

 Panic attacks: There is a feeling of alarm and doom accompanied by acute symptoms of a high level of physiological arousal.

Somatic delusion: Somatic complaints as a result of a delusion. There are many unknowns about the true nature of disease at this point in history. Many diseases have not yet been discovered or properly categorized, and the dynamics of common diseases are not fully understood.

Complex, poorly understood diseases are often considered to predispose naturally have a psychological basis until proven otherwise. Tuberculosis, hypertension, and stomach ulcers were once considered to be psychosomatic. A failure to make a diagnosis based upon various so-called “objective tests” is not a basis for a psychiatric diagnosis. The diagnosis of any psychiatric syndrome requires the presence of clearly defined signs and symptoms consistent with each diagnostic category. The presence of a psychiatric diagnosis does not eliminate the possibility of a comorbid somatic diagnosis. It is significant to ask whether all of the signs and symptoms can clearly be explained as a result of a psychiatric syndrome alone. Many patients are given a psychiatric diagnosis as a result of an inadequate medical exam. Also many appropriate psychiatric conditions are often overlooked.

In a typical case of late stage Lyme disease, a person is reasonably healthy throughout most of their life, and then there is a point in time where a multitude of symptoms progressively appear. The number and complexity of these symptoms may be overwhelming and illness may be labeled hypochondriasis, somatization disorder, or psychosomatic. However, both hypochondriasis and psychosomatic illnesses begin in childhood and are lifelong conditions which vary in intensity depending upon life stressors. If a complex illness with both mental and physical components begins in adulthood, the likelihood that this is psychosomatic is very remote.

To properly understand the mind/body connection, a knowledge of general medicine, psychiatry, and the four systems which link the soma and the brain are required. No one has a complete knowledge of all fields of medicine. We must, therefore, retain a sense of compassion and humility, recognize that not all diseases have been discovered or properly understood and be aware that much remains to be learned about the brain/body interaction.
When Lyme Disease Goes Under-Treated or Undiagnosed
Lyme is a Brain Disease as Well as a Multisystemic Disease

by Dr. Virginia T. Sheer, M.D.

Lyme borreliosis is a brain disease as well as a multisystemic disease caused by spirochetal bacteria.* Quite frankly, it is an infection that has been burdened with too many inaccurate medical diagnoses. The manner in which the current pandemic of tertiary Lyme disease, neuroborreliosis, has usually been handled—either angrily dismissed or strangely misdiagnosed—during the 30 years following its “discovery” has blemished the historic example of modern American Medicine. After all these years, neuroborreliosis is still actually considered rare by a majority of physicians, most of whom are spirochetically naive. Officially tallied cases in 2004 after flawed reporting styles were instituted, when combined with uncounted cases may approach upward of an uncounted number. All new borreliosis infections in the USA alone. And Lyme infections have been verified as present on all but one continent, globally. The disease is more-than often than not accompanied by several of a half-dozen or so of the other serious tick-borne infections that currently have been identified.

Losses of acuity in the human brain’s visual cortex have been observed as early as 2 days following the toxic bite of an infected tick. Lyme may persist after too brief a treatment and may result in chronic neurological symptoms. The syndrome that is falsely diagnosed—"psycosomatic"—of powerful but passé diagnostic concepts limited only to the spray can doctor-viewed rashes, swollen knees to mention just a few. These symptoms can be very obvious to an experienced professional practicing in a Lyme-endemic area. However, cerebral behavioral symptoms of neuro-Lyme remain invisible to those whose diagnoses are solely based on old-fashioned concepts limited only to the aforementioned doctor-viewed rashes, swollen knees with positive ELISA blood tests.

Blood tests completed by local labs most frequently show false negative results to general laboratories’ inadequate understanding of proper techniques and choice of poor quality spirochetal samples on which they test. As a course, insurance companies prefer their negative tests. As mentioned, Lyme can rapidly go from Stage One (Early borreliosis) to Late (Tertiary) Stage disease following attachment of an infected deer tick’s or other vector’s bite so that quick and competent treatment are of the greatest importance. Later, accurate findings by sophisticated laboratories may be helpful, especially if Late Stage symptoms appear many years after the infection.
COWDEN SUPPORT PROGRAM

FINANCIAL ASSISTANCE IS AVAILABLE FOR THE COWDEN SUPPORT PROGRAM FOR ONE PATIENT OF A PRACTITIONER
LIMITED AVAILABILITY – CONTACT US FOR MORE INFORMATION

TO HELP THOSE WHO MAY HAVE SIGNIFICANT FINANCIAL HARDSHIP, NUTRAMEDIX IS PROVIDING A LIMITED NUMBER OF COWDEN SUPPORT PROGRAMS AT A DISCOUNTED PRICE TO QUALIFYING CUSTOMERS THROUGH THE SPONSORSHIP OF A PRACTITIONER

QUALIFICATIONS: (verified by a practitioner)

▶ Must be sponsored via physician
▶ Significant financial hardship
▶ At least 18 years of age
▶ Will be compliant to the program schedule

THE COWDEN SUPPORT PROGRAM:

▶ Helps the body resolve many chronic health challenges
▶ May order up to 9 months
▶ Affordable
▶ Easy to use
▶ 14 different Nutramedix products

LIMITED QUANTITY - CONTACT NUTRAMEDIX CUSTOMER SERVICE FOR MORE INFORMATION

NutraMedix®
Providing Quality Natural Products Since 1993
info@nutramedix.com • www.nutramedix.com • Tel: 800-730-3130 561-745-2917 • Fax: 561-745-3017
by Virginia T. Sherr, M.D.

The Pillaging Of Personalities: Our Lost Kids Are Being Hijacked By Spirochetes

The change in her personality was such that I thought of finding an excuse. Then came Vicki’s defiant, delinquent behavior and brushes with the law. She pushed that aside entirely with the notion that her troubles were related to her friend’s bad influence on her and setting her up for failure.

Vicki’s antibody blood tests came back with 5 positive Western Blot bands diagnostic for chronic Lyme disease. We needed to enlist the help of other skilled Lyme-literate professionals to evaluate her further. They prescribed doxycycline and gabapentin for her persistent Lyme disease and its behavioral and cognitive consequences. At her court hearing in December 2001, their written testimony was offered regarding her general and cerebral spirochete bacterial infection. A successful plea was entered on behalf of her release on electronic probation from what amounted to jail. No one noticed much change in Vicki when she was on the doxycycline, her mother said. However, upon my follow-up questioning in January 2002, Vicki described herself as having a “different state of mind - I’m calmer than I used to be. I can stand up and not be so tired all the time, and I am happier.” Taking medication and the antibiotic as prescribed, she also appeared to be more and more psychologically stable. In addition, she is not as physically symptomatic as she was before she took the recent oral doxycycline. The chronic Lyme disease symptoms that, while she was in jail, she attributed to her own personal peculiarities - chills, sweats, fatigue, palpitations, pains, headaches, difficulty thinking and concentrating, and muscle aching - all began to fade.

Due to her mother’s wise persistence, Vicki is undergoing medical evaluation for further antibiotic treatment. However, it is hard for Vicki to conceptualize that a brain infection might have been behind her serious behavior problems with this, there was just immediate, she says, “Now I want to get an education - I want my life back.”

Vicki is at home under house arrest now, wearing an electronic “bracelet” (monitor). She hasn’t experienced the crudity of the outside world since she was treated with the recent antibiotics. The greatest challenge she faces is the general one facing Chad, an 18-year-old youth whom she has never met, but whose saga is so similar to hers that she feels she has to be cloned. Chad was described by his mother as being “the most agreeable child I have ever known. Good tolerate intelligence. She was a big favorite of all who knew him as a little boy.”

Bitten by a deer tick at age 13 with resultant rash, he was treated, as per medical convention then, for 30 days of only twice daily doxycycline. He too, underwent a personality change and gradually became defiant, delinquent and seriously depressed. He denied extreme juvenile judgment. His mother often said that due to the extreme change in his personality, it seemed as if he were “possessed.”

Vicki turned to drugs and alcohol, in part for pleasure, but also because they quelled a strange inner restlessness which kept him up - pacing around.

Because of his poor judgment, Chad had been in several jail cells when he came of age to drive. His anxious parents sent him to private military and juvenile training centers that he now thinks were of little help. I first learned of Chad’s situation when his mother asked if I would come to court and testify. He spent some time in jail with 5 charges pending against him, was due to see a judge in the morning, and she hoped it would help if a skilled Lyme literate psychiatrist evaluation could be arranged.

Apparently, a wary jury judge actually accepted Chad’s transfer to house arrest. At first it was touch and go at home - Chad’s crimes continued in part because he still felt driven and restless. He constantly released from house confinement. During the day, he continually paced and at night he had dreams of alcohol and drugs - he only operated for anything that would provide surcease from his severe progressive fatigue and wished to be rid of his ankle monitor.

Both of these young people have lost any idea of what they really are like, what they are capable of, or who they could be. They do not remember and have lost track of the person they started out to be. Their childhoods were dictated by tics laden with spirochetes, longlasting agents that are toxic to personal development.

Each had dramatic personality changes over which they had no control and which were explained away as coincidental or to partake of the tick bite. Each mother had the feeling that her son must have been “possessed,” although they did not really believe in that possibility. In truth, these two young people were possessed - they were taken over by an unrecognized nervous system infection that pilfered their normal development.

The challenge now for each young person is to begin to accept those missed steps of lost maturation, recover a healthy sense of self and to use it to adapt to the real adult world in ways that work for them and for society. This may be a Herculean task. It is an on-going experiment as to whether Vicki and Chad can surmount the loss of 5-10 formative years and, in Chad’s case, the coincident abuse of the street drugs and alcohol that falsely promised relief from the symptoms of tick-borne disease. Gradually, these two families are beginning to understand the importance of dealing with all the toxic spirochetal perpetrators that hijacked their children’s own childhoods. Their own government once destroyed perpetrators of piracy on the high seas and lately it has not been reluctant to seek out and destroy human terroirs. One wonders when the same aggressive attention will be given by our government to tick and spirochetal plunderers of this generation of America’s pirated children. Make no mistake - it then could be possible some degree of aggressive attention to the lost children themselves would become unnecessary.

Previously published in The Lyme Times.
What Psychiatrists Should Know About Lyme Disease

**International Lyme and Associated Diseases Research Organization**

www.ilads.org

**When Should a Psychiatrist Suspect Lyme Disease?**

In a published study (Hajek et al., Am J Psychiatry 2002:159:297-301), one-third of 500 Lyme patients showed signs of past infection with the Lyme spirochete, Borrelia burgdorferi. The International Lyme and Associated Diseases Society (ILADS) has found that even severe neuropsychiatric complaints in this population can often be reversed or ameliorated with antibiotics used in conjunction with associated psychiatric treatments.

---

**Don’t miss this crucial diagnosis**

Patients with late-stage Lyme disease may present with a variety of neurological and psychiatric problems, ranging from mild to severe. These include cognitive losses such as:

- Memory impairment or loss (“brain fog”)
- Dysexia and word-finding problems
- Visual/spatial processing impairment (trouble finding things, getting lost)
- Slow processing of information
- Psychosis
- Seizures
- Violent behavior, irritability
- Rage attacks/impulse dyscontrol
- Anxiety
- Depression
- Panic attacks
- Rapid mood swings that may mimic bipolar (mania/depression)
- Obsessive compulsive disorder (OCD)
- Insomnia
- Sleep Disorders
- Attention deficit/hyperactivity disorder (ADHD)
- (ADD/ADHD)-like syndrome
- Autism-like syndrome

---

**Lyme disease is one of the fastest growing infec-**

tious diseases in the nation. The Centers for Disease Control and Prevention (CDC) reported over 23,783 new cases in 2002, and the government agency estimates that the total number may be tenfold higher. The disease is caused by a spirochete of a deer tick infected with the Borrelia burgdorferi (Bb) spirochete and may be complicated by other parasitic or coinfections. It is hard to diagnose because fewer than half of all Lyme patients recall a tick bite or develop the classic erythema migrans (“bullseye”) rash. As a result, many patients go untreated and develop psychiatric and/or neurological symptoms.

Lyme disease sometimes begins as a flu-like illness accompanied by fever, headache, sore throat and joint pain. After infection, patients may develop cardiac or early neurological problems including meningitis, encephalitis and/or polyneuropathies. Look for eyelid droop, facial weakness, numbness, tingling, pain, dropper eye, sensory distortions or any other focal neurological signs. This may be a history of neck pain and stiffness or muscle twitching. Some patients may have psychiatric symptoms in single or multiple areas.

Most patients mention this to a physician only if directly asked. At any time after a tick bite, patients may also exhibit cognitive symptoms such as memory and concentration impairments and/or finding difficulties, ADD/ADHD-like symptoms, learning disabilities, OCD, crying spells, rages, depression/bipolar disorder, panic/anxiety disorders and psychoses - all may be caused or exacerbated by Lyme disease.

Disorders of the nervous system have been noted in 15 - 40% of late-stage (tertiary) Lyme patients (Calhoun et al., Neurolo-

gies: American Academy of Neurology 1999;39:69-74). When Lyme disease affects the brain, it is often related to Lyme neuroborreliosis or Lyme encephalopathy. Usually the patient is totally unaware of its presence. Neuroborreliosis can mimic viruses or any type of encephalopathy or psychiatric disorder and is often complicated by neurophilias. Both are caused by spirochetes, are multi-systemic, and affect a patient neurologically, producing cognitive dysfunction and organic psychiatric illness. Such symptoms may be dormant, only surfacing years later. Dr. Brian Fallon, director of the Lyme Disease Research Program at Columbia University and principal investigator of the NIH-funded study of brain imaging and functional testing for Lyme disease, cites five questions that imply warning signs of possible Lyme neuroborreliosis:

- Are there markers of non-psychiatric disease such as erythema migrans rash, arthralgias or arthritis, facial palsy, severe headaches, sound or light sensitivity, paranoia, delusions, and unusual in type or distribution? Look for unexplained muscle twitching. Some patients may have tick-borne illnesses.
- Are there addictions, new diagnoses such as multiple sclerosis, and/or disorders associated with Lyme disease? Consider Lyme disease in children with behavioral changes, fatigue, school pho-

---

**Lyme neuroborreliosis can mimic other neurological illnesses such as multiple sclerosis, explosive rage or sudden mood swings. To elicit data about cognitive problems ask broad questions such as, “How do you think your brain is functioning?” or “How many things can you handle at one time?” Consider Lyme disease in children with behavioral changes, fatigue, school phobia, academic problems, learning disabilities, headaches, sore throats, GI complaints and/or migraines. In teens, Lyme disease may be complicated by drug abuse.

The Lyme spirochete is slow growing and can be difficult to treat, so be sure the patient is treated with appropriate antibiotics for at least two to four weeks beyond symptom resolution. Most individuals with Lyme disease respond to antibi-

---

**Some of the common symptoms of late-stage (tertiary) Lyme disease may be:**

- Profound fatigue
- Chills, sweats and skin flushes
- Night sweats
- Migrating arthralgias
- Muscle pains/twitching
- Sleep disturbances
- Severe headaches
- Shifting neurologic pains
- Tremors, shakiness
- Night sweats
- Pain, tingling sensations, pain often shifting and unusual in type
- Cranial nerve disturbance (Facial numbness, pain, tingling, optic neuritis, trouble swal-

---

**What to Do?**

**Screen patients for Lyme symptoms, even those with complicated or atypical presentations.** Be sure to have Lyme disease in the differential diagnosis of your patient presents cognitive changes, extreme fatigue, weight changes, headaches, tremors, floriomyalgia, a history of “momo,” “spider bites,” multiple rashes, explosive rages or sudden mood swings. To elicit data about cognitive problems ask broad questions such as, “How do you think your brain is functioning?” or “How many things can you handle at one time?” Consider Lyme disease in children with behavioral changes, fatigue, school phobia, academic problems, learning disabilities, headaches, sore throats, GI complaints and/or migraines. In teens, Lyme disease may be complicated by drug abuse.

The Lyme spirochete is slow growing and can be difficult to treat, so be sure the patient is treated with appropriate antibiotics for at least two to four weeks beyond symptom resolution. Most individuals with Lyme disease respond to antibiotics, but the treatment course is highly patient specific. ILADS has published evidence-based guidelines for the treatment of Lyme and associated tick-borne diseases (Expert Rev Anti-Infect Ther 2004;2(4 Suppl S1):S5-33). For more information, visit the ILADS website at www.ilads.org.

---

**Parkinson’s disease-like syndrome**

- Other extrapyramidal disorders
- Visual disturbances or loss

---

**Checklist of common cognitive impairments in Lyme disease:**

- Memory problems
- Visual/spatial processing problems
- Language problems
- Abstraction problems
- Slowed processing speed

---

**Contact our website (for ad sizes and rates).**

---

**Features**

- Advertising in the Public Health Alert
- Does Advertising Work?
- ...It just did!

---

This ad caught your attention and you are now reading it. So what? We’ll offer services. Contact our website for ad sizes and rates.
Discover
The Top 10 Lyme Disease Treatments

www.Lyme-Disease-Treatment.com

Do you suffer from a neuromuscular disease?
MitoSynergy may help you to improve your quality of life and take control of your pain. With a one of a kind blend containing the patent pending Cunermuspir Complex, MitoSynergy may dramatically improve your energy, sleep, inflammation, motor control, pain management and muscle strength.*

FREE GIFT
use coupon code PHEALTH and receive a free gift with your order!

ORDER TODAY at www.MitoSynergy.com†

MitoSynergy.com 1.866.412.MITO facebook.com/MitoSynergy

† Free Shipping. While supplies last. *These statements have not been evaluated by the Food & Drug Administration. This Product is not intended to diagnose, treat, cure or prevent any disease.
WE TREAT THE
CAUSE OF THE DISEASE
NOT JUST THE SYMPTOMS

“We are pioneers in Integrative Medicine that blend the best conventional medicine with the best alternative therapies. The unique approach to wellness recognizes the effectiveness -- in body, mind and spirit...”

LYME DISEASE:
WE FEEL YOUR PAIN
then we treat it.

ALSO TREATING:
Chronic Fatigue
Lupus
Scleroderma
Cancer
Fibromyalgia
Bacterial Infections
Viral Infections
Fungal Infections
Toxicities
MS & Parkinson's
Arthritis
Skin Disease
Cardiovascular disease
Allergies
Chronic Pain
Hypoglycemia
Diabetes
Diseases of unknown origin

Sierra Integrative Medical Center optimizes health service by drawing from all schools of medicine. We utilize scientifically-proven conventional treatments in combination with alternative therapies that are designed to strengthen the body so it can heal itself.

Our services are designed to provide a holistic healing approach with a broad range of healing modalities, including but not limited to: homeopathy, natural & biological medicine, nutritional therapies, orthomolecular integration & neurotherapy.

We emphasize preventative protocols so as to avoid recurrence and the development of new problems.

We are always open to accommodating patients. If you have a specific request, please contact us to discuss your health treatment or health protection plan.

Danella Carpenter: Lyme Disease
"After 4 months of antibiotics treatments and my health declining, my doctor agreed that we should take another course of action. It was then when we came across Sierra Integrative Medical Center and we knew this was the better way to go with a more holistic approach. The natural form of treatment the clinic used made logical sense to me. They are able to spend the adequate amount of detailed time with each patient, and heal the body as a whole, not just the symptoms and not just the Lyme. Now, I feel better than I have in years. I have energy and my body continues to feel stronger each day!"

SIERRA INTEGRATIVE MEDICAL CENTER
9333 Double R Blvd, Suite 100
Reno, NV | 89521
www.sierraintegrative.com | (775) 828-5388