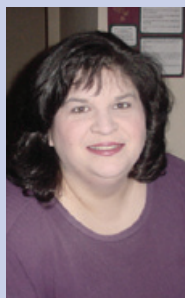


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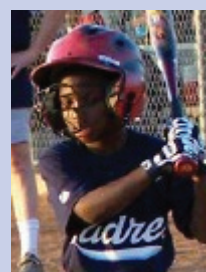
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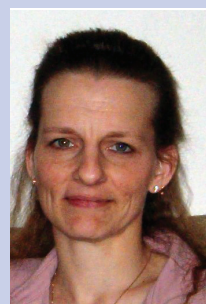
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Think Tank to Examine Link Between Autism and Lyme

Why are doctors saying that up to 90% of children with autism are infected with Lyme disease? The Lyme Induced Autism Foundation held a physician's Think Tank in January to discuss these recent findings.

Corona, CA (PRWeb) --

New reports indicate up to 90% of children with autism are infected with Lyme disease. With autism being diagnosed at a staggering rate of 1 out of every 166 children, parents are questioning this new finding.

Doctors and parents alike have been examining the potential causes of autism for years, some of which include thimerosal filled injections, environmental factors and most recently Lyme disease. With more doctors supporting the link between Lyme disease and autism, parents have joined forces to create the Lyme Induced Autism Foundation.

The foundation held a physician's Think Tank on January 26-28th in San Diego, CA to discuss this recent finding. Co-

founder Tami Duncan states, "The Think Tank is an opportunity to bring the Lyme disease specialists and the autism specialists together to create testing and treatment options for our kids." This is a groundbreaking effort that will hopefully analyze this even further to provide some answers to families.

Duncan says, "We are not saying that Lyme disease is the exact cause of autism for every single child. Let me clarify; what we are saying is that Lyme Disease could be an inciting factor that is suppressing the child's immune system, which would make them more susceptible to heavy metal toxicity, environmental factors, etc. There is a large subset of autistic children in which this is happening. However, most children with Lyme induced Autism cannot begin to heal until this infection is under control.



Dr. Warren Levin, M.D. of Vienna, Virginia recently tested 10 Autistic children and 100% of the children tested positive for Lyme Disease.

Parents want their children healed of autism."

Where is the proof that Lyme disease is a factor in autism? Currently, several doctors have stepped forward talking about this issue. Dr. Warren Levin of Vienna, "Lyme-Autism"... cont'd on pg 16

Exciting News About Babesia

by Dr. James Schaller, M.D.

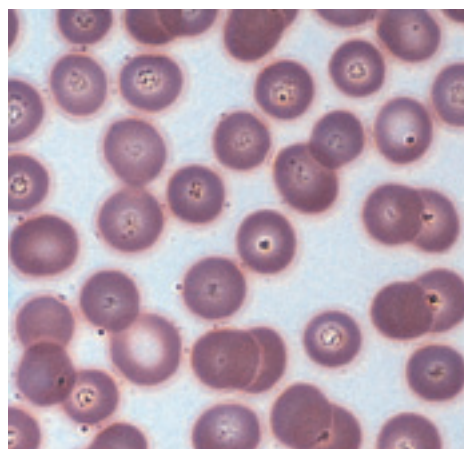
During the last twenty years, physicians and patients who were knowledgeable about Lyme disease increasingly realized that tick bites were "dirty" and carried a wide range of infections. Perhaps the most important of these co-infections is Babesiosis. This is an infection of red blood cells loosely related to malaria.

In 2006, I realized there was no up-to-date book addressing cutting-edge Babesiosis diagnosis and treatment, so I wrote a textbook on this critical infection, intended for doctors and patients alike. The article below offers some important key elements from this past year of research.

First and foremost, the notion that Babesia is rare is false. In one study which took place just over the United States border, 36% of Mexican citizens tested were infected with the strain Babesia canis. This infection is not supposed to be common in humans, but is sometimes found in dogs. In

another study, 3-8% of blood donors in the United States had Babesia microti.

Second, one study found that Babesia, as a co-infection, is common and present in 66% of



This is a sample of Babesia inside red blood cells and the small dots outside the red blood cells are presumed to be Bartonella bacteria.

patients with Lyme disease. This co-infection makes the patient commonly suffer from nearly fifty different symptoms which may include fever, waves of warmth, sweats, chills and fatigue. Babesia can also cause red blood cells to become deformed and stick in tiny

organ capillaries and cause dozens of debilitating symptoms.

The current state of diagnosis is unfortunately very poor. Typically, patients with known Babesial infection have lab tests which return negative on both PCR's (DNA) and antibody tests. These results occur despite the routine use of large, respected national labs. Further, the blood stains used are a fraction of those infecting humans and can require hours of manual searching with 1000x power magnification with oil. This tedious searching is rarely performed. To understand the magnitude of the blindness in blood smear testing, we need only to look at a similar illness, the process of malaria testing. Under the microscope, Malaria appears very similar to Babesia when present within the red blood cell. In one Baylor Texas Medical center study of 59 patients with clear malaria, 80% were given the wrong initial diagnosis, and some patients died.

"Babesia"...cont'd on pg 8

EDITORIALS & OPINIONS

What Every LLMD Should know About Pseudotumor Cerebri:

The Not-So-Benign Intracranial Hypertension



By Dawn Irons

Treating the Lyme disease complex of *Borrelia burgdorferi*, and its myriad of co-infections, has about as many twists and turns as an Olympic gymnast. Lyme literate medical doctors (LLMDs) and professionals know how difficult it is to treat the Lyme bacteria in its many forms: the spirochete, the cyst form, and the cell wall deficient form. It is a delicate balancing act.

The symptoms of Lyme disease are so vast that it has been called "The Great Imitator" since it mimics many other diseases such as ALS, Lupus, Multiple Sclerosis, Parkinsons, Autism and Alzheimers. Some of the more vague symptoms like extreme fatigue, frequent headaches, tinnitus, and eye floaters are often hard to tag down, and many times it is just assumed to be part of the irritating symptoms of the disease. But there may be something more to these symptoms than meet the eye.

The following information is something that every LLMD needs to understand and consider as they treat their patients. Several medical journals from Neurology to the journal of the American Board and Family Medicine have published research showing that doxycycline and minocycline, which are usually the first line of defense for antibiotic treatment of Lyme disease, can cause a fluid build up behind the optic nerve. This fluid build up can cause the optic nerve to swell, and if it is not treated and resolved, this can lead to perma-



An optic nerve with mild swelling (papilledema). Note the pathologic "C"-shaped halo of edema surrounding the optic disk (Grade I papilledema).

nent blindness. This condition is called Pseudotumor Cerebri (PTC), or benign intracranial hypertension. The word benign can be very misleading, in that permanent blindness is not really a benign issue, and one that can be avoided.

So knowing that the first line of defense in treating Lyme disease, the tetracycline drugs, is known to be a cause of this problem, one should look at other risk factors concerning PTC to see if whether doxycycline and minocycline are really the best option for treating certain patients with other risk factors.

PTC is primarily found in women in of childbearing years. There is also a trend to see this condition more commonly in overweight people. Men are not exempt from this problem, neither are people of normal weight. Children have been diagnosed as well. It has been diagnosed across the board in all kinds of people.

If a Lyme disease patient is experiencing frequent headaches,

migraine headaches, pressure behind the eyes, stiff neck, blurred or double vision, floaters in the eyes, swooshing sound in the ear, backache and extreme fatigue it would be advisable to consider ordering an MRI. Often times the MRI can reveal a fluid build up behind the optic nerve, but not always. A lumbar puncture, though much more invasive, can bring a definitive diagnosis of PTC.

For the sake of prevention, LLMDs should not prescribe the tetracycline drugs to patients that are overweight. Other antibiotic options should be considered in light of the risk factors for PTC. Diagnosing and treating Lyme disease is difficult enough, and long-term antibiotic use is not without certain risks. With the constant scrutiny of our LLMDs, we need to do all we can to educate ourselves, and fellow medical professionals, of this potential problem with what would normally be our first line of defense in treating Lyme disease. *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 nation wide support group leaders. These groups include the chronic illnesses of Multiple Sclerosis, Lou Gherig'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 attention. We seek to make sure that anyone struggling with these diseases has proper support emotionally, physically, spiritually and medically.

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821 Sansome Drive
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Is Aspartame the Kiss of Death?

An Interview with Dr. Betty Martini

by Sue Vogan

Dr. Betty Martini is the woman to go to when you want information regarding aspartame. She is the founder of Mission Possible International. The organization is committed to eradicating deadly aspartame from our foods. This volunteer force was started in 1991 and now has operations in most states and more than 25 countries.

Dr. Martini spent 22 years in the medical field and in 1970 established a model for the nation by creating *Physicians on Call*, a network of five emergency medical clinics in Atlanta, staffed with physicians 24/7. She was also a candidate for Mayor of Atlanta in 1973.

Dr. Martini has been the featured guest on hundreds of radio broadcasts, answering questions and giving facts on the corporate filth and the FDA corruption which places little blue packs of a neurotoxin on tables world

wide. Both the FDA and the National Soft Drink Association published damning evidence of aspartame toxicity which is now buried somewhere in the cemetery of truthful revelations. The truth is out and aspartame has become the kiss of death, so now producers are substituting a new poison, Splenda, which is now chemical sweetener #1.

For her years of unrelenting service in behalf of humanity Betty Martini was honored with the degree: Doctor of Humanities. Her husband, Don, is an ordained minister. They have 5 children and 7 grandchildren.

When I caught up with her, she had just returned from overseas - a working vacation with her husband. And a well-deserved one, I might add. Dr. Martini fields hundreds of emails and calls on a daily basis regarding aspartame.

What is aspartame and why is it not good for us?

"Aspartame is an addictive, exci-

toneurotoxic, and carcinogenic drug. It has triggered a global plague with a 1,038 page medical text, *Aspartame Disease: An Ignored Epidemic* by H. J. Roberts, M.D. (www.sunsentpress.com). The FDA revoked the petition for approval of aspartame because it triggered brain tumors and other tumors, cancer, seizures and it could not be proven safe. Don Rumsfeld called in his workers to get it approved as he was CEO of Searle.

Aspartame is a molecule composed of three components: aspartic acid (40%) an excitotoxin, or product that literally stimulates the neurons of the brain to death causing neurological damage; a methyl ester that immediately becomes methanol (10%) and converts to formaldehyde and formic acid causing metabolic acidosis; and phenylalanine (50%) as an isolate floods the brain, a neurotoxin lowers the seizure threshold and depletes serotonin. Lowered serotonin triggers psychi-

atric and behavioral problems, and aspartame interacts with all drugs and vaccines. It is a chemical hypersensitization agent.

How did the discovery of aspartame come about?

"According to the records, James Schlatter who worked for Searle, was trying to create an ulcer drug, got some on his finger and discovered it was sweet. Being a chemical poison, Searle couldn't get it to show safety and the FDA tried to have them indicted. Both U.S. Prosecutors, William Conlon and Sam Skinner hired on with the defense team and the statute of limitations expired.

Our food is governed by the FDA -- do they know it's not good for us? And, if so, why is it still on the market?

"The FDA revoked the petition for approval. (http://www.wnho.net/fda_petition1.doc) But once approved, the *"Aspartame"...*cont'd on pg 5

Reagan's Ramblings Rants & Raves

by Donna Reagan

The 3 Ring Circus Part 4: Big Pharma Elephants on Parade

Before I jump into the substance of today's topic, I thought I'd share something from my personal life. I know many of you are now on the edge of your seats, and I must warn you - you are about to be disappointed for total lack of 'juicy-info-factor'. My apologies.

Currently, I am in the midst of training my 75-lb mixed breed (half Pitt Bull/half Boxer) dog. I am attempting to teach him how to walk on a leash and how to NOT destroy everything in sight simply because he is bored. This, so far, has proven to be quite difficult for me - especially considering that taking him for a walk is essential if I am to meet his exercise needs along with his need for companionship. As some of you can probably guess, many times it feels like my 'puppy' is taking me for the walk....because he is. Although I clearly out weigh him twice over, he is much stronger than me. Sometimes during our training sessions, I also wonder who is training whom. Although I'm the one giving treats and praise if he performs in the manner I wish - I

sometimes wonder if he's thinking that HE's training me to give him treats if he just rolls over for a moment?

This thought led me to wonder if most trained animals think of themselves as being in the dominant role. Surely the circus animals like lions, bears, and elephants - with all their strength and weight on their side must certainly see they have some advantages over the human animal. And yes, I'm not blinded to the cruel reality that many of these animals are 'broken' - that man has broken their spirit in order to train them, which is one reason they will perform unnatural, and potentially painful acts such as elephants sitting on their back legs, feet raised in the air.

However, pretending (because this is my column...remember lots of pretending takes place here) these animals are treated with respect, and trained in a positive manner - I wonder if they think it is they who ultimately have the power? Because of its sheer weight and size, I naturally must make com-

parisons between the elephants and the pharmaceutical industry - with my apologies to the elephants of course.

While it seems "Big Pharma" works to meet the needs of the public, and while it seems the elephants work to please their trainer and the audience - what if these "beasts" consider it the other way around? What if the elephants agree to not crush the human trainers to death in exchange for their kibble? Perhaps that is the case....SO WHAT? Besides, how can that possibly compare with a multi-billion dollar industry that depends upon getting their "kibble" from the general population?

What possible power does "Big Pharma" have over the human animal - mankind?

Welcome back to the Big Top!

Before we proceed to further examine the Big Pharma beast - that parade of "elephants" standing prominently in the room, I would first like to make a highly-

opinionated, and possibly controversial statement. Remember it's my day to pretend that I am a columnist, so I'm allowed to do such things.

As Americans, we have been led to believe via our history books, media, etc., that it is WE, the PEOPLE, whom are running this country. We hold elections and elect the 'best' candidate -or often - the lesser of other evils - into legislative office in order to represent our views and take good political care for our needs as tax-paying constituents. And no - that wasn't the highly-opinionated, possibly controversial statement. Here it is: Some of WE, the PEOPLE, are being controlled like puppets by corporate interest. Naturally, when I say that I'm not really talking about anyone or any entity other than multi-billion dollar corporations such as the pharmaceutical industry - "Big Pharma".

Whether you like it or not, and whether you're even willing to see it or admit it - Big Pharma has a large level of control in our

*"Big Pharma"...*cont'd on pg 10

The Patient as Diagnostician

How the Internet Helped an MS Patient Find Her True Diagnosis

by *Ginger Savely, FNP-C*



How many of you have surfed the Web looking for a diagnosis to fit the symptoms that you or one of your loved ones is experiencing? As a nurse practitioner I often see patients who, when dissatisfied with a diagnosis (or lack of diagnosis) given to them by a health care provider, look to the Internet to discover what is really wrong with them. Many of my colleagues scoff at this behavior, saying that the Internet is the worst thing that has ever happened to health care. They are displeased when patients come in with a probable diagnosis already in mind and present a list of tests they are convinced are needed in order to prove or disprove their conclusion. The concern of many health care providers is that the information on the Internet is unreliable and that it encourages patients to obsess over symptoms and even to imagine new symptoms in order to fit the criteria necessary for a certain diagnosis. "A little bit of knowledge is a dangerous thing," they often say.

Most of the patients I see have been through the mill when it comes to doctors and testing and have lost their faith in the health care system that has failed them. So, it comes as no surprise to me that these patients have learned to take their health care into their own hands, educating themselves to the point of being able to speak "medicalese" like a pro. Time and time again I have observed that this tendency on the part of patients to become medically educated has been to their advantage, and many a life has been saved or bettered through the process. In my opinion this proactive behavior on the part of patients should be encouraged.

Maria: A Case in Point

Maria lives in Austin, Texas and is a petite, 49 year old lady who appears younger than her age. During our first encounter she explained that she was frustrated and unwilling to accept a recent diagnosis of multiple sclerosis (MS). She had been experiencing recurrent right-sided facial pain (trigeminal neuralgia) for five years which had led her to consult a neurologist. An MRI brain scan

had shown white patches indicative of nerve inflammation. A spinal tap had revealed unusual proteins consistent with an MS diagnosis, and a recent repeat MRI had shown progression of the disease with increased number and size of the inflammatory lesions. Based on her symptoms and these findings, her neurologist had diagnosed her with MS and advised her to begin immunosuppressive therapy in order to decrease inflammation.

Maria had been researching her symptoms on the Internet, and

years earlier, followed by a 5 inch bullseye-shaped rash. This had occurred while she was camping in a rural area of central Texas.

Symptoms had started soon afterward. Some of these symptoms were typical of both Lyme disease and MS, such as insomnia, anxiety, confusion, dizziness, weakness, numbness, blood pressure fluctuations, constipation, acid reflux, urinary urgency, and exhaustion. She was also experiencing symptoms that were typical of Lyme disease but not of MS: joint pain, muscle aches, jaw and

screening test that had been ordered by her neurologist didn't impress me; ELISA tests for Lyme borreliosis are notoriously insensitive. There is evidence that the ELISA has a sensitivity of only 30-40% and therefore does not meet the 95% sensitivity criteria necessary for a screening test.

The Western blot is a better test to use for screening. Unfortunately most labs do not report the individual reactive bands on the blot but report only a positive or negative end-result based on the presence of bands relevant for epidemiologic rather than diagnostic criteria. It is of utmost importance to choose a lab that reports ALL of the positive bands. Diagnosis of a sick patient and qualification for epidemiologic inclusion are two different matters!

I chose to use the highly reputable IGeneX Laboratories in Palo Alto, California. Through IGeneX testing the patient was positive for Lyme both by the Western blot IgM and by antigen captured in the urine. The history, symptoms, and now the lab results were pointing to a diagnosis of late-stage neurological Lyme disease (neuroborreliosis) rather than MS.

After three months of intravenous (IV) and oral antibiotic treatment, Maria reported several subjective improvements. Her overall fatigue, urinary frequency, and discomfort were lessened. The numbness in her hands and feet was gone, as was her subjective sensation of weakness.

Maria continued to tolerate the treatment well. After six months of IV antibiotics a repeat MRI showed a 25% reduction in inflammatory lesions. She reported overall improvement, with continually decreasing fatigue, malaise, weakness, cognitive problems, and muscle pain. She continues to improve on IV antibiotics.

MS is a progressive disease, and although remissions are common, a reduction in brain

MS is a progressive disease, and although remissions are common, a reduction in brain lesions is not. This improvement in the patient's MRI was quite a surprise for the neurologist and served to strengthen my belief that the patient's problem all along had been neuroborreliosis rather than MS.

had become convinced that her problem was actually related to advanced neurological Lyme disease. She had been unable to convince her neurologist that this might be the case. He felt it was a clear-cut case of MS and was not inclined to consider the possibility of an illness that did not appear to be endemic to central Texas. To placate her he had ordered a Lyme screening test, the ELISA test, which had come back negative. Because Maria was convinced her problem was due to a bacterial infection, she refused to follow the advice of her neurologist to begin immunosuppressive therapy, fearing that this would affect her ability to fight the infection.

Maria came to me because she had heard of my special interest in the diagnosis and treatment of Lyme disease. I reviewed her medical history and made special note of her report of a tick attachment to her right lower leg six

tooth pain, ringing in the ears, and a stiff neck. Many classic MS symptoms were missing, such as optic nerve inflammation, double vision, abnormal eye movements, spasticity, muscle atrophy and balance problems. Her in-office physical exam did not reveal any obvious abnormalities.

I was familiar with a study published by the Texas Department of Health in 1994 that had revealed that over 1% of ticks collected in eight Texas state parks had tested positive for borrelia spirochetes, the corkscrew-shaped causative agents of Lyme disease. In fact, per the International Lyme and Associated Disease Society (ILADS), borrelia-carrying ticks had been found in every state in the union. The rash Maria had described on her leg certainly sounded like erythema migrans, the classic "bullseye" rash that is diagnostic for Lyme disease. Her negative result on the ELISA

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“Aspartame” ...cont’d from pg 3

by Sue Vogan

intact FDA then gave the loyalty to the manufacturers and continued to mislead the public. Follow this link to a recent post to the FDA Commissioner rebutting their lies to the New Mexico legislators: http://www.wnho.net/fda_commissioner_aspartame_lies.htm. Aspartame is still on the market for the same reason as tobacco... addiction, profit and greed. Efforts are working now in New Mexico to get it banned there. Senator Ortiz y Pino has sponsored a bill to ban it and everyone is writing New Mexico legislators to counteract the propaganda by FDA, front groups, and aspartame manufacturers and lobbyists. We need a lot of help. 47 members of Parliaments in the UK have asked for a ban there.

Is aspartame just in the US?

"Aspartame is in over 100 countries of the world."

What food contain aspartame?

"Since the patent has expired aspartame is in a minimum of 6000 foods and drugs. You have to read the labels and not use things with artificial or natural flavors where they can hide the components of aspartame. Aspartame and MSG has a synergistic and additive effect. It is marketed as aspartame, NutraSweet, Equal, E951, Canderel, Benevia, etc. There is a 2% law where they don't even have to label. The Yogurt industry has petitioned the FDA to allow aspartame in yogurt without labeling on two different occasions. You have to go organic to be safe. It is now in almost all of Wrigley's gums. These are some of the worst products, the aspartame goes through the saliva straight to the brain, like nitroglycerin."

Once aspartame is in our bodies, can we ever get rid of it?

"Cells regenerate and with detox,

most symptoms disappear. (See Dr. Blaylock's detox program, "What To Do If You Have Used Aspartame" www.wnho.net/wtdaspartame.htm). However, the Trocho Study shows that the formaldehyde embalms living tissue so the chances are you will never get it all out. You become chemically hypersensitive and must watch what you eat the rest of your life."

How and when did you get involved in the aspartame arena?

"I got involved in the early 90's when a friend who had been recently diagnosed with Parkinson's appeared to be dying. My husband had just sold his business and retired and was about to show me the world. However, it was at this time I met Dr. Roberts and he told me what was probably happening was that my friend was drinking Diet Coke with his l-dopa and it was causing a drug interaction. That's exactly what happened. Four days off of NutraSweet and he was fine. I read Dr. Roberts first book and for months was getting people off aspartame to see their seizures, MS, joint pain, headaches and other problems disappear.

My husband is a minister and he realized we had to warn people. This was already a global plague. He gave me his retirement funds to finance and start Mission

Possible International. We've been getting people off of Aspartame and educating the world ever since --about 15 years now. I work with the world experts and they dedicated the medical text in my name.

We have operations in about 50 states and 35 countries of the world, all staffed with volunteers."

What is currently being done to remove aspartame from the market?

"We are constantly trying to get aspartame banned. Here is a new article written for Health Freedom News that goes to all members of Congress,

listing the recall efforts.

http://www.thenhf.com/articles_408.htm."

Are there alternatives to aspartame sweeteners?

"There are only two alternatives that I personally consider safe. One is *Stevia* which you can get in any health food store, and the other is *Just Like Sugar* made from chicory and orange peel you can get in Whole Foods, Wild Oats and other such health food stores. Both are safe for diabetics."

Where can readers get more information?

"Readers can join the following Aspartame Information Lists:

www.mpwhi.com

www.wnho.net

www.dorway.com.

The Aspartame Toxicity Center at

www.holisticmed.com/aspartame.

They can always e-mail me at betty19@mindspring.com. There is also a movie, *Sweet Misery: A Poisoned World* available at www.amazon.com. I recommend books by experts such as Dr. Roberts (www.sunsentpress.com) and Dr. Blaylock (www.russellblaylock-md.com).

Has anyone ever died from aspartame?

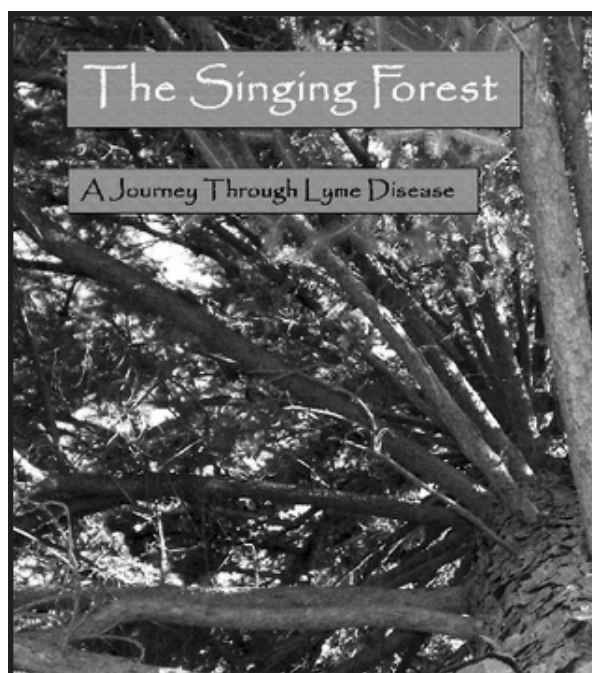
"More people have died from aspartame poisoning than have died in many wars. It is an abortifacient chemical and some women have lost as many as 8 babies via miscarriage. Millions die in their mother's wombs or have birth defects. Athletes are dying because aspartame damages the cardiac conduction system and it can cause sudden cardiac death. (http://www.wnho.net/aspartame_msg_scd.htm). The medical text is full of fatal diseases from Lou Gehrigs and Alzheimers to cancer. It is killing diabetics. It can actually precipitate diabetes. It aggravates and simulates diabetic retinopathy and neuropathy. It can cause diabetics to go into convulsions, and it destroys the optic nerve. It even interacts with insulin. It ravages every organ in the body. It has caused epidemics of MS, lupus, sudden death, blindness, cancer and neurodegenerative diseases, as well as diabetes and obesity. The list doesn't stop.

What are the symptoms of aspartame poisoning?

"There are 92 symptoms on the FDA list on www.dorway.com. They symptoms include four types of seizures, to coma and death, but even more symptoms are listed in Dr. Roberts medical text." *pha*



Dr. Betty Martini



The Singing Forest A Journey Through Lyme Disease

A compelling, honest story of one American family already struggling with undiagnosed Lyme disease that is forced to deal with a myriad of unexpected issues, and then is hauled through the family court system and crucified for having that illness. The story touches on the very real aspects of a complex and controversial disease. Embracing tabu subjects, it paints a clear portrait of the face of Lyme Disease, and the discrimination of its patients in many arenas.

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The Long Journey Home

The Incidence and Rise in Autism and How it Relates to the Lyme Epidemic

by Kathy Blanco

It was about three years ago that I began to notice something. I noticed it at the stores, the libraries, at church, or wherever I had been...I noticed that there seems to be more children with autism. I know what autism looks like, feels like, and most of all sounds like when found in such places as these because I have two children with autism, a boy who is 25 and a girl who is 19. My son is severely autistic, and my daughter is considered "high functioning." I have two so-called "normal" daughters in between my autistic children. Because of this fact, I have an uncanny desire to figure out just why the rates of Autism are climbing.

In the 1980's, when my son was born, the occurrence of autism was about 3-5 individuals per 10,000 births with variations that depend upon diagnostic criteria. The diagnostic criteria use the terms high, middle and low functioning autism, and even Aspergers Syndrome. According to the National Institute of Health (NIH), today the rate of Autism is 1 out of every 166 births.

The story of autism started to unfold for many families around our country...including mine. Some families noticed abnormalities arise soon after birth when observing fussy, colicky babies with rashy bottoms that were not feeding or sleeping well and they seemed to have ongoing ear infections.

Other groups of parents saw a slow and steady decline in their children's language skills after previously acquiring it. Some children did not acquire new language at all. Some children had a great regression of social skills, with increased aggression, biting, and awkward clumsy movements... sometimes even seizures. This sometimes occurred at the same time of vaccination schedules or illnesses. The theory is that there is something going on in Autism other than genetics.

Perhaps there are environmental changes in our world: global warming, increased vaccinations in weaker immune-compromised children, food intolerances, heavy metal exposure (found in vaccines and the environment), viruses, bacteria, fungi or other stressors that worsen metabolic predispositions. An example of such would be the profound glutathione deficiency, and metallothionein deficiency

(needed to detox the environment at large) and the new theory of oxalate problems and the huge issue of oxidative stress.

During that time of observing so many more autistic children, I noticed I was getting very tired. Perhaps it was all those



A Lyme induced Autistic Family. What is hiding behind the smiles?

Left to right: Lisa (Cardiac and Neurological presentation); Ryan (Neurological /gastrointestinal/ late stage Lyme); Cari (musculoskeletal presentation); Stacy (Neurological/gastrointestinal presentation.)

challenging years of managing my own autistic children. I But the fatigue was more than usual. I started to notice I didn't have the strength to wipe down a counter. My throat felt as if I had hand on it, and I couldn't even swallow simple pills. At night I would experience something like Restless Leg Syndrome. I had tingling feelings in my toes. I noted that I had 14 amalgam fillings, and upon learning about the mercury link to autism, I decided to get all of them removed safely per the DAMS method. I began chelation therapy along with my children.

The day of my surgery to remove the fillings was very dramatic. I remember shaking violently after being in the dental chair for a total of 7 hours. I decided I needed that day to chelate to make sure nothing accumulated during this surgery.

Before my chelation therapy, I went through all my symptoms with the doctor. He began to look for Babinski signs, of which I knew nothing about. I started to feel a little stressed that he was concerned. I closed my eyes and felt unbalanced. I also complained of vertigo and feeling very tired. I was so tired that I was not be able to function in the afternoons without lying in bed for two hours. My husband was with me that day, and he looked concerned too. The

doctor sat me down gently and proceeded to tell me, "I am chagrined to tell you this, but I think you have Multiple Sclerosis(MS)."

I began to cry. How can this be? The doctor said I had other symptoms such as Hashimoto's Thyroiditis, low

Potassium and Vitamin D, which are said to accompany the diagnosis of many MS patients. But as he backed up his explanation, he said he believed that MS is not really MS as most would understand it disease. He believes MS is a toxic, infectious disease. He said, "If we treat the mercury and the other heavy metals, then work on what infections are present, I think you will never have to ever see MS blossom in you...we caught this early. You are lucky." To confirm this, he ordered a follow up MRI and found white matter lesions and T2 weighted imaging of hyperperfusion on my brain. This was a confirmatory test, but others could be done, like SPECT scans, that would conclusively diagnose the situation.

So how "lucky" was I? When it got down to the nitty-gritty, we did viral panels, bacterial panels, and genomic SNP's. My mercury levels were off the chart, even higher than my children with Autism. To say these were AHA moments, is an understatement. One day on the internet I read there was a connection between LYME DISEASE and MS. It made sense. I lived in highly endemic areas of Lyme disease, and my parents did too.

I had pinpointed times in my life where I felt the most sick. I knew in Lyme disease infected

people that stresses in life (emotional or physical illnesses, vaccinations) often accompany what they call "Lyme flares."

It was then, that I began to get busy, trying to learn all I could about Lyme disease. Interestingly, it seemed as if the Lyme epidemic began to parallel the autism epidemic, all beginning in the late 70's.

That got me thinking... what if my children have Lyme disease? So I had them tested. All of us, including my brother and sisters and their children... TESTED POSITIVE FOR LYME DISEASE. We all, additionally, tested positive for the different co-infections found in Lyme: Bartonella, Babesia WA-1, Mycoplasma Fermentans, and co-infection viruses such as the Epstein-Barr Virus, CMV and HHV-6. Our HHV-6 titers were 7-9 times the normal range. Lyme disease had made itself a home in us. Literally.

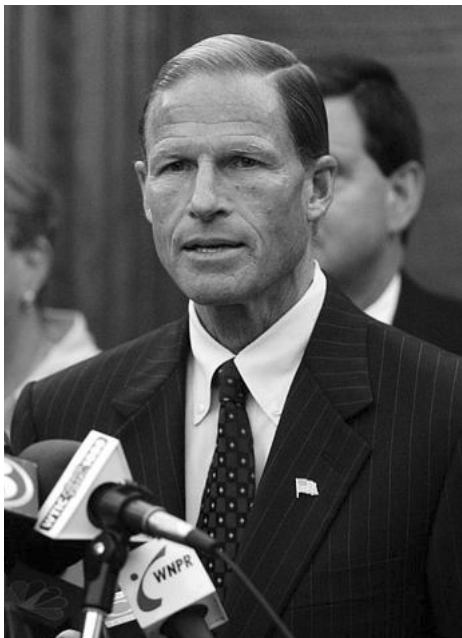
When I was pregnant my son, I came down with the Epstein-Barr Virus. I was told to stay in bed, for weeks, if not months at a time. It happened at a bad time, with a new job/career, but I had to do it. I had moments where I would actually close up my office to go sleep in the back room because I was so sick. When I pressed upon doctors to see if this was connected to Autism or Lyme, they had no answers. I saw one brief news clip on how viruses or bacteria could hamper the immune system of the unborn baby, and or have some effect on the myelin sheath (the insulator of nerves). In my subsequent children, the two without Autism, I didn't have any illnesses during the pregnancy, but when I had my youngest daughter, a simple sore throat turned into strep.

Lyme disease was literally explaining the following diseases and symptoms in my own family! Autism, MS, Chronic Fatigue Syndrome, Lupus, Heart Block/Regurgitation, Inflammation, Heavy Metal Toxicity, Brain Protein Autoimmunity (myelin), Pandas, Cytotoxic CD cells, Low CD57 titers, Low MSH (melanocyte stimulating hormone), HLA-DR4 (the dreaded tendency to not deal with Lyme disease well), Complement Deficiencies, Hypogammaglobulinemia, Seizures, Mitochondrial Disorders, Leg Tetany, Restless Leg Syndrome, Hashimotos

"Lyme-Autism"...cont'd pg 7

Keeping a Pulse on the Efforts of Activism: Essential Updates to Keep You Informed

by *Lyme Disease Education /
Support Groups of Maryland*



Attorney General Blumenthal's Investigation of IDSA

In an unprecedented move, the Attorney General's office in Connecticut launched an investigation into the Infectious Disease Society of America's (IDSA) Lyme Treatment Guidelines, issuing a CID and citing possible anti-trust violations, monopolization, and exclusionary conduct. The Attorney General stated the IDSA may have abused its power in the marketplace and used exclusionary tactics to suppress treatment approaches used by competitors. This action, currently ongoing, was supported by the International Lyme and Associated Disease Society (ILADS)- the world's leading physician-oriented organization dedicated to tick borne illnesses, and the national non-profit, all volunteer Lyme Disease Association, Inc.- representing patients and support groups across the country.

Congressional Letter Update

A Congressional Member Letter was recently sent to the director of the Centers for Disease Control, Dr. Julie Louise Gerberding, stating the IDSA Lyme disease guidelines have the potential to effectively shut down all treatment for chronic Lyme disease. The letter expressed concerns about patients who are having great difficulty obtaining treatment beyond the IDSA's limitations. It also spoke of physicians who prescribe necessary treatment risking malpractice and other charges from their state medical boards, as well as, doctors being unable to participate in insurance networks due to the insurer's demands to stop prescribing necessary antibiotics. It expressed concerns about how some insurers' denied treatment reimbursement, citing the recommendations in the IDSA guidelines as the basis for their denial. Furthermore, it pointed out the IDSA Guidelines Panel is dominated by researchers with little or no clinical experience in diagnosing and/or treating Lyme disease. Congress requested the CDC review the IDSA Guidelines, ensure physicians treating Lyme patients are brought into the process, and that the CDC provide information on how they complied with peer review requirements.



Dr. Raphael Stricker, M.D

Department of Health Chastised by State AG for Gross Under reporting of Lyme Disease

The Connecticut Attorney General's office publicly chastised the Department of Public Health for underreporting the incidence of Lyme disease by "huge, horrendous magnitudes", and for, "misleadingly reassuring the public." They stated the "underreporting deprives [states] of federal resources for research, improved diagnosis, enhanced treatment and testing." Since numbers drive funding and policy, inaccurate numbers do a disservice to all citizens.

Their office promised to "continue to fight for better diagnosis and care, as well as adequate insurance, addressing the insidious and horrific effects this disease may have on individual lives." According to the CDC's estimates, thousands of cases of Lyme disease go unreported each year.

ILADS President Dr. Stricker Calls for Retraction of IDSA Guidelines

The International Lyme and Associated Disease Society submitted a formal request for the retraction of the IDSA Lyme Treatment Guidelines stating,

"authors of the article employed exclusionary data selection that substantially biased the resulting diagnosis and treatment recommendations." They confirmed the IDSA guidelines threatened to "harm patients and patient care due to the biased methodology used by the authors". ILADS contends, "the failure of the authors to disclose dissenting views presents a false sense of consensus on an issue that is in fact highly controversial, misinforming patients and physicians alike about available treatment options and denying the exercise of clinical discretion and individualized medical decision-making that is central to any complex illness."

Continue to Sign the LDA Lyme Disease Petition

To date, over 21,000 people have signed the Lyme Disease Association's Petition, which states, in part, that the adoption of the IDSA guidelines by practitioners, insurers, and government entities will "cause real and egregious harm to many patients by inhibiting physicians who otherwise would be free to clinically diagnose and treat this disease." They state no medical society should be able to dictate patient healthcare through guidelines that "fail to meet the basic goal of medicine-to improve the quality of life of the patient." *pha*



"Lyme-Autism"...cont'd from pg 6

Thyroiditis, Panic attacks, Sensitivity to light, Myeloma (my mother), Heart disease (father), ADD, Arthritis, Headaches, PMS, Vertigo, insomnia, etc... etc... etc.

As I began to study Lyme disease, I also began to look at literature concerning syphilis. Syphilis is a cousin to Lyme disease. Both are spirochetal bacteria diseases. Lyme disease behaves like syphilis, and sometimes can stay dormant in the body for years, and activate at key immune suppression times. Lyme disease is

sexually transmitted in some vet models and in human studies. This of course expands how many people actually have Lyme disease, or unknowingly carry it symptom free.

In 2005, the International Lyme and Associated Disease Society (ILADS) (www.ilads.org) published information that Autism Spectrum Disorders are included in the many illnesses that Lyme disease can mimic. At present, the Centers For Disease Control (CDC) believe Lyme disease is

under reported by almost 20 times the actual number of reported cases.

We have recently started a non-profit organization called the Lyme Induced Autism Foundation (www.lymeinducedautism.com). The purpose of the organization is to disseminate this information to parents and physicians, and to fund major researchers on the Lyme-Autism connection. We are researching different treatment options which include: nutraceuticals, Hyperbaric Oxygen Therapy,

other stratagems, and long-term antibiotic therapy. Research money should be spent wisely on the infection-based model of Autism, and it's related cell mediated immune events such as toxins, vaccinations, and other oxidative events. Autism research also needs to further investigate the direct connection with the major bacterial infection called Lyme disease. *pha*

“Babesia”...cont’d from pg 1

Further, I have repeatedly heard that Babesia always causes anemia-which is untrue. One Babesia form initially located on the West Coast is now found all over the US. That form is Babesia duncani (WA1-3 and CA5, 6). WA and CA stand for Washington and California, with patient numbers. Interestingly, this duncani form presents without anemia. Other Babesia species also have patients presenting without anemia-especially if the quantity of Babesial infection in an individual is low.

Currently, the diagnosis of all the new 2007 Babesia species is poor because the various probes and antibody tests are ten years behind human clinical realities. Since 2000, we have gone from four Babesia species to approximately 11-12. These species are:

WA1-3: Three patients with this unique Washington state (WA) form.

CA1-4: Four patients with unique California (CA) form.

CA5, 6: Two more California patients with a unique Babesia.

B. duncani: A new species that includes both WA1-3, and CA5, 6 and can be either mild or aggressive. This is a very serious discovery because this form does not appear to be rare. For example, one of the first patients found with this species of Babesia (WA1), had neighbors with high antibodies showing they were also infected with WA1. How rare could this be if four people on the same street are positive? Further, WA-1 has increasingly been found in the western states, including California, the most populated state in the US. The WA-1 form is also showing up in East Coast patients. The symptoms of these patients range from no signs of illness, to a mild infection or "flu," to severe illness.

MO1: Discovered in a Missouri patient, so it is identified as MO.

B. odocoilei: A type of Babesia found in select deer but which can also infect humans.

EU1: A form discovered in Europe and abbreviated EU. However, over time, Babesia forms which are supposed to be limited to the US or Europe are found on other continents, e.g., microti and divergens.

EU?: A curious Babesia type related to B. odocoilei, a parasite of white-tailed deer, but unrelated to European B. divergens. This human-infecting Babesia has new unreported molecular characteristics.

B. canis: A form of red cell parasites found in dogs which also infects humans.

B. bovis: Another form of Babesia that can infect humans.

Below is a sample of Babesia inside red blood cells and some small dots outside the red blood cells presumed to be Bartonella bacteria.

High fever to persistent low fever	Slowed thinking	Listlessness
Decreased appetite	Chills	Sweats
Headache	Fatigue	Muscle aches
Joint aches/Pain	Depression	Anxiety/Panic
Nausea	Vomiting	Cough
Shortness of breath	Air hunger or unsatisfying deep breaths	Dark urine
Enlarged liver (under your right rib cage)	Enlarged spleen (under your left rib cage)	Yellow hue on eyes, hands and skin (Jaundice)
Enlarged lymph nodes (also in Lyme or Bartonella)	Significant memory change	Profound psychiatric illnesses
Struggle organizing	Daytime sleep urgency despite nighttime sleep	Waves of generalized itching
Balance problems with dizziness	Severe chest wall pains	Random stabbing pains
Weight loss or gain	Sensitivity to light	Sleep in excess of 8-1/2 hours per day
You have received blood from another person		

B. microti: The most common form in the United States, which is often carried by mice.

B. divergens: A form commonly thought of as cattle Babesia, but it also infects humans and is very aggressive. It is the most common Babesia in Europe.

B. equi: A form common to horses but which can infect humans.

B. "unidentified": Increasingly various forms of Babesia are described as "unidentified." This does raise a question about the clinical abilities of some pathologists and the education they are receiving about Babesia. It also raises the issue of how many forms of Babesia species are yet to be identified. Perhaps they are unidentified because they are unique new species.

Babesia Signs and Symptoms

Babesiosis can cause many different signs and symptoms. See the inserted chart above for the most common that should raise

suspicion.

Since Babesia lives within red blood cells, it can cause slugging of the red blood cells and make them slightly deformed. Injury and death can result from slugging blood vessels, e.g., in the lungs and kidneys.

Babesia, Bartonella, Mycoplasma and mold mycotoxin exposure should always be considered in patients who do not

Babesia diagnostic practices. A new patent-pending blood stain is now in use that will very likely completely revolutionize Babesia diagnosis, because it shows all species of Babesia as highly visible infections. It does the same thing for the many strains of Bartonella. This new blood stain does not require new DNA or antibody technology and is being successfully used by only a few research oriented clinicians at present. Results are clear to anyone and no special training is required to see the infection present in the blood pictures provided to physicians and their patients.

Treatment

Most Babesia research suggests the best treatment for adult patients is Mepron (atovaquone) 750 mg twice a day combined with Zithromax (azithromycin) 250 mg twice daily. The research on all treatments is very limited and each treatment usually only has one to nine studies, most of which are not performed at an advanced academic level. Much of the current research represents only small groups of patients or animals receiving clinical care utilizing various treatment options. Further, most of the treatments suggested are applications of malaria research since malaria has some similarities with Babesia.

The other treatment options for Babesia include combinations of Malarone, Lariam, Bactrim DS, Flagyl, Macrolides (Zithromax, Biaxin and Ketek), Doxycycline, Plaquenil, Clindamycin, Quinine, Artemisinin and Artesunate. The latter two treatments are taken from Chinese medicine and are now recommended as leading treatments against malaria according to the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF).

We have published the most up-to-date English language book on Artemisia, Artemisinin, and Artesunate because we were finding physicians and patients had no understanding of these products. For example, many drugs are derived from the Artemisia plant and some are potentially toxic to hearing and the brain, while others are well tolerated. Some Artemisinin advertisements call this herb "Wormwood", which is false since it is actually called "Sweet" or "Annual Wormwood," and does not have

“Babesia”...cont’d on pg 16



**Blood Donation
Can Save Lives...
Or Destroy Them.**

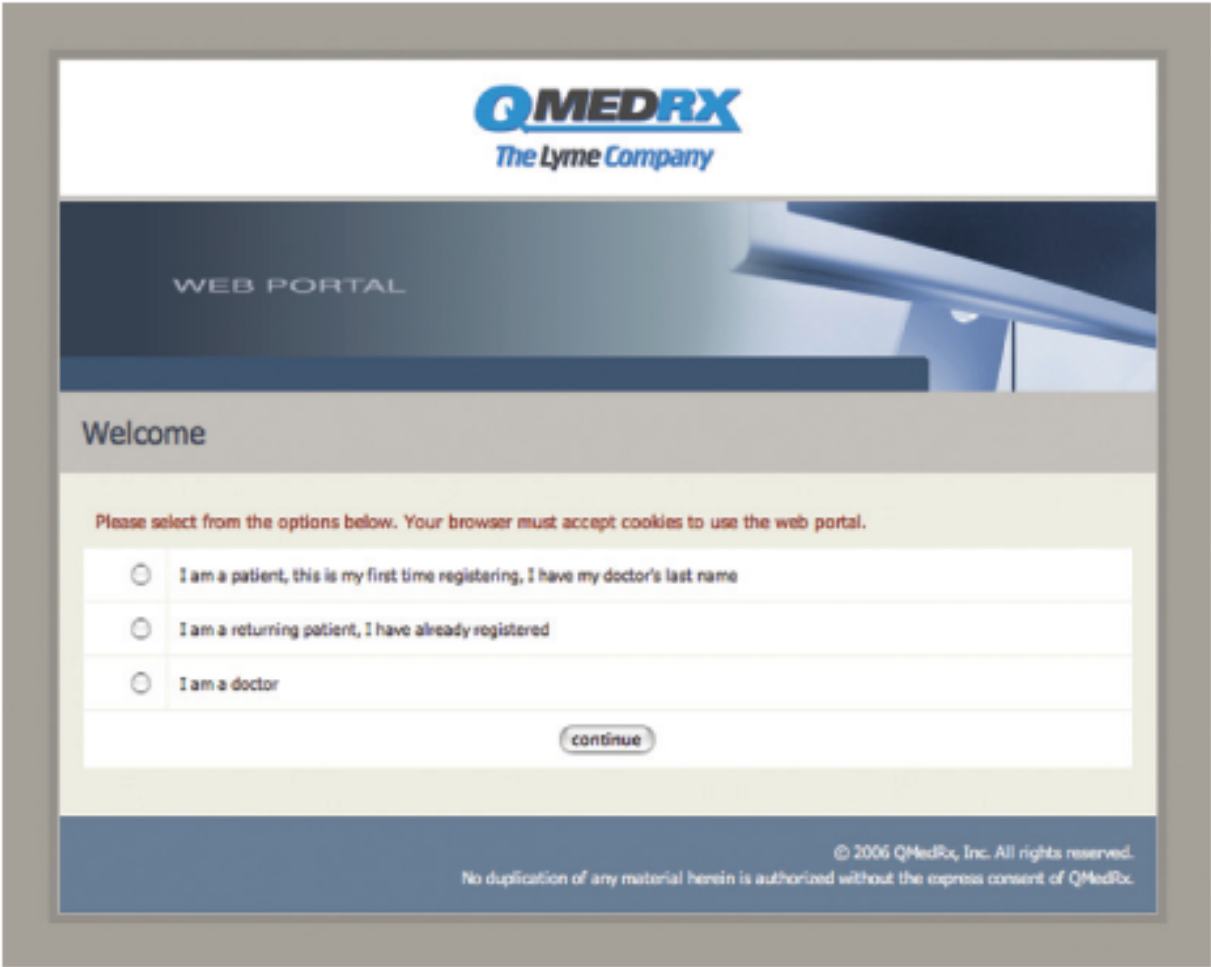
Lyme Disease is the second leading infectious disease in the United States. There is no test currently available to prove that Lyme Disease has been eradicated from one's blood supply.

The Red Cross does not screen the blood supply for Lyme Disease.

**A general rule of thumb if you have ever had
Lyme Disease:
Never donate blood or blood products
Never donate your organs**

Track Your Progress...

- QMedRx announces an exclusive online tool that will assist your Doctor in managing your treatment from day one to recovery.
- Developed by the "QMedRx Advisory Board" a committed group of forward thinking Lyme Literate physicians, pharmacists and nurses, with a common goal of simplifying and improving the quality of Lyme patient care.
- Our Website is secure, confidential and user friendly to both Patient and Doctor.
- QMedRx reimbursement team is highly experienced at working with providers and facilitating initial and extended insurance coverage of IV antibiotic therapy.



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“Big Pharma” ...cont’d from pg 3

by Donna Reagan

hallowed halls of legislation. Why? Because Big Pharma has got the money; and if you remember what my momma told me, and possibly what your momma told you about emotionally incomprehensible issues: "Follow the money!"

In doing so, I hope you don't find it objectionable for me to suggest that such beasts do not satisfy themselves by tampering with legislative matters alone, for indeed, that is not the source of their wealth. Big Pharma makes its money by peddling its wares.

On any given day or night, you can see what Big Pharma has to offer as it utilizes its back-pocket relationship with major media networks to bring you news stories of the latest, greatest miracle pill, and an endless array of commercials trying to convince even the healthiest of persons to "Ask your doctor..."

This brings me to that most noble of professions - the healer - the man or woman entrusted to "First do no harm" as s/he endeavors to find an answer to physical, mental, or emotional ills. This unquestioned trust in the healer is what brings me such sadness when I suggest that even our healers cannot be trusted; for, they, too - not all, but many - have formed a back-pocket relationship with the "beast".

The beast has also, and perhaps more unfortunately, corrupted the doctors and scientists that perform medial studies and work to develop treatments for the variety of ailments that afflict us. The beast has infiltrated our institutions of learning - providing sponsorship for quasi-academic studies that will influence a variety of other "professionals" as they evaluate the need for care, and develop treatment guidelines used by the unsuspecting front-line physicians seen by the masses...the naïve masses with their wallets out, ready to pay for any remedy to their suffering.

So what does this long-winded, confusing analogy have to do with the IDSA's new Lyme disease treatment guidelines? Perhaps nothing? Perhaps everything?

Suppose if you will that the 14 IDSA guideline writers had vested interest in particular pharmaceutical corporations. Suppose if you will, that one, two, some, or all were offered an enticement either directly or indirectly? After all, research is expensive. Salaries must be paid.

IF that were the case, and

far be it from me to suggest that it is, I wonder what side of a controversial medial issue they would land? Hmmm..... I suppose it would be dependent upon their conceived need for funding, and of course, their personal level of greed.

What IS this column all about today, you might ask? It is really very simple.

For the patient suffering from a chronic infection of *Borrelia burgdorferi*, or some other form of a tick-borne disease, long-term antibiotics have been the most effective treatment utilized by those physicians who actually treat all stages of the disease. However, a select group of members of the IDSA formed a committee of doctors to update their treatment guidelines for Lyme disease. It is my contention that one, some, or all were blinded, perhaps by their own greed, or just their need to replace all that lab equipment they secretly broke; or office supplies they accidentally confiscated from the hospital or university for which they are actively employed. Petri dishes and paper clips are expensive.

At first glance, the fact that the IDSA guidelines suggest a litany of mediations, such as most of the antibiotics and anti-malarial mediations (used for specific co-infections), as "not recommended" for the treatment of Lyme disease seemed illogical to me on so many levels. Let's face it - long-term antibiotic treatment should seem like a coup to Big Pharma. Therefore, shouldn't Big Pharma rise up and attempt to denounce guidelines that would discourage the masses from obtaining and purchasing long-term medication?

And yes, I realize that many folks may argue that antibiotics are cheap because generics are becoming more plentiful, but I, also being a patient, must shriek in disagreement. There is a large quantity of antibiotics that certainly cannot be classified as "cheap" - at least not by the 'average' consumer. There are significant quantities of antibiotics that Walmart is NOT selling for \$4 per prescription. Just ask the really sick people!

Being a sick person, I'd like to comment that between my insurance company and myself - we collectively shelled out \$4,427.00 for oral antimicrobial therapy to treat my Lyme disease and co-infections for the fiscal year of 2006.

Being a sick person, I'd like to comment that between my insurance company and myself - we collectively shelled out \$4,427.00 for oral antimicrobial therapy to treat my Lyme disease and co-infections for the fiscal year of 2006. This does not seem like chump change to me, as I would have gladly taken my portion of that sum and gone on a modest vacation.

Going on the assumption that 200,000 people are diagnosed with Lyme disease each year and that I am an "average" patient (stretch your imagination if necessary) - then one year of long-term oral antibiotic therapy would give Big Pharma about \$885,400,000.

However, if I, along with my 200,000 new friends had only been allowed about one month of antibiotics, as described in the new IDSA guidelines, that individual expenditure for oral antibiotics would have dropped to around a total of \$368.92, assuming symptomology, blood test results, and tick history would have even satisfied the IDSA's rigid criteria for diagnosis of Lyme disease in the first place. That would have dropped Big Pharma's take to approximately \$73,784,000 - still a lovely number, but really no comparison to nearly \$900,000,000 for that same group of friends. Therefore, with that in mind, the idea that the IDSA guidelines writers could have a conflict of interest due to any connection with Big Pharma, initially, just didn't make sense to me....until I reminded myself, that once again, it's just not good business for anyone to peddle CURES. Treatments, yes. Cures, no.

While nearly \$4,500 was spent on oral antibiotic therapy for me this year alone, my insurance company and I forked out over \$20,360 on medications to ease my wide assortment of suffering. (And no wonder my insurance company doesn't like me!) This number does not include the shelves of supplements, homeopathics, herbals, etc. that I also purchased in an attempt to rise above my illness so that one day I'd actually feel well enough to take a modest vacation....or ANY

vacation at all. Yet, I digress. First, if you would stretch your imagination again to consider that I am "average" when it comes to expenditures for symptom relief, (and honestly, I have no idea what 'average' would be since Lyme disease can manifest with 350 different symptoms...or more), then we could take my yearly average of \$20,360 and multiply it by the 60 years that statistically should be my adult life span provided a representative from "the beast" does not shorten it just to shut me up... that comes out to a lifetime total of \$1,221,600 just to keep me from wanting to throw my own body in front of a freight train because of all the pain and misery associated with this disease.

Why would I have to pay \$20,000 a year for symptom relief, you ask? Because the IDSA's recommendation to limit antibiotic therapy to one or two courses at the most would leave me with a raging infection because anyone that has studied the nature of spirochetes know they can morph into various forms which require a long-term approach in order to eradicate every single colony. The short-term approach is simply not adequate for a patient that has been infected with the Lyme bacteria for longer than just a handful of days.

Question: If I, a lay person, can understand the reproductive habits of spirochetes, along with the necessity of targeting all forms of the *Borrelia*, while also recognizing the necessity to address the co-infections that come along only to make eradication all the more difficult -- why don't the writers of "the" treatment guidelines understand that too? After all, they have fancy letters behind their name that would indicate they have been educated.

Answer: They do understand. They certainly do, and they are just hoping the majority of Lyme patients remain ignorant and live out their days, content with the label "Post Lyme Syndrome", or a wide array of other misdiagnoses.

Question: But they are doctors, what would motivate them to want such? Aren't doctors supposed to cure people?

Answer: Listen to your momma. Follow the money.

For the handful of mathematicians reading this drivel, I'm sure you can surmise that \$1,000,000 spent over a lifetime

“Big Pharma”...cont’d on pg 14

Special Moments: Avery's Will to Live

by Barbara Gerami

My youngest son was a very sick baby. I began fostering him at 4 months old. I am unable to go into all of the details about his illnesses, but his first foster mom received him at 3 months old straight out of the hospital. She was told by an established doctor that she should not get attached to him, as he was not going to live long.

My son's name is Avery. He is nine years old now. He just finished playing a season of baseball, and he plays excellently. He is one of the most healthy children I have, even if he was one of the most sick as a baby.

I took him to his doctor after the adoption was finalized just to show him how healthy Avery was. The doctor came in, and when I told him this was the same child he said would not live long, he turned around and left the room, never to return again. I do not know what was so wrong, I thought he would be happy for this child.

There are some very excellent doctors that God has given the true of gift of a healing practice. Then there are others, hopefully just a handful, who think they can play God. I don't believe that any person

can tell you when, or how long, somebody has to live. There have been too many instances where doctors have told parents, foster parents and adoptive parents not to get too attached to their child because they are not going to live long, or that the child has a certain number of weeks to live. Who told this doctor the child has exactly so many weeks to live?

I believe that the parents need to know the facts, true facts. There are illnesses that do have a terminal end. When you tell a family that you do not know how long the child has to live, that can prepare them in advance, and it does not put other possibilities in a box. If the child dies before the time frame given by the doctor, then there is a sense of blame that the doctor promised life for a certain time and the child didn't make it. If the child is old enough, the child could die just because he loses his will and thinks the doctor knows what is best.



Even if the child doesn't die, but the parents /foster/ adoptive parents believe the doctor and choose not show affection, such as holding, cuddling, bonding with or just simply paying attention to the child(ren), the children tend later to show sociopathic behaviors. These types of children have not had the nurturing they need to be able to respond when somebody else loves them. Unfortunately, if they do not have that kind of nurturing within the first 6 years of life they have a slim chance of ever caring for, or bonding meaningfully with, anybody else...ever.

The son of one of my friends was in the hospital, and due to unforeseen circumstances the child ended up in ICU on a ventilator. The doctors were asking them to end life support. The doctors claimed the child was brain dead. The family stood their ground and within 2 days he was sitting up

playing cards.

If you have a medically fragile child and his/her doctor insists that you have an order to DO NOT RESUSCITATE, run and run fast. Or just ask for care and comfort for the child. They still have to offer care for your child, but if it is time for the child to pass on, then you can be there for the child as well as yourself. It also means that if you have nurses in your home or at the hospital then you won't have any confusion about whether or not to give the child an certain treatment or medicine. Another thing I suggest doing is to let the doctor know that this kind of decision is between the child and God. It is not our position to make this decision. We can release the child and assure them that mommy and/or daddy will still love them if they make the decision to pass on.

When a doctor tells somebody not to get attached, he is telling them not to love, and it is imperative for a child's healing to be loved. Avery is nine years old, he knows he is very loved and he is very healthy. He is on grade level at school and plans on being a Marine Biologist so he can swim with Shamu at Sea World. *pha*

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All In Our Heads: No Credence for Lyme Patients

by PJ Langhoff
pjay@lymeleague.com



As I await my upcoming third trial in the course of a nine-year post divorce/custody litigation marathon, (aka

nightmare), I sit and reflect on the long road that has brought me to this point in my life. Many of you have read my first book, "The Singing Forest, a Journey Through Lyme Disease" which touched on my personal story.

In 1992 I was bitten by Ixodes Scapularis, a tiny eight-legged critter that neatly attached itself to my upper left shoulder blade and remained there for an indefinite time period until I discovered the tick, which I thought was a scab, and removed it.

Following the huge bulls-eye rash that I was fortunate enough to have experienced a few days later, there were perhaps a hundred football-shaped rashes that covered my trunk, back, neck and arms. Those, the flu-like symptoms and 104 fevers brought me to two doctors within days.

When I asked them if I had Lyme disease my doctors told me, "we don't have that here in Wisconsin." I also heard from other physicians: "its all in your head," and "perhaps you should talk to someone," or "I can find nothing wrong with you, you must be depressed"; and my personal favorites... "you have agoraphobia" and "you must be pre-menstrual." Laugh if you want, it's really hilarious how the medical professionals immediately label people, especially women, as delusional once the physician has no immediate causative explanation for their symptoms.

Fast forward to the year 2007. Just yesterday I had skimmed over a faxed report from the latest home-study custody evaluator (our fifth study). Upon one of the pages were the words "hypochondriacal tendencies" that were brought up in an interview with one of my references, a so-called friend who apparently (and unbeknownst to me), hadn't believed me when I discussed my illness with her over the years. I guess, therefore, because she doesn't understand Lyme disease, then my illness must be all in my head. Thank you for your support.

Apparently, due to what would amount to pre-trial coaching of my son by his father, and my child's recent extreme disappointment that I did not buy him a lap-top computer for Christmas, my child recently changed his testimony and reported to the evaluator that his mother was "obsessed with Lyme disease." Just great.

I failed to mention that both of my children were diagnosed with Lyme disease in 2005. Yes, back in 1992 both of them had bulls-eye rashes on their legs, having contracted it around the same time period as I had. Seems that old oak tree in our back yard harbored much more than acorns within its branches. But maybe that was all in my head. In fact, maybe we never even lived there.

Over the years, neither child has had proper treatment for Lyme disease and their father has blocked attempts that I have made to obtain this for them. Of course all of this is "alleged" to have occurred. My ex has alleged that I am "fabricating illness" and "involving the children" in my apparent delusions, and that I am now "mentally ill" and have "several diagnoses of mental illness" which do not exist. Again, it's all in my head. Never mind the kids and I received positive lab results on the Western Blot tests, as well as the myriad of physical and mental symptoms both children display, and which remain, unchecked. My MRI showed imaginary lesions, and I really do not have an X-ray of when my picc line was not installed in my arm that did not leave a scar due to my imagined course of IV therapy I somehow did not receive but paid for at the cost of about \$4,000 a month.

If you give me a list of Lyme symptoms, as with many other Lyme patients, I will check off every single symptom on the list, save one or two. One of which is testicular pain, because, well, I don't have those, being of the female persuasion. But I have had, or am suffering from, every other symptom on the list. And yes, for a time when I was at my absolute worst, I had hallucinations and other cognitive difficulties. And I was understandably irritable and hostile. I had three major surgeries, acute symptoms during chronic Lyme infections, and people trying to take away my children after false allegations of child abuse that were proven never to have

occurred. But I absolutely do not have a mental illness, and three separate psychological evaluations, and many people can attest to that fact, several of them experts.

Before I received (off and on) years worth of antibiotics to treat the Lyme and co-infections, I never in my wildest dreams imagined that I would be involved in an arena so politically charged as Lyme disease. No one wishes to be cast into the wilderness that is this diagnostic and treatment hell. And I cannot think of any person who, having ever suffered from Lyme disease, would voluntarily, if given the choice, select the option of having it all over again.

And I can attest, anecdotally or otherwise, that twenty-one, twenty-eight, or thirty days of antibiotics do not "cure" Lyme, even in repeated courses. If Lyme is not treated within a very short timeframe, it disseminates into the brain, body and nervous system, and becomes difficult to eradicate. IV antibiotics in my case did much to lower my bacterial load and regain much of my daily function, but I am not cured yet and still have active Lyme and a long ways to go. My children haven't even begun their fight and their attitudes are deteriorating even as I write this.

In the course of my illness, I have listened to numerous doctors try to tell me that I was crazy, all because those physicians came up short on the stick as to why I was so ill. Lab tests repeatedly returned "normal" results, when in fact, my body was harboring several life-threatening organisms that, over time, proved positive in the lab work. To quote a fellow Lyme patient, trying to find a diagnosis and treatment for Lyme disease is an exercise akin to "nailing jell-o to a wall." It often times simply can't be done.

In my family, I have had to listen to relatives, and even friends, turn away from me because they grew "tired" of hearing about my illness. I have heard "are you still sick" more than once. Some no-longer-friends once said I was "unreliable" when I couldn't show up for gatherings because I was too ill. I had one support group member tell me she was suicidal because her family refused to speak with her any longer due to the fact that her Lyme illness kept her away from a family funeral. According to them, her illness was all in her head, too.

I founded the website www.lymeleague.com and there are 328 members with stories similar to mine, and whose Lyme is also apparently "all in their heads."

Often Lyme patients' claims of pain or fatigue are dismissed, or compared by family members to their own aches and pains...as if fatigue from a long day at work even compares to the intense, debilitating fatigue brought about by chronic Lyme. People, this isn't a contest, Lyme disease is a very real illness and its patients need credence and support among other things, as well as someone to simply listen to them. First and foremost, we are human beings.

In the disability arena, I was one of the minority few who actually received benefits on my first application. This is apparently a rarity in the Lyme arena. However, the symptoms I suffered were listed individually instead of under the heading of Lyme disease where they belonged. My disability representative said, "I don't need to know that you have Lyme disease, I just need to find out what is making you so ill." What part of Lyme disease is so hard to understand and why is there such denial?

In the family court, I have been forced to listen to repeated attempts to describe my "facial expressions", "attitude" and "demeanor" in various descriptive terms designed to bolster my ex-husband and his attorney's claims that I have some type of mental illness. I have had to endure repeated attempts by so-called experts at describing my physical illness, by persons who had no knowledge of the disease or its processes. I have had to listen to circuit court judges and family court commissioners claim that I didn't "look" sick. My face having a "flat" expression was commented on by more than one social worker and court appointee, while the only offense my face had was to have permanent nerve damage caused by facial paralysis. Apparently a "flat" facial expression is indicative of a common mental illness. I can't help my face, but the generalized conclusion that my flat expression equals mental illness doesn't seem logical.

I was found in contempt of court for failing to seek work despite being medically disabled. The judge didn't believe I was ill, and he didn't feel I could have

"credence"...cont'd on pg 13

Da Vinci Innovation Group Introduces New Patented Tool for Tick Removal

The Tick Tool launched just in time for expected boom in tick populations

Pomfret, CT, 2007 --(PR.COM)--

Local inventor Brooke A. Lawrence has developed a new patented tool for safely removing ticks from people and pets. The device, called **THE TICK TOOL**, is a uniquely designed product which features a "V" notch scoop for safe removal of the tick and a slide closure to cover up and lock the tick in a collection cup after it has been removed from a victim.

"My principal design goal was to prevent people from having to come in contact with a potentially infectious tick, as was recently recommended by the Centers for Disease Control. Additionally, I wanted a device that would safely remove all species of ticks, including the very small deer tick, and I am pleased to announce that we have exceeded our goals," said Brooke

Lawrence. The Deer Tick (Ixodes scapularis) is a known carrier of Lyme Disease, which is one of the fastest-growing infectious diseases in the United States and Europe.

Lyme Disease, however, is only one of many tick borne diseases. Others include Rocky Mountain Spotted Fever, Babesiosis, Ehrlichiosis, Q-Fever, Tularemia,

Southern Tick Associated Rash Illness, and Relapsing Fever. "The longer the duration of tick attachment, the greater the risk of disease transmission. Early detection and complete removal of

doors in the woods or grassy areas," Lawrence added.

This year's mild winter weather pattern is expected to aid in a boom in the tick population across the country. For additional information visit www.theticktool.com. pha



Contact Information
Da Vinci Innovation Group
Brooke A. Lawrence
860.792.8059
blawrence@davinci-group.us
www.theticktool.com

“Credence”

been ill prior to my social security disability paperwork that determined my illness onset date was June 2005. Social security wasn't only inaccurate in the description of my diagnosis, but also in the onset date of my disability. My attorney told me not to bother fighting it but to be "happy" with what I did receive.

Only when people become more educated about Lyme disease will the tides of discrimination change. When doctors choose to remain open-minded about diseases that they never studied in medical school, patients will finally have an advocate in their corner. When members of medical societies and medical boards choose to look at the greater body of evidence proving that diseases like chronic Lyme disease actually exist, then physicians can come out of the fear closet and treat their very ill patients.

Lyme disease exists. Chronic Lyme disease exists. We are real people, dealing with real illnesses. We demand and deserve nothing less than credence and a chance at complete wellness!

But then again, perhaps like the many forms of discriminatory accusations that we face each day as Lyme patients- maybe it is indeed "all in our heads." pha

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LYME DISEASE AND RIFE MACHINES

In the 1930s, a scientist named Royal Raymond Rife discovered a method for killing microorganisms with electromagnetic frequencies. What resulted was development of the "Rife machine," named after Dr. Rife. Although experimental, and not adopted by conventional medicine, the Rife machine proved to be useful in fighting numerous bacterial infections. In the 1980s, a mechanical engineer by the name of Doug MacLean adapted the technology into a device that he used to heal his case of chronic Lyme disease. Since then, hundreds of Lyme sufferers have followed in his footsteps. Today, Rife machines are considered by many patients and practitioners to be one of the most useful therapies for killing Lyme disease bacteria. In comparison with antibiotics, Rife machines offer several intrinsic advantages:

- they have no known toxic side effects
- they are inexpensive with or without insurance
- treatments can be taken in the privacy of your home, on your schedule
- treatment only takes about 30 minutes, and is needed only once a week

To learn more about Rife machines, read letters from Lyme sufferers using them, and access a free online Lyme/Rife discussion group with over 1800 members, visit:

www.lymebook.com

We do not sell rife machines and our only products are books and videos that offer unbiased assessments of various alternative Lyme Disease therapies.

If you'd like to connect with the Lyme disease community, consider joining this free online discussion forum where you can get support, ask questions, make friends, and learn about conventional and alternative treatments:

<http://www.lymecommunity.com>

*the above statements have not been evaluated by the FDA. Our products are not intended to prevent, diagnose, treat or cure disease.

PUBLIC AWARENESS

The MS Global Dinner Party

Every year, on the last Saturday in February, people around the world host dinner parties in support of multiple sclerosis. Instead of bringing a gift, wine or flowers, each host asks their guests to make a donation for MS research. Every get-together is a step toward the goal of ending MS.

Launched in 2003, the MS Global Dinner Party has raised almost a quarter of a million dollars to help researchers worldwide find a cure. Year after year, Canadian hosts have raised more money than any other country, contributing close to \$100,000 to help fund much needed research projects.

This year communities across Canada and the United States are invited to join hosts from around the world to open up kitchens this February in support of multiple sclerosis.

MS is an unpredictable and often disabling disease of the brain and spinal cord. Symptoms vary from person-to-person but include tingling, vision problems and even paralysis. MS can occur at any age but it is usually diagnosed between the ages of 15 and 40, when people

are finishing school, building careers and establishing families.

Over 2.5 million people around the globe are now living with MS. With an estimated 55,000-75,000 people, and three more diagnosed each day, Canada has one of the highest rates of MS in the world.

The impact of MS is far-reaching as one in two Canadians knows someone with MS.



For More Information:

Register to host your own MS Global Dinner Party at www.msGlobalDinnerParty.ca or call 1-866-922.6065.



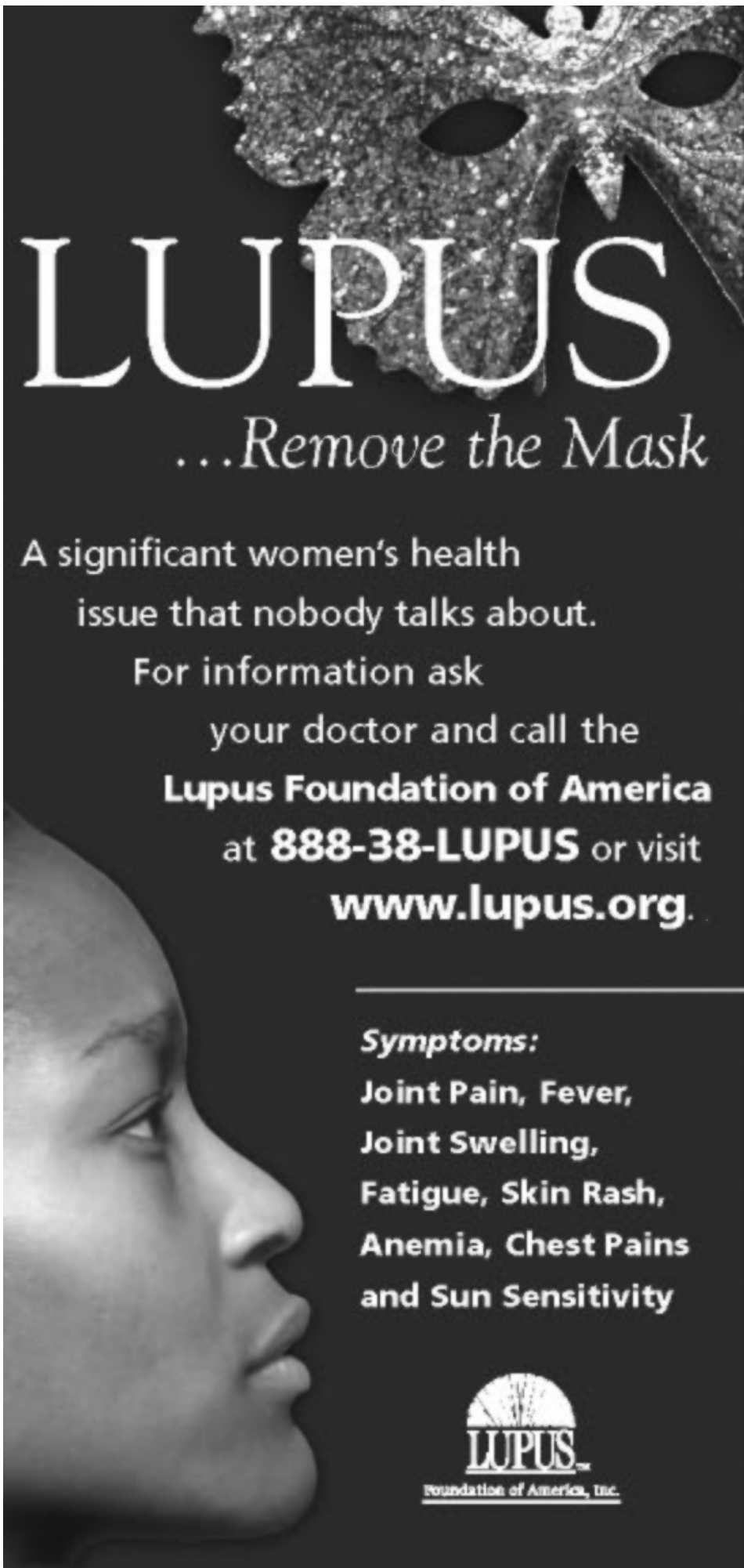
This may be all you need to help us find a cure for MS.



HOST A GLOBAL DINNER PARTY
Every year, on the last Saturday in February, people around the world host dinner parties in support of multiple sclerosis. Instead of bringing a gift, flowers or wine, guests are asked to make a donation in support of MS.

Get together with your family and friends, and help support MS research worldwide. Every place setting brings us closer to finding a cure for multiple sclerosis.

Find out more and register your party today.
www.msglobaldinnerparty.ca
1.866.922.6065



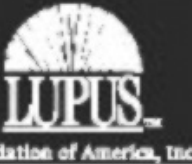
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For information ask your doctor and call the **Lupus Foundation of America** at **888-38-LUPUS** or visit **www.lupus.org**.

Symptoms:
Joint Pain, Fever, Joint Swelling, Fatigue, Skin Rash, Anemia, Chest Pains and Sun Sensitivity



“Big Pharma” ...cont'd from page 10

by Donna Reagan

multiplied by the 200,000 patients diagnosed with this disease each year means an endless supply of customers and a very complicated math equation...like with exponents and stuff. (And to be fair - this does not take into consideration the thousands of patients misdiagnosed with other very costly diseases such as Multiple Sclerosis, Lupus, ALS (Lou Gherig's Disease), Parkinson's disease, and so many more!).

So you see - these guidelines aren't about patient care, or who is truly correct about when a patient can be classified as positive with Lyme disease or when a patient is hereby "cured" of Lyme disease. The IDSA guidelines

aren't about patient care at all...it's about following the money. It's about greed; and about serving the puppet master, that well-known beast, Big Pharma.

Now - far be it from me to point a finger at any one guideline contributor and accuse them of having conflicts of interest. I just think it interesting that a preponderance of the guideline writers' work with, or have worked with, medical schools who rely on government grants and pharmaceutical sponsorship in order to perform research and ultimately "stay in business". In addition, some of these writers have worked in conjunction with an array of pharmaceutical companies in the name of

vaccine development; they've worked as 'consultants'; and also had their hands deeply invested in clinical trials. In fact, years ago the lead guideline writer, Dr. Gary Wormser, was even sued by patients who attested that Dr. Wormser mishandled their adverse reactions to the Lymerix vaccine, a product made available by...Big Pharma. Hmmm....

I'm sure if you dig - it would be possible to discover a wide range of potential conflicts of interest between the IDSA guideline writers, their employers, and Big Pharma. I could probably do it myself - but it would take away from my time lounging around in my pajamas, swallowing an assort-

ment of colorful FDA-approved drugs, wondering why and how WE, the People have given away so much of our personal "power" to multiple "beasts", and wishing I had the energy to run away with the circus, or at the least, take a modest vacation.

In closing, I'd like to leave you with a quote from Groucho Marx. I have no idea how it applies here - I just like it:

"One morning I shot an elephant in my pajamas. How he got into my pajamas I'll never know. " pha

NATIONAL SUPPORT GROUPS

National Multiple Sclerosis Association:

www.nmss.org

Alabama

3840 Ridgeway Drive
Birmingham, AL 35209
Phone: (205) 879-8881
Phone: 1-800-FIGHT-MS
Email: alc@nmss.org

www.nationalmssociety.org/alc

Northern California

150 Grand, Oakland, CA 94612
Phone: 510-268-0572
toll-free: 1-800-FIGHT MS
Email: info@msconnection.org
<http://www.msconnection.org>

Colorado

700 Broadway, Suite 808
Denver, CO 80203-3442
Phone: 303.831.0700
1.800.FIGHT.MS

Georgia

455 Abernathy Rd. NE,
Suite 210

Atlanta, GA 30328
Phone: 404-256-9700
Phone: 1-800-FIGHT-MS
mailbox@nmssga.org

Florida

2701 Maitland Center Pkwy,
Suite 100

Maitland, FL 32751
Phone: (407) 478-8880
Email: info@flc.nmss.org
www.nationalmssociety.org/flc

Texas

8111 N. Stadium Drive,
Suite 100
Houston, TX 77054
Phone: 713-526-8967
www.nationalmssociety.org/txh

ALS Association DC / MD / VA

<http://www.alsinfo.org/>
7507 Standish Place
Rockville, MD 20855
(301) 978-9855
toll free: (866) 348-3257
fax: (301) 978-9854

Great Philadelphia ALS Chapter

321 Norristown Road, Suite 260
Ambler, PA 19002
Phone: 215-643-5434
Toll Free: 1-877-GEHRIG-1
(1-877-434-7441)
Fax: 215-643-9307
alsassoc@alsphiladelphia.org

South Texas Chapter

<http://www.alsa-south-tx.org/>
(210) 733-5204
toll free at (877) 257-4673

North Texas

[http://walk.alsanorthtexas.org/site/](http://walk.alsanorthtexas.org/site/PageServer)
PageServer
1231 Greenway Dr., Ste.385
Irving, TX 75038
s.melson@alsanorthtexas.org
972-714-0088
877-714-0088

The ALS Association Upstate New York Chapter

323 Route 5 West
P.O. Box 127
Elbridge, NY 13060
315-689-3380
Toll Free for PALS:
1-866-499-PALS
info@alsaupstateny.org

Lyme Disease Association lymediseaseassociation.org/ Pat Smith 888.366.6611

Arizona

10440 N. Via Linda
Scottsdale, 85259
Group facilitators :
Karen Genest 480-632-6444
Larry Levy
Larry@valuepro.netbox.com
Northern Arizona - Tina Caskey:
tcaskey@safeaccess.com
928-779-2759

Southern Arizona - Donna Hoch:
nanandbo@cox.net 520-393-1452

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Tina J. Garcia
L.E.A.P. Arizona
Lyme Education Awareness
Program

<http://www.leaparizona.com>
480-219-6869 Phone

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abeer@artelco.com

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Phone: (559) 485-5445
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jschm47974@aol.com

Arkansas

Mary Alice Beer (501) 884-3502
abeer@artelco.com

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913-438-LYME
Lymefight@aol.com

Montana

bepickthorn@earthlink.com

Nevada

Rene Rothstein 702-256-9776
reen@earthlink.net

New Mexico

Veronica Medina (505)459-9858
vrmedina@comcast.net

Oklahoma

Janet Segraves 405-359-9401
Janet@LDSG.org
www.LDSG.org

Portland, Oregon

Meets 2nd Sunday of each month
2010 NW 22nd Street
Second Floor from 1 PM to 3 PM.
503-590-2528

Dallas/Ft Worth

www.dfwlyme.com
donna@dfwlyme.com
817-455-8520

Houston

Contact: Teresa Lucher
lucher@sbcglobal.net

Washington State

Alexis Benkowski
WA-Lyme-owner@
yahoomail.com

Lyme Coalition of N. Wisconsin

Pat Jackson (715) 356-3364
www.pattyknack.com
pattyknack@charter.net
WI * IL * MN
Contact P.J. Langhoff
www.lymeleague.com (US & Can)
www.sewill.org

“Diagnostician”...cont'd from pg 4

lesions is not. This improve ment in the patient's MRI was quite a surprise for the neurologist and served to strengthen my belief that the patient's problem all along had been neuroborreliosis rather than MS. Because of the many similarities in the two diagnoses, it is extremely important to pay attention to the patient's history and development of symptoms and to know how to test correctly for the presence of borrelia antibodies. MS is a diagnosis based primarily on subjective symptoms, and according to the CDC, Lyme disease is as well. The previously mentioned MRI and spinal tap findings in this patient were not diagnostic of MS per se, since they are often also present in Lyme patients with neurological involvement.

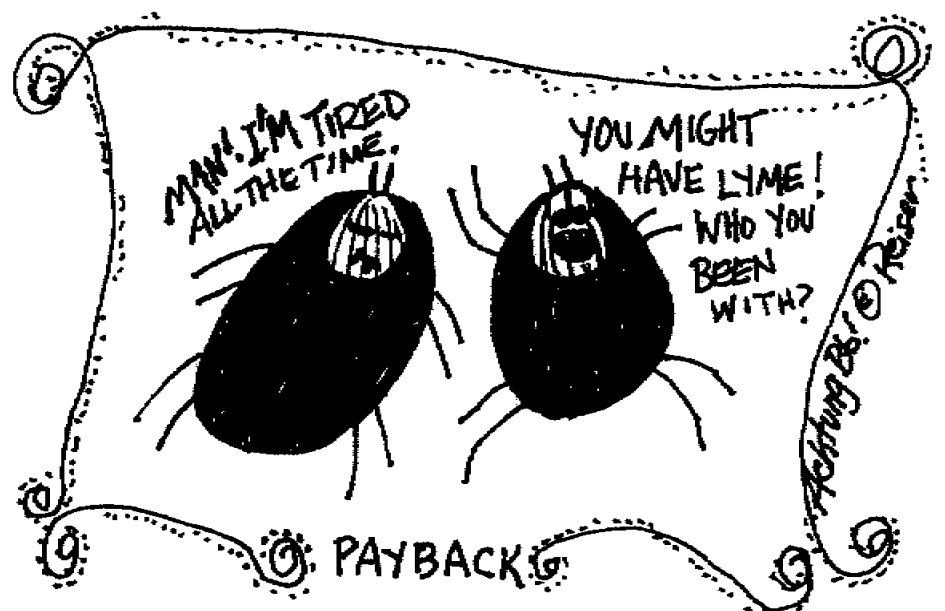
When clinicians complain about the incorrect medical information patients come across on

the Internet or the tendency for patients to self-diagnose based on this information, they need to look at the bigger picture and realize that the occasional enlightening discoveries are well worth the inevitable false alarms. I continue to support patients who research their symptoms on the Web, believing it empowers them to be proactive about their health care. Sometimes, as was the case with Maria, this kind of patient collaboration can prove to be a life-saver. *pha*

For more information :

Fritzsche, M. *Chronic Lyme Borreliosis at the Root of Multiple Sclerosis: Is a Cure with Antibiotics Attainable?* Medical Hypotheses 2005; 64 (3): 438-448.

Ticktoons



by Terri Reiser

“Babesia” ...cont’d from pg 8

Wormwood's toxic chemicals.

Significant ignorance exists as to the proper dosing for the treatment of Babesia and is still evolving. Many advertisements report 400 mg per day of Artemisinin is optimal, but this is based upon limited advanced science. The WHO suggests for malaria, a dose of 1200 mg on day one and 600 mg any additional days. Further, Artemisinin has a radical drop in blood level over five days, so that 500 mg is roughly equal to 100 mg after a week. I have yet to see this reported in herbal advertisements. However, the active metabolite dihydroartemisinin seems to remain steady in preliminary research. Claims of "cures" on artemisinin alone are possible, but should not be based simply on a feeling of improved health. Artemisinin patients often eventually relapse, or Babesia residues are found in the blood so this is one reason why all Artemisia derivatives are paired with synthetic malaria drugs during malaria treatment.

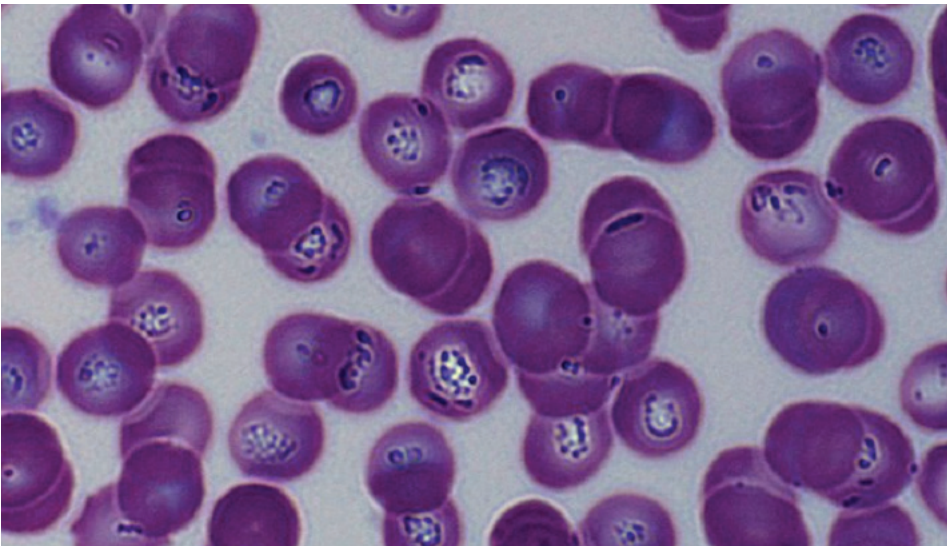
In general, Artesunate from Hepapro.com is felt to be a stronger form of Artemisia and is taken in three divided doses in adults. Since it kills by methods that include free radical formation,

multiple anti-oxidants are recommended to help the red blood cells regain their smooth surface and to prevent Artesunate from causing free radical damage.

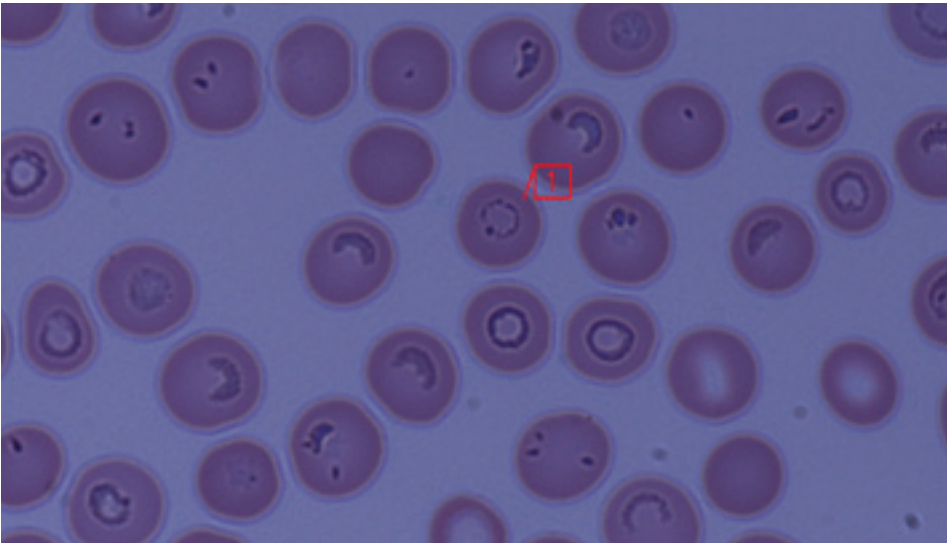
In conclusion, we have discussed the rapid new emergence of many new Babesia stains, samples of the signs and symptoms of Babesiosis, the various options in diagnosis and some of the most common treatment options. *pha*

Dr. Schaller is the author of 25 National Publications and 16 books covering topics such as Babesia, mold biotoxins, Suboxone, Artemisinin and Youth Behavior problems. He treats children and adults from all over the world who have tick-borne infections. He is currently writing books on Bartonella and Pediatric Lyme.

Dr. Schaller’s book *The Health Care Professional's Guide to the Treatment and Diagnosis of Human Babesiosis: An Extensive Review of New Human Species and Advanced Treatments* can be purchased for \$34.95 through the www.amazon.com website.



ABOVE: 1000x magnification with oil. A young boy with Asperger's Syndrome. Nearly every erythrocyte is infected with Babesia ring forms, crescents, or 'foamy' forms.



1000x magnification with oil This patient has longstanding rheumatoid arthritis and insulin dependant diabetes. The flag denotes the fine lacy ring shape. Note the wide varieties of Babesia forms in many other red blood cells. Slides provided by Dr. Stephen Fry

“Lyme-Autism” ... cont’d from pg 1

VA recently appeared on the online radio show on www.autismone.com hosted by Duncan called "The Lyme-Autism Connection". He stated that of the 10 children with autism he tested for Lyme disease, 100% of them also came back positive for Lyme disease.

More proof is needed to convince parents and the medical community to take action. The Lyme Induced Autism Foundation has announced its first fundraiser called "Laughter for Healing" at the Improv Comedy Club in Irvine, CA on February 24th, 2007.

Duncan states, "The whole goal of the fundraiser is to raise money for our research program. We would like to fund a study that will test children with autism for Lyme disease to determine what actual percentage of children are infected. Only then will we be able to pull the top researchers and physicians together to come up with some answers. Lyme disease can be fatal, parents are scared, we need to help these kids now."

For more information on

Lyme Induced Autism, please log onto www.lymeinducedautism.com. Interested parties may also purchase tickets or become a sponsor for the "Laughter for Healing" Improv comedy event online.

About Autism

Autism is a disorder that currently affects 1 out of 166 children. Boys are the majority of those affected. The numbers of autism cases spiked in the mid-late 90's and continues to remain high. The exact cause of autism is still unknown, however, many theories exist. Most children do improve with some sort of bio-medical intervention.

About Lyme disease

Lyme disease is generally caused by a tick bite. Symptoms of Lyme disease include, achy joints, confusion, slurring words or word retrieval problems, brain fog, sensitivity to light and sound. Lyme disease in its late stage can be fatal, causing MS like symp-

toms and debilitating its victims. Treatment for Lyme disease consists of antibiotic therapy.

About the Lyme Induced Autism Foundation

The foundation was started in September 2006 by parents of children with autism and Lyme disease. Kathy Blanco of Beaverton, OR and Tami Duncan of Corona, CA founded the non-profit organization. The foundation's goals are to educate families and physicians on the link between Lyme and autism, bring physicians together to form a consensus for testing and treatment options and to provide funding for research studies related to autism and Lyme disease. *pha*


Lyme Induced Autism Foundation
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www.lymeinducedautism.com
Tami Duncan
Co-Founder
1771 Honors Lane
Corona, CA 92883
(951) 817-1173

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