The Power of Truth Spoken by Joseph G. Jemsek, M.D. ~Part 1

In 1998, sharing gratitude for service to the HIV/AIDS community, North Carolina Governor James Hunt presented Dr. Jemsek with the Governor's Award, a Certificate of Appreciation. In 2003, Dr. Jemsek formed a non-profit that provided case management and education financial assistance to HIV/AIDS patients to help them with the cost of their treatment. Governor David "Jemsek...cont’d pg 6

From Roadblocks To Recovery

The 3rd annual conference on Lyme Disease, Autism and Chronic Infections 2009

Look at our esteemed speaker list first…

Anja Uman, MD Implications of Potential Biofilm Production in Autism Spectrum Disorder Patients and with Chronic Infections.

Anne Corson, MD Pediatric Tick Borne Disease Presentation and Management - Physicians Training

David Berg, MD Blood Flow in Lyme, Autism Spectrum Disorder and Other Conditions

Donna Jackson Nakazawa The Autoimmune Epidemic: What You Need to Know

Elizabeth Hesse Sheehan, DC Integrative Approaches to Autism and Lyme Utilizing Energetic Testing, LED, Quantum Neurology and Plant Stem Cells

Garry Gordon, MD, DO, MPH F.I.G.H.T. Program for Your Health: F=food sensitivities, I=Infections, G=Genetics, H=Heavy Metals and Hormones, T=toxins

Many a Lyme soldier has run in fear from the giant named Monopoly. But a few brave warriors have stood their ground, taken aim and slung the Stone of Truth. One of those valiant Lyme warriors is Dr. Joseph G. Jemsek. Dr. Jemsek began treating Human Immunodeficiency Virus/acquired immune deficiency syndrome (AIDS) patients in early 1983, when he is believed to have diagnosed the first case in North Carolina. By 2006, Dr. Jemsek had cared for more than two thousand HIV/AIDS patients.

In defending our position, the Lyme community must aim carefully so as not to miss our mark. We are armed only with a sling and the Stone of Truth. But don’t underestimate our weapon, for Truth hits hard and squarely between the eyes. It paralyzes the gut. It stings sharply andジョセフ・ジェムセルク博士は、非営利団体を設立し、HIV/AIDS患者を助けるための費用を補助しました。2003年、ジョセフ・ジェムセルク博士は、非営利団体を設立し、HIV/AIDS患者を支援するための費用を補助しました。
If you would like your health care provider to order your C3a and C4a levels, it is extremely important that the tests be performed only at the National Jewish Medical and Research Center Laboratory in Denver. LabCorp has a contract with National Jewish and therefore your health care provider can order LabCorp tests # 840702 (C3a) and # 857334 (C4a).

LabCorp uses two different send-out labs for the test and it is important to indicate that samples should be routed to National Jewish for most accurate results.

---

**Public Health Alert**

The C3a and C4a Complement Proteins in Chronic Lyme Disease

When a Complement is not a Compliment:

A combination of antibodies to the next, etc. and cell death by lysis (breaking of the cell membrane) and C4a levels of chronic Lyme patients to those of healthy control

In our study, only the systemic lupus patients had ele

There may be large day to day variation in the CD57 level as I observed in a study looking at twice daily blood draws over 3 days for both Lyme patients and well patients. The level can increase or decrease as much as 50% within the same day. So the CD57 level can be a useful marker for some patients but it is not always reliable and consistent.

Enter C3a and C4a, the new kids on the block in the world of Lyme diagnosis and treatment. The “C” in C3a and C4a stands for complement. Complement proteins work with antibodies to destroy pathogens. They activate immunity through control of inflammation, phagocytosis (ingestion of pathogens by white blood cells) and cell death by lysis (breaking of the cell membrane). There are about 30 of these complement proteins that

The normal range for C3a/C4a study, Dr. Stricker divided the chronic Lyme patients into two groups: 1) those who started with normal or elevated levels of C4a levels and C3a in the diagnosis of chronic Lyme disease with tests are inexpensive it has also provided a convenient marker to assist in following treatment progress and determining treatment end.

Although the CD57 marker has been helpful, it has not been without its problems. We don't yet understand what conditions cause CD57 levels to skew the results. Some very sick patients start out with normal or above normal CD57 level. Other patients' levels stay low and never increase with treatment, despite the fact that they are symptom-free and otherwise seem completely cured. There may be large day to day variation in the CD57 level as I observed in a study looking at twice daily blood draws over 3 days for both Lyme patients and well patients. The level can increase or decrease as much as 50% within the same day. So the CD57 level can be a useful marker for some patients but it is not always reliable and consistent.

Enter C3a and C4a, the new kids on the block in the world of Lyme diagnosis and treatment. The “C” in C3a and C4a stands for complement. Complement proteins work with antibodies to destroy pathogens. They activate immunity through control of inflammation, phagocytosis (ingestion of pathogens by white blood cells) and cell death by lysis (breaking of the cell membrane). There are about 30 of these complement proteins that

The normal range for C4a is zero to 2830. In my experience with patients with this type of neurological involvement, phagocytosis (ingestion of pathogens by white blood cells) and cell death by lysis (breaking of the cell membrane). There are about 30 of these complement proteins that

The normal range for C4a is zero to 2830. In my experience with patients with this type of neurological involvement, phagocytosis (ingestion of pathogens by white blood cells) and cell death by lysis (breaking of the cell membrane). There are about 30 of these complement proteins that

The normal range for C4a is zero to 2830. In my experience with patients with this type of neurological involvement, phagocytosis (ingestion of pathogens by white blood cells) and cell death by lysis (breaking of the cell membrane). There are about 30 of these complement proteins that

The normal range for C4a is zero to 2830. In my experience with patients with this type of neurological involvement, phagocytosis (ingestion of pathogens by white blood cells) and cell death by lysis (breaking of the cell membrane). There are about 30 of these complement proteins that
An International Leader in All Aspects of Tick-Borne Infections

Traditional and Progressive Care

A Prolific Full-Time Researcher, Clinician and Inventor with 25 Books and 27 Peer-Reviewed Journal Articles

These books are available from Amazon.com or as E-books from Dr. Schaller's website.

Just Released! Coming Soon...

Are You Tired of Being Sick?
Are You Frustrated with Ineffective Treatment?
Do You Feel Like Something Is Being Missed?
Do you have crippling fatigue, migraines or excess weight?
beginning a support group shouldn’t be a task you take on that overwhims you. But if you aren’t prepared, many obstacles can come up that can threaten the environment of your group. Follow along with this simple checklist so you will save a great deal of time and heartache in the future, and instead be able to make it be even more fruitful. I chose you and appointed you to go and bear fruit-fruit that will last” (vv. 2, 15 NIV). Have you ever considered that being called to "bear fruit" when we can hardly take care of myself? I have Chronic Lyme disease caused by a parasite, pain, fatigue, and many other symptoms. I struggle to cope with the daily demands of being a wife and a mother of four children. Disorientation often consumes me because of my inability to fix what I always have considered the productive Christian life. I’ve often heard it taught that being a faithful follower of Christ meant being active in the church and ministry to others. But I couldn’t even commit to consistent weekly church attendance—much less to teaching Sunday school, singing in the choir, or opening my home to visitors. No, I was taking care of myself and my family took all my energy. The idea of "Christian service" was completely overwhelming when I was just surviving. The idea of "fruit" was not of any particular importance. As James 2:17 states, faith without works is dead. But is our spirituality ever going to matter if we don’t perform any "Christian service" hours we accumulate? If so, where does that leave us who are chronically sick or disabled? I ask you to think about this. A missionary-minded believer plants the seed of the gospel at every opportunity. But can you control how many people actually come to Christ? Christian parents constantly give of themselves to instill in their children a love for God. Is there any guarantee that the children and daughters will serve Him? What about the youth pastor who acts as a brother, friend, and counselor to every teenager in your group? Does he determine the life path each one will take? Of course not. Though we influence people by what we do and how we live, the ultimate outcome is between God and the individual in question—the working of His Spirit. So, what did Jesus mean when he said, "Bear much fruit and so prove to be My disciples" (John 15:8)? As the radio minister spoke of cutting off unfruitful branches to make room for more productive ones, I begged God to give me insight. Immediately, I was reminded that I had been asking people who perform wonderful and even miraculous works in His name to serve a popular church that was away at heaven’s gate because they don’t really know Him (Matthew 7:23-24). It was then God’s answer struck me: Your fruit is of the Spirit. Of course! Why hadn’t I realized this before? The fruit of the Spirit is love, joy, peace, patience, kindness, goodness, faithfulness, gentleness, and self-control (Galatians 5:22-23). But, how are these fruits produced? I found my heart within reach of the command, "Abide in Me, and I in you. As the branch cannot bear fruit of itself, unless it abides in the vine, so neither can you unless you abide in Me. I am the vine, you are the branches; he who abides in Me and in him, he bears much fruit, for apart from Me you can do nothing" (John 15:4-5). The source of our fruitfulness is our union with Christ. The more we live in His love, faithfulness, gentleness and self-control, the more love, joy, peace, patience, kindness, goodness, faithfulness, gentleness, and self-control become reality in us. While we’re just going to do what we can, let’s be sure we produce fruit. Rather, the fruit of the Spirit initiates our lives and is the means for us serving on the mission field or taking the time to offer a kind word or an prayer for a friend. It’s more about what we do than what we do. What of the mission field or what of the people? *song based on John 13:35 that says “If you are Christ’s, then you are children by our love.” This is the most important and basic fruit. The Spirit is love, - love both for God and for others. Everything else flows from this. Living a vital Christian life isn’t about what we can or cannot do. It’s about coming to our first love and “abiding” in Him. Whether we’re out tirelessly serving the sick and needy or confused to confound us, ourselves, Jesus Himself has made it possible for us to live fully for Him.

**This article was reprinted with permission & previously published in a previous issue of In Touch Magazine. **

A Checklist for Starting a Support Group

by Lisa Copen

Beginning a support group shouldn’t be a task you take on that overwhims you. But if you aren’t prepared, many obstacles can come up that can threaten the environment of your group. Follow along with this simple checklist so you will save a great deal of time and heartache in the future, and instead be able to enjoy your group.

[1] Group’s purpose. Spend a few minutes writing a 1-2 sentence mission statement to help you clarify your goals. 

[2] Group description. What exactly is the problem people are dealing with and how do you intend to try to help fix it through your support group?

[3] Personal motives. Take some time to ask yourself. Why do I think I am one to lead this group?" Make sure you really want to do it, and are not just saying yes because you feel guilty saying no, or because you are seeking personal fulfillment.

[4] Approval. Does your group need to receive the approval of a larger group from a higher source? If you are under an organizational umbrella, for example, have you received permission?

[5] Group’s life expectancy. What do you expect the life of your group? Do you hope it will meet indefinite needs, or will it fade away, growing and changing as members define it? Or would you rather ask that people commit to the group for a certain amount of time, like four months, and then recommit if they still want to attend?

[6] Frequency of meetings. How often do you want to meet? Weekly, biweekly, monthly? Consider the schedule of the participants. Would you prefer the shorter semester format or at least half that, thirty percent twice per month?

[7] Group outline. How will the time be filled? Is it to network, to go through a study, have speakers from the community, or a combination of what you want to try?


[9] Attendees. Is it possible for us to live fully in Him? Whether we’re out tirelessly serving the sick and needy or confused to confound us, ourselves, Jesus Himself has made it possible for us to live fully for Him.
understand which civil rights you don’t have anymore. Sometimes government health officials declare a “public health emergency.” But before we take a look at the threat to civil liberties that syndemic four menacing poses, let’s take a look at how creation of a global human puppet for influence vaccines works. It is a blueprint for Successful Marketing 101 (or perhaps it is all just a coincidence).

In 2006, the World Health Organization (WHO) issued an international call for all nations to do whatever it takes to increase public appetite and demand for annual influenza shots as the main strategy to prepare for an influenza pandemic. In April 2007, the WHO used money donated by the U.S. Department of Health and Human Services (DHHS) to fund the creation of influenza vaccine manufacturing plants in Mexico and other countries one week after the FDA had given Sandoz Pasteur a license to produce experimental bird flu vaccine (H5N1) vaccine. Sandoz Pasteur is one of many drug companies the U.S. government has given millions of dollars to for the creation of bird flu vaccines.

On February 19, 2009, the FDA’s Vaccines and Related Biological Products Advisory Committee (VRBPAC) discussed whether to give approval for the testing of experimental bird flu vaccine on human volunteers. VRBPAC consumer member, also NVIC’s Director of Patient Safety Vicky Debolt-PVRAC, warned that testing of an experimental pandemic bird flu vaccine on infants in the absence of a real epidemic and without assurances that unapproved novel oil based (equivalent to the oil in flu shots MF59) are safe, could pose unacceptable risks in terms of inducing severe immune dysfunction.

On February 27, 2009 it was confirmed that an influenza vaccine maker, Baxter International, had released a mixture of seasonal influenza viruses mixed with unlabeled live bird flu viruses to facilities in Czechoslovakia, Germany, and Slovenia. Baxter, which is waiting for a license to manufacture bird flu vaccine, explained it was an “accident” and that no harm was done. On April 23, 2009, the world heard the first news reports about a mysterious pig (H1N1) and bird flu and human hybrid influenza virus that was making people sick near a Mexican pig farm. By April 30, the WHO had issued a Phase 5 “Alert” warning that the world was facing an imminent "pandemic crisis." The public health emergency has become an excuse to urge us to skip public transportation, there is action being taken behind the scenes by politicians and government health officials to prepare the way for implementation of future quarantine and immunization policies and that no harm was done. The name of disease control began in earnest in 21st century America after the tragic events on September 11, 2001. In 2002 time defined by the Sept. 11, 2001 terror attacks and anthrax. This myth played a role in public support for the U.S.-Iraq War and persuade Congress to pass Bioshield and pandemic influenza vaccine legislation that gave governments millions of dollars to manufacture vaccines, the Department of Defense (DOD) and the Department of Health and Human Services (DHHS) to create experimental bioweapons of bioterrorism and vaccines while protecting drug companies and doctors from liability, to mandate mass vaccination of the world was facing an imminent influenza epidemic on the horizon.

The creation of pharmaceutical company stockholder money for an unproven experimental bioweapon and the creation of an experimental drug was fostered by U.S. government health officials to pre- pare the way for implementa- tion of future quarantine and vaccine mandates and that no harm was done. The media was fed lies and misinformation and that no harm was done. The media was fed lies and misinformation and that no harm was done.

Call me cynical but not clueless. The bird’s eye view I have had for the past 27 years at the National Vaccine Information Center has taught me one thing: the global alliance between Big Pharma and Big Public Health is a prescription for disaster that could carry forward beyond a bout with the flu.

The international drama playing out right now before our eyes is an unwarranted threat to millions of citizens around the world can be easily manipulated by doctors and politicians engaging in fear mongering in the name of disease control to forward agendas that have more to do with ideology, power and corporate profits than health. When the U.S. Director of Homeland Security is the government official doing the talking rather than the U.S. Director of the Centers for Disease Control, it matters. What is happening in your pocket and take a look at federal- and state legislation passed since September 11, 2001 to...
We should do something similar to Turn the Corner and felt that fundraising organization for the Lyme disease awareness event would be supportive, she jumped on board right away. That's how the Into the Light Gala committee was formed with my wife, Kay, and they came up with the initial tri-fold invitation, along with the beautiful banners displayed at the event, amonst many other things.

Even very early on, we also worked on constructing the Lyme story, which was the title used by Michelle, along with the Lyme literature professionals, to engage the involvement of a skilled graphic designer to create a theme. This group was joined by Jordan Fisher Smith, the editor, put in hundreds of hours and several key contacts to make that happen and will happen.

The Into the Light Gala committee was formed with my wife, Kay, and they came up with the initial tri-fold invitation, along with the beautiful banners displayed at the event, among many other things.

Even very early on, we also worked on constructing the Lyme story, which was the title used by Michelle, along with the Lyme literature professionals, to engage the involvement of a skilled graphic designer to create a theme. This group was joined by Jordan Fisher Smith, the editor, put in hundreds of hours and several key contacts to make that happen and will happen.

The Into the Light Gala committee was formed with my wife, Kay, and they came up with the initial tri-fold invitation, along with the beautiful banners displayed at the event, among many other things.

Even very early on, we also worked on constructing the Lyme story, which was the title used by Michelle, along with the Lyme literature professionals, to engage the involvement of a skilled graphic designer to create a theme. This group was joined by Jordan Fisher Smith, the editor, put in hundreds of hours and several key contacts to make that happen and will happen.

The Into the Light Gala committee was formed with my wife, Kay, and they came up with the initial tri-fold invitation, along with the beautiful banners displayed at the event, among many other things.

Even very early on, we also worked on constructing the Lyme story, which was the title used by Michelle, along with the Lyme literature professionals, to engage the involvement of a skilled graphic designer to create a theme. This group was joined by Jordan Fisher Smith, the editor, put in hundreds of hours and several key contacts to make that happen and will happen.

The Into the Light Gala committee was formed with my wife, Kay, and they came up with the initial tri-fold invitation, along with the beautiful banners displayed at the event, among many other things.

Even very early on, we also worked on constructing the Lyme story, which was the title used by Michelle, along with the Lyme literature professionals, to engage the involvement of a skilled graphic designer to create a theme. This group was joined by Jordan Fisher Smith, the editor, put in hundreds of hours and several key contacts to make that happen and will happen.

The Into the Light Gala committee was formed with my wife, Kay, and they came up with the initial tri-fold invitation, along with the beautiful banners displayed at the event, among many other things.

Even very early on, we also worked on constructing the Lyme story, which was the title used by Michelle, along with the Lyme literature professionals, to engage the involvement of a skilled graphic designer to create a theme. This group was joined by Jordan Fisher Smith, the editor, put in hundreds of hours and several key contacts to make that happen and will happen.
Anti-inflammatory medicines are used in the treatment of Lyme disease, but they are effective in only 35% to 60% of patients. Given the rarity of Lyme disease, physicians are often reluctant to prescribe anti-inflammatory medications to patients who do not present with a rash. Nevertheless, many patients and physicians report a dramatic improvement in their symptoms after taking anti-inflammatory medications, such as ibuprofen, despite the lack of scientific evidence to support this treatment approach.

#### Top Tips to Prevent Chronic Lyme Disease

**By International Lyme & Associated Diseases Society**

1. **Tick-Bite Protection**
   - Check for ticks daily, especially in the early spring and late summer.
   - Use insect repellents containing DEET or other approved ingredients.
   - Wear long sleeves and pants, and tuck in your clothing.
   - Use tick barriers such as permethrin.
   - Do not use repellents containing alcohol or benzyl alcohol.

2. **Tick Removal**
   - Use a tick removal tool to gently pull the tick off the skin without twisting or squeezing it.
   - Wash your hands and the bite area with soap and water.
   - Watch for signs of tickborne illness for 30 days after the bite.

3. **Tick-Bite Surveillance**
   - Report tick bites to your healthcare provider.
   - Be aware of the signs and symptoms of Lyme disease.
   - Seek medical attention if you develop any symptoms.

4. **Tick-Borne Disease Screening**
   - Consider undergoing tick-borne disease screening if you live in an area with a high incidence of Lyme disease.
   - If you have symptoms suggestive of Lyme disease, consult with a healthcare provider for further evaluation.

5. **Tick-Borne Disease Prevention**
   - Use tick barriers such as permethrin.
   - Avoid tick-infested areas such as tall grass, brush, and wooded areas.
   - Use insect repellents containing DEET or other approved ingredients.
   - Wear long sleeves and pants, and tuck in your clothing.
   - Do not use repellents containing alcohol or benzyl alcohol.

6. **Tick-Borne Disease Awareness**
   - Educate yourself and others about tick-borne diseases.
   - Spread awareness through social media and community events.
   - Support tick-borne disease research.

7. **Tick-Borne Disease Treatment**
   - Seek prompt and appropriate treatment from healthcare providers.
   - Follow up with your healthcare provider for long-term support.
   - Support ongoing research and development.

8. **Tick-Borne Disease Advocacy**
   - Advocate for better diagnosis and treatment of tick-borne diseases.
   - Support legislative efforts to improve public health strategies.

9. **Tick-Borne Disease Prevention**
   - Use tick barriers such as permethrin.
   - Avoid tick-infested areas such as tall grass, brush, and wooded areas.
   - Use insect repellents containing DEET or other approved ingredients.
   - Wear long sleeves and pants, and tuck in your clothing.
   - Do not use repellents containing alcohol or benzyl alcohol.

10. **Tick-Borne Disease Awareness**
    - Educate yourself and others about tick-borne diseases.
    - Spread awareness through social media and community events.
    - Support tick-borne disease research.
    - Advocate for better diagnosis and treatment of tick-borne diseases.
    - Support legislative efforts to improve public health strategies.

By Harriet L. Bishop

The Second Annual Morgellon’s Disease Medical Conference held Saturday, April 4 drew researchers and patients from 19 states and Mexico, ranging in age from 4 months to 80 years! The Westsaks Baptist Church at 2900 W. Slaughter Lane in Austin was the venue for this medical conference which announced results of recent research that shed some light on this mysterious illness that affects systems throughout the entire body, often but not necess- sarily presenting with unheal- ing skin lesions. Persons affected are generally those who have had contact with dirt water, as in hurri- canes and flooding. Evidence was also presented suggesting that Morgellon’s may be anoth- er of the tick-borne diseases, as over 40 different bacteria and parasites have been known to be transmissible by the bite of a single tick. Infected deer ticks are widespread throughout North America.

The common plant bac- teria Agrobacterium tumefaci- ens which causes gall disease in plants is implicated because DNA has been found in skin lesions of some patients, but the results remain inconsistent, sug- gesting that more research is needed. It is believed that this is the first time a plant bacteri- um has been known to cross from the plant kingdom to ani- mal kingdom to infect human beings.

Featured speakers were experts in the field who had come from both US coasts as well as the heartland to present their findings. The disease appears to be more prevalent in states with seacoasts, such as California, Texas and Florida. Although cases are found in other states as well.

Lyme disease is believed to be a precursor to or co-infection with Morgellon’s disease, as 97% of Morgellon’s patients also test positive for Lyme disease. The most effec- tive treatment at this time for this little known illness is to treat for the underlying Lyme disease, a process that may involve taking various antibi- otics in combination for a peri- od of years. Body systems are protected from adverse effects of prolonged antibiotic treat- ment by careful management of milk thistle (silymarin), sev- eral types of specific probiotics,每月 lab work and frequent examination by the medical professional.

The Charles E. Holman Foundation, based in Texas, is committed to public education and research of Morgellon’s disease. Principal Investigator Randy Wymore, Ph.D. conducts research at Oklahoma State University Health Science Center. On the Charles E. Holman Foundation website www.themno.org more than 20,000 households currently report being affected by Morgellon’s disease, which remains a medical mystery.

Stay tuned!
A Clowning Achievement

by Virginia Sherr, M.D.

The woman sitting with me one day in 1996 was outwardly a picture of youthful haute couture. In actuality, when she spoke, I could see she was an anxious, middle-aged waif of a person appearing more like a hunted/haunted zombie. She was in my psychiatric office on an emergency basis. Alicia trembled and shook as she tried to tell me about the panic attacks and total insomnia that she had been experiencing despite the fact that she had been taking medication to counter these problems. Her symptoms had led her to admit herself to a local mental hospital in the recent past in the hope of finding relief, but it was not to be.

Actually, nothing had seemed to work for Alicia either in the hospital or out. She demonstrated no hint of the competent real estate agent that she once had been, she actually appeared somewhat limited. She was childlike, passively accepting of the ambience idea that she somehow must have been defective to develop all these unexplained symptoms.

Alicia was married to a well-known radiologist who had high expectations of others. In an attempt to justify herself in his eyes, she tried in extreme, unasked-for ways to anticipate his needs. She began to develop compulsive checking and other new habits such as rising daily in the morning's wee hours in order to vacuum the house. She developed odd obsessions. Occasionally she would rave that she "couldn't take it anymore." She had become less able to organize tasks so was better able to function when there was less complexity in the environment which, in turn, abetted her tendency to clean the house at 4 AM. It didn't upset her to do this because she didn't sleep anyway, not at all, night or day for weeks at a time. While some of her symptoms improved with my assistance, I kept puzzling over why the others did not.

Now in her second marriage, Alicia remembered well that she had experienced a horrific physical trauma in her teenage attempt at matrimony. She wondered if that shock long ago could have weakened her so that she ended up a shuddering mass of nerves, although she had functioned well and competently before 1992 when her symptoms began. She unsuccessfully had sought help from a caring psychologist and from numerous doctors and now, desperate and depressed, saw me as a last resort.

It was only after two years of working together that I began to suspect tick-borne diseases (TBDs) were behind all her symptoms and that Lyme disease was the reason that she had never regained the ability to sleep on her own nor overcome her sense of urgency. Although she was no longer zoned out on multiple medications, she still required fairly significant doses of the medications that were needed so that she could function. Her extreme compulsive behavior and her sense of anxiety lessened somewhat but did not go away despite therapy targeting these symptoms.

In the 6 years since the onset of her symptoms, and even in the 2 years that we had worked together, Alicia had not had one moment of joy or peace - her sense of self had changed unshakably to "inadequate." A woman who had loved to cook creatively and to do interior decoration, she had become a frizzled phantom struggling to do its best as long as menger energy reserves held out.

It was only when Alicia began to lose her hair, severe jaw joint (TMJ) pain, major weight loss, fatigue, muscle aches, and unexplained ear pains, that it became obvious to me (1998) that she needed to be tested for TBDs. In the meantime, Barry, her husband, was becoming high-handed. He was constantly irritable and could be demanding. He was impatient to an unreasonable degree at times. There was no sense of humor in either him or her and no hint of the change that was to occur when his own chronic TBDs were properly diagnosed and treated, along with hers. We were all surprised at that development.

When one knows a person well, gradual changes in personality, as happen with chronic Lyme disease, are not so noticeable and tend to be explained away by daily stresses.

Alicia and Barry did not need any convincing that their positive tests for the tick borne diseases Lyme, babesiosis and ehrlichiosis needed urgent attention. They undertook intensive treatments, including the rigorous one, guinea, for their malaria-like babesiosis. They made truly remarkable recoveries. The unique thing was that they recovered more than they had lost!

As he continued his antimalarial treatments, Barry began to develop a sense of playfulness. He took delight in entertaining children and to the amazement of his wife and her psychiatrist, he became a professional clown on his weekend events. Today, he still thrills the sick kids at local hospitals - in his latest colorful home-made clown regalia. This couple's emergence from the personality-disorienting effects of chronic Lyme disease demonstrated joyful evidence of their sharing such a rebirth together.

[Previously reprinted in the Lyme Times.]
Parasitosis, a condition in which strange fibers emerge from under the skin in hues of blue, red, white, black, even turquoise. Researchers report that these fibers are caused by several dermatologists that Morgellons patients sometimes suffer from. The condition was first described in 1997. By 2001, the condition was recognized by several dermatologists. The condition is considered rare, and Morgellons patients and sympathetic medical professionals and allies gathered from around the country for the Morgellons Foundation's annual conference. This year, the conference was held April 6-8, 2013, at the Westwood Woods Baptist Church in San Francisco, California where the conference was held.

The conference is sponsored by the Charles E. Holman Foundation, a Non-profit that studies Morgellons disease and promotes research, education, diagnosis and treatment of Morgellons Disease. The conference is sponsored by sympathetic medical professionals and researchers. Charles E. Holman Foundation's board of directors includes a husband of Cindy Casey RN, a Morgellons patient. The foundation has been around since 1999, when they started to raise awareness of the disease after accompanying his wife to a number of doctors' examinations and watching as she was told she was crazy. The foundation has been GPS by 2007 and his wife and Cindy took over as the executive director.

Cindy Casey's story is one of many. She began experiencing symptoms of chronic skin and fatigue and occasional skin lesions as far back as 1997. By 2003, the lesions had become so severe that she was facing battling with the characteristic fibers emerging from her skin and the itch and pain make them worse. She sought treatment from medical professionals, but she was told she was crazy. The condition was not recognized by the medical community, and Cindy was told she was crazy. The condition was not recognized by the medical community, and Cindy was told she was crazy.

Skeptic point out that Morgellons is a psychological disease and that the condition is a manifestation of psychological disorders, such as depression or anxiety. They argue that the condition is a result of the patient's own imagination and that there is no scientific evidence to support the existence of the condition.

Stricker's presentation was met with a standing ovation. He continued, "This is a fascinating disease, and we need to know more about it." The audience praised Stricker for his research and dedication to understanding Chevron. Stricker has a PhD in biochemistry and has been investigating Chevron's environmental impact for years.

Morgellons Mystery
Conference on Strange Disease Held in Oak Hill, Texas Area

In a conference held by the Oak Hill Gazette, researchers discussed the occurrence of Morgellons, a condition characterized by the presence of strange fibers under the skin. The condition has been associated with various symptoms, including skin lesions and "brain fog," and has been a source of considerable debate and controversy. Morgellons patients often report seeing fibers that appear to be coming from their skin, and these fibers have been observed in various locations, including skin lesions and the brain. Researchers have conducted studies to determine the cause of Morgellons, but the condition remains poorly understood.

Morgellons patients have often sought treatment from a variety of medical professionals, including dermatologists, nurses, and other healthcare providers. Some patients have been diagnosed with conditions such as Lyme disease, but others have been told that their symptoms are not due to a specific illness. Some patients have also reported experiencing psychological symptoms, such as depression and anxiety, which may be related to the physical symptoms of Morgellons.

The condition has been described as both a physical and a psychological phenomenon, and researchers have sought to determine whether the condition is caused by a physical infection or a psychological disorder. Some researchers have suggested that Morgellons may be related to environmental factors, such as exposure to toxins, and that the condition may be exacerbated by stress and other psychological factors. Others have proposed that Morgellons is a symptom of an underlying medical condition, such as Lyme disease.

In an interview during the conference, Cindy Casey, a Morgellons patient, rolled her back sweater and lifted her pant leg to reveal arms and legs covered with numerous lesions and discolored whitish skin where she said previous lesions had healed. "They start out as little pimple marks and then they become so bad that I have to change them all in different stages," she said.

Other patients came up, lifting their skirts and pants legs to reveal the same lesions dotting their skin. Some patients, covered by an intolerable feeling of something crawling, stinging or itching, were overcome with the condition that gets worse at night. This torment is accompanied by a variety of other symptoms, including skin lesions and "brain fog," and the symptoms are not limited to adults, families, and even their pets.

The condition, known as Morgellons Disease, is not officially recognized by the mainstream medical community and suffers often suffer from being treated by others. Morgellons patients and sympathetic medical professionals and allies gathered from around the country for the annual conference. This year, the conference was held April 6-8, 2013, at the Westwood Woods Baptist Church in San Francisco, California where the conference was held.

The conference is sponsored by the Charles E. Holman Foundation, a Non-profit that studies Morgellons disease and promotes research, education, diagnosis and treatment of Morgellons Disease. The conference is sponsored by sympathetic medical professionals and researchers. Charles E. Holman Foundation's board of directors includes a husband of Cindy Casey RN, a Morgellons patient. The foundation has been around since 1999, when they started to raise awareness of the disease after accompanying his wife to a number of doctors' examinations and watching as she was told she was crazy. The foundation has been GPS by 2007 and his wife and Cindy took over as the executive director.

Cindy Casey's story is one of many. She began experiencing symptoms of chronic skin and fatigue and occasional skin lesions as far back as 1997. By 2003, the lesions had become so severe that she was facing battling with the characteristic fibers emerging from her skin and the itch and pain make them worse. She sought treatment from medical professionals, but she was told she was crazy. The condition was not recognized by the medical community, and Cindy was told she was crazy.

Skeptic point out that Morgellons is a psychological disease and that the condition is a manifestation of psychological disorders, such as depression or anxiety. They argue that the condition is a result of the patient's own imagination and that there is no scientific evidence to support the existence of the condition.

Stricker's presentation was met with a standing ovation. He continued, "This is a fascinating disease, and we need to know more about it." The audience praised Stricker for his research and dedication to understanding Chevron. Stricker has a PhD in biochemistry and has been investigating Chevron's environmental impact for years.

Morgellons Mystery
Conference on Strange Disease Held in Oak Hill, Texas Area

In an interview during the conference, Cindy Casey, a Morgellons patient, rolled her back sweater and lifted her pant leg to reveal arms and legs covered with numerous lesions and discolored whitish skin where she said previous lesions had healed. "They start out as little pimple marks and then they become so bad that I have to change them all in different stages," she said.

Other patients came up, lifting their skirts and pants legs to reveal the same lesions dotting their skin. Some patients, covered by an intolerable feeling of something crawling, stinging or itching, were overcome with the condition that gets worse at night. This torment is accompanied by a variety of other symptoms, including skin lesions and "brain fog," and the symptoms are not limited to adults, families, and even their pets.

The condition, known as Morgellons Disease, is not officially recognized by the mainstream medical community and suffers often suffer from being treated by others. Morgellons patients and sympathetic medical professionals and allies gathered from around the country for the annual conference. This year, the conference was held April 6-8, 2013, at the Westwood Woods Baptist Church in San Francisco, California where the conference was held.

The conference is sponsored by the Charles E. Holman Foundation, a Non-profit that studies Morgellons disease and promotes research, education, diagnosis and treatment of Morgellons Disease. The conference is sponsored by sympathetic medical professionals and researchers. Charles E. Holman Foundation's board of directors includes a husband of Cindy Casey RN, a Morgellons patient. The foundation has been around since 1999, when they started to raise awareness of the disease after accompanying his wife to a number of doctors' examinations and watching as she was told she was crazy. The foundation has been GPS by 2007 and his wife and Cindy took over as the executive director.

Cindy Casey's story is one of many. She began experiencing symptoms of chronic skin and fatigue and occasional skin lesions as far back as 1997. By 2003, the lesions had become so severe that she was facing battling with the characteristic fibers emerging from her skin and the itch and pain make them worse. She sought treatment from medical professionals, but she was told she was crazy. The condition was not recognized by the medical community, and Cindy was told she was crazy.

Skeptic point out that Morgellons is a psychological disease and that the condition is a manifestation of psychological disorders, such as depression or anxiety. They argue that the condition is a result of the patient's own imagination and that there is no scientific evidence to support the existence of the condition.
Since 2007, Nutramedix has been supplying practitioners with a free 6-month Cowden Support Program for one of their patients that cannot afford treatment. We are now extending the free offer to include one patient from each support group.

Practitioners and Support Group Leaders contact us for additional information.

Introducing the new

“CONDENSED”

COWDEN SUPPORT PROGRAM

- 4 dosing times per day as opposed to 8 dosing times per day
- Cost is 40% less than the full support program
- More effective than the full support program

FREE 6-MONTH SUPPORT PROGRAM AVAILABLE FOR ONE PATIENT OF A PRACTITIONER OR A SUPPORT GROUP MEMBER

Since 2007, Nutramedix has been supplying practitioners with a free 6-month Cowden Support Program for one of their patients that cannot afford treatment. We are now extending the free offer to include one patient from each support group.

Practitioners and Support Group Leaders contact us for additional information.

Since 2007, Nutramedix has been supplying practitioners with a free 6-month Cowden Support Program for one of their patients that cannot afford treatment. We are now extending the free offer to include one patient from each support group.

Practitioners and Support Group Leaders contact us for additional information.

Since 2007, Nutramedix has been supplying practitioners with a free 6-month Cowden Support Program for one of their patients that cannot afford treatment. We are now extending the free offer to include one patient from each support group.

Practitioners and Support Group Leaders contact us for additional information.

Since 2007, Nutramedix has been supplying practitioners with a free 6-month Cowden Support Program for one of their patients that cannot afford treatment. We are now extending the free offer to include one patient from each support group.

Practitioners and Support Group Leaders contact us for additional information.

Since 2007, Nutramedix has been supplying practitioners with a free 6-month Cowden Support Program for one of their patients that cannot afford treatment. We are now extending the free offer to include one patient from each support group.

Practitioners and Support Group Leaders contact us for additional information.
truth. Overnight, things turned around and white became black and vice versa. For example, in the infamous 1994 Dearborn meeting, Allen Steele pretty much turned everything around and said there was too much turned everything around and Lyme disease being diagnosed, and as PJ Langhoff writes in her book, they hijacked the truth and turned Lyme into junk science in order to promote their vaccine and other interests. It was all about their own motivation. It was just insidious and wrong, and we're still living with this fifteen years later.

Tina: How are doctors able to ignore ethics and put their own agenda above the patients they promised to heal?

Dr. Jemsek: As I spoke of at the Into the Light Gala, our mission has been lost in medicine. Our doctors have lost their way. It took time to come about in a lot of complicated ways, such as the increasing change in the independence of the physician and their failure to listen to the patients in the Lyme epidemic. Doctors have become so busy working for insurance companies and hospitals. Instead of listening to the patients to understand their symptoms, we often turn it inward against each other. Doctors are sometimes in one of two situations. One is a more creative, disagreeing physician who has new ideas, who makes more money or who seems to be more popular. As a group, we as doctors are really ill-informed people. The key is to understand what a patient with complex medical issues tells us, and to listen to what a patient with complex medical issues tells us, so that patients have access to information that isn't in the past.

Tina: Unfortunately, this occurs at a time when chronic infections are rampant. You’ve certainly made your case for something you expressed in your speech at the Into the Light Gala, when you said, “The delay in recognizing our nation’s Lyme epidemic prescribes a prime example of our broken health care system. The way in which a society deals with a marginalized population is the signature and indelible stamp of that society’s character... give the U.S. health system an F grade for its work here.”

Dr. Jemsek: Yes, we do a horrible job of dealing with chronic infections in a straitjacket. The Lyme epidemic may be the tipping point for making significant change, because it is painful and so complex that it’s going to force us to finally work it out. It’s not in the past, away, no matter how long Gary Wormer holds his breath.

You need to think about the whole picture of interaction and interrelationship of chronic infection and chronic inflammatory conditions. We have to stop doing the symptom over the disease, or the disease over the symptom. We have to look at the whole picture of why the disease is there and solve the problem.”

Dr. Jemsek: Yes, you see, one thing I noticed with HIV early on, is that we have a different paradigm in that the virus replicates every thirty minutes or so. With Lyme, we have to wait. We have to wait for the bacteria to go up and down and then we have to wait for the symptoms to clear up. The bacteria varies from patient to patient, so we have to be very careful with what we do in the treatment regimen. If a patient is still symptomatic and then we wait for symptoms to clear on their own. Some doctors advocate stopping Lyme treatment while the patient is still symptomatic and then hoping that he or she will eventually recover without further treatment. Government trials have identified a number of individuals whose symptoms did not clear when treatment was cut off prematurely. There are doctors who feel your symptoms will clear with further antibiotic treatment.

Support by Turn the Corner Foundation

Turn the Corner Foundation (TTCF) is dedicated to the support of research, education, awareness and innovative treatments for Lyme disease and other tick-borne diseases. Since its inception, TTCF has organized and supported countless programs that address Lyme disease education, diagnosis and treatment.

About ILADS

ILADS is a nonprofit, international, multidisciplinary medical society, dedicated to the diagnosis and appropriate treatment of Lyme and its associated diseases. ILADS promotes understanding of tick-borne diseases through research and education and strongly supports physicians and other health care professionals dedicated to advancing the standard of care for Lyme and its associated diseases.

“Jemsek” ... cont’d from pg 13

Prevention ... cont’d from pg 7

condition such as Multiple Sclerosis, Fibromyalgia, chronic fatigue, or anxiety. Misdiagnosis is a common experience for patients with chronic Lyme disease. Treatments that work for these other illnesses are not appropriate for treating Lyme disease. Currently, the only effective treatment for Lyme disease is antibiotics. Ask your doctor to carefully evaluate you for Lyme disease even if your tests are negative.

7. “Wait and See” approach to treatment may be risky

Up to fifty percent of ticks in Lyme-endemic areas are infected with Lyme or other tick-borne diseases. With odds like that, if you have proof or a high suspicion that you’ve been bitten by a tick, taking a “wait and see” approach to deciding whether to treat the disease has risks. The onset of Lyme disease symptoms can be easily overlooked or mistaken for other illnesses. Once symptoms are more evident the disease may have already entered the central nervous system, and could be hard to cure. This is one case in which an ounce of prevention really is worth a pound of cure.

8. Don’t be afraid to get a second opinion

Recognize that opinions on how to diagnose and treat Lyme disease vary widely among physicians. It is worth getting a second or even a third opinion, especially if you are symptomatic and your doctor advises not to treat, or symptoms recur or persist after treatment. Keep in mind that your physician may focus too narrowly on diagnosing and treating a single symptom. For example, a physician may diagnose a pain in your knee as “arthritis”, and not see it as just one part of a larger set of symptoms that adds up to a diagnosis of Lyme disease, which requires different treatment.

9. Know your treatment options

Work with your doctor to identify the appropriate treatment option if your symptoms persist. There is more than one type of antibiotic available. Longer treatment is also an option. You should also work with your doctor to make sure you don't have another condition.

10. Expect success

You should expect to get better. You should not accept "watchful waiting" – the practice of stopping antibiotic treatment before you are well and then waiting for symptoms to clear on their own. Some doctors advocate stopping Lyme treatment while the patient is still symptomatic and then hoping that he or she will eventually recover without further treatment. Government trials have identified a number of individuals whose symptoms did not clear when treatment was cut off prematurely. There are doctors who feel your symptoms will clear with further antibiotic treatment.

Support by Turn the Corner Foundation

Turn the Corner Foundation (TTCF) is dedicated to the support of research, education, awareness and innovative treatments for Lyme disease and other tick-borne diseases. Since its inception, TTCF has organized and supported countless programs that address Lyme disease education, diagnosis and treatment.

About ILADS

ILADS is a nonprofit, international, multidisciplinary medical society, dedicated to the diagnosis and appropriate treatment of Lyme and its associated diseases. ILADS promotes understanding of tick-borne diseases through research and education and strongly supports physicians and other health care professionals dedicated to advancing the standard of care for Lyme and its associated diseases.

www.Lyme-Disease-Treatment.com

PUBLIC HEALTH ALERT

www.publichealthalert.org

Page 11

FEATURES

Discover the Top Lyme Disease Treatments
Lyme disease is fast becoming the scourge of the 21st century, and with millions upon millions being misdiag- nosed with disease labels such as Lupus, Fibromyalgia, Lyme ALS (Lori Gehrig's Disease), Multiple Sclerosis, Parkinson's, Lupus, Fibromyalgia, Bipolar, Depression, Arthritis, ADD, Alzheimer's, and the list contin- ues on. Most of these disease classifications have no known causes, cures or definitive treatments... only symptom alleviation.

The current testing for Lyme disease, which is the cause of other insect borne infections that often accompany Lyme, is very unreliable. Many patients are allowed these infections to be diagnosed and treated appropriately. The current testing, the cause, this growing plague is being cleverly swept under the rug.

Untold numbers of people are suffering and dying when it could be prevented or be medicated with treatments that are helpful, but given the lack of education and the indifference of the medical community, much of this knowledge is being ignored.

I would like to share with you very moving testimony written by Lori and then we will talk with her brother, who is producing a film, to try and answer some of the questions people have long been wanting answers for... such as... why is the seriousness of Lyme disease being ignored and misrepresented? Why are there such a difficult time getting appropriate treatment? Even when it is obvious that the treatment is helping, and why are doctors who choose to treat Lyme by respecting the patient's wishes being punished?

In Michigan, and where should they treat it? The most dangerous symptom of this disease is ignorance.

I believe that Lyme played a significant role in my sister's life. I have said that she died from complications of Lyme - not simply the physical effects but also from the social and medical climate that perpetuates this disease. We first had to confirm that it was Lyme we were treating, that Lyme disease exists in Michigan, and then how should they treat it. The most dangerous symptom of this disease is ignorance.

An Interview With Film Producer Timothy Grey

Interviewer: When will your film be coming out and where will people be able to see it go online?

Timothy: We are releasing the film June 22nd. The premiere will be held at the Traverse City Film Festival. The State Theater is run by Academy award winning direc- tor Michael Moore and will also be launching an online pre- miere on the same date. People will be able to purchase tickets for the one-time viewing online. The film will then go on to play in regional engagements with myself and Breanne Russell, my co-director and producer, at colleges and theaters throughout the US, Canada and Europe.

Interviewer: Thank you, Timothy, for taking the time to answer these questions. I have watched the film and it is a complete film and I know it will help to bring more awareness to the issue. Where Lyme disease is causing much need- less confusion, suffering and death, it is a way for investigation- not just of the Infectious Disease Society of America, but of the health care powers which are allowing the IDSA and other government agencies to propagate what they are doing, which is essen- tially disabling the population while confusion and ignorance reigns in the medical industrial complex.

Page 12
www.publichealthalert.org
Public Health Alert
bolic, hormonal, malignancies and so forth. With a Lyme disease, there is absolutely no reason to believe that there are simple answers and simple solutions. When people are really sick, they are multiply infected. And I learned a lot from the animal studies, which indicate that if you're infected with Lyme, you're going to get weak and dizzy. But if you add babesia or bartonella, the animal will die. So I learned that in my own practice, I started looking for signs to tell me why people relax or do not get well. And in the early years, I came to the conclusion that they're multiply infected, and you have to treat it as a group or conglomeration of infections and regard it as an immune suppressive illness. In other words, we have a Lyme Borrelia Complex syndrome and a multisystemic chronic illness.

Tina: In your experience with Lyme patients, have you seen anyone who has exhibited AIDS-type symptoms from immunsuppression?

Dr. Jemsek: Well, I had some AIDS patients who had Lyme. And you know what? The Lyme was worse on the patient. You can see this.

Tina: Do you currently treat any HIV patients?

Dr. Jemsek: No, I pretty much had to close it down because of the insurance cancellation and lawsuit against me. When that happened, the only dominant insurance company in North Carolina took away our contract, it spelled the end of my practice. When the insurance company sued me, I lost any reasonable chance for a turnaround. Which was clearly vicious and premeditated is that they were just trying to take me out; they didn't have to sue me nine months after the news of a medical board review. That was a kick in the head, and as I said, they were just trying to take me out.

Basically, their actions assured that a thousand HIV patients were put out on the street. And we had one of the largest HIV practices in the U.S. and the world, and we were going to double our patient population in five years. We did this with a high standard of practice and very good care in a really good setting. It was our dream to do that. As I say on my website, since there were six practitioners seeing new Lyme patients, we probably also had the largest Lyme and tick-borne illness practice in the country. In late 2005, we were seeing eighty to one hundred new patients a month for possible tick-related illness.

Our case is still growing and it will probably take another two to three years to resolve. History will judge for what we've tried to do and I'm fine with that. I don't totally understand it and I don't try to understand it anymore, but there's a reason I've been put in this position. I also have a sense that people are attracted to my story because Americans like underdogs and resilience. So, I believe that there's a reason I lost my HIV practice, but now I have a new love in medicine and an incredible challenge.

One of the real tragedies about this epidemic is to think about all the sick people who are clueless about their illness and lead wasted lives, or worse, know their illness and can't access care. And then to consider the sheer size of the epidemic is simply staggering. Even with more efficient models of treatment at our clinic, it still takes a couple of years to get people really better. So, anyone can do the math. It's horrible to consider, but this epidemic can bring our nation to its knees.

The Lyme epidemic is going to forever change how we look at chronic illness. We're going to have to get out of the patch-and-pay model that we have and get into real answers. And if we were all really pulling together and trying hard to get answers for complex patients, we would be well on our way to making significant progress. As it is, the politicization of this epidemic and the corporatization of health care have literally put us twenty years behind, and in the end, this indifference to the human condition will have victimized millions.

Be sure to read Part Two in the July issue of Public Health Alert.
“Morgellons” ... cont’d from pg 9
detail.” He added, “My specula- tion, and it still is speculation, is that Morgellons Disease may represent the first known human illness caused by a plant bacterium. And in fact, when people say they have these fibers attached to the skin that don’t come out, that are not adherent, in a way they are kind of turning into plants.” He also noted that his research has found some fibers to have a metallic coating, which could explain why many people have witnessed these fibers moving. He said the metal could become charged with electricity, causing the fibers to move.

“The movement is real,” said Casey. “Most everyone you can talk to has seen these things move. It’s almost alien. It’s like your worst science fic- tion movie. A lot of us will get together and find ourselves on the end of a tweezers and see them moving around almost like a cobra dance.”

But getting together, even if it is just to commiserate about the movement in the fibers, is something that seems to help these patients. Savely said that in addition to light exercise, nutrition, and her treatment regimen, she urges her patients to seek out human contact.

Because some are afraid

Morgellons could be contigu- ous, (there is no evidence to show it is contagious under casual contact) and other are ashamed of their disfiguring lesions, like modern day lepers, who sufferers isolate them- selves.

“I think human touch is so important,” said Savely. “You can’t go without it. I’ve had patients come up to me and I give them a hug and they start to cry and they say, ‘That’s the first time I’ve touched a human being in five years.’ How can you live like that? You know you can’t. You can’t isolate yourself. You need to be around your family now more than ever.”

C3a & C4a ...cont’d from pg 2

and 12,000. In the two years that I have been using the C4a test to track treatment progress, results have been consistently correlated with clinical improvement.

Patients who have had chronic fatigue syndrome (CFS) may also be surprised to hear that C4a is See pg 1029. C4a is not as spe- cific to chronic Lyme as the CDS7+ level because it may be elevated in many types of infection, including other tick- borne diseases. However, in patients with known tick-borne infections, the C4a complement protein test can provide a useful way to determine initial degree of infection, to follow treatment progress and to aid in deciding upon treatment end. For more information about the C3a and C4a, please see the suggested readings below:

Roadblocks ... cont’d from pg 1

Joe Mercola, DO
How Sunshine and Vitamin D Can Radically Improve Your Health (Dr. Mercola will be speaking at the Friday night dinner)

Dietrich Klinghardt, MD
HemoPyrrol-Lactam-Uria (HPU), in Lyme disease and Autism

Lawrence Klapow, PhD
Vaxtongzhx Klapow, a New Zonotic Parasite from Grazing Animals Found in CFIDS and Lyme Patients

Lee Cowden, MD, MD(H)
Electro-Dermal Screening and Urine Dipstick to Predict Genetic SNPs in Autism and Risperidone to Treat (Physicians Training) and Autism Treatment Basics (General Session)

Mary Coyle, DHM and Lisa Radley
Using Immunotoxicology to Elevate and Support the Health of Those with Autism and Chronic Illness: Better Addressing the Microbial Load

Pramila Srinivasin, PhD
An Online Web-based Treatment Tracking System supporting Visualization and Analysis, for Parents and Physicians: C4ARM

Stephen Fry, MD
Evidence of vector borne dis- ease and Epierythrocytic bacte- ria in Chronic Fatigue Syndrome, Fibromyalgia, Autoimmune Disease, and Autism

Toby Watkinson, DC
Chronic Illness to Targeted Healing: From Autism to Lyme A Focused Approach

Vicki Warren
Creating a Healthy Home - A workshop on making your home safer and more protective of EMR/EMF and more

Victoria Bowman, MD
Start in the Gut: An Overview of Cleansing, Role of Colon for Liver Detoxification and the Value of Rectal Probiotics

“This conference is years ahead of its time, if you want to learn the cutting edge treatments, this is the conference to be at,” says Linda Henning, conference co-ordinator and founder of CHOICE. Whether it is sick children with autism or adults with Lyme disease, Chronic Fatigue or other illnesses, there is something we can all learn and benefit from at this confer- ence. There is hope, there is healing. Sunday will offer a complete workshop on the top 10 items that need to be addressed to provide healing to all people. This workshop will be presented by Thrive. The Thrive panel will include speakers such as Joe Mercola, D.O., Dietrich Klinghardt, M.D., Lee Cowden, MD, MD(H), Ana Usman, MD, Robert Shomaker and many more. Attendees will hear detailed information on life, work, diet, exercise, emotions, testing.

Shomaker RC, Giglia, Crowder, Cowie, H. Glovsky MM,Shomaker, R. C., Giglia, PC., Crowder, C., Houde, D., Glovsky, D. M.
Complement split products C3a and C4a are early mark- ers of acute Lyme disease in tick bite patients in the United States, International Archives of Allergy and Immunology. 146(3), 255-261.


You will be assured that your sample will arrive at the lab satisfactory for testing. The blood needs to be collected in an EDTA tube (“lavender top”) and immediately spun and sep- arated. The plasma should be frozen right away and sent frozen to National Jewish. The C4a is not as spe- cific to chronic Lyme as the CDS7+ level because it may be elevated in many types of infection, including other tick- borne diseases. However, in patients with known tick-borne infections, the C4a complement protein test can provide a useful way to determine initial degree of infection, to follow treatment progress and to aid in deciding upon treatment end. For more information about the C3a and C4a, please see the suggested readings below:

Because some are afraid

Morgellons could be contigu- ous, (there is no evidence to show it is contagious under casual contact) and other are ashamed of their disfiguring lesions, like modern day lepers, who sufferers isolate them- selves.

“I think human touch is so important,” said Savely. “You can’t go without it. I’ve had patients come up to me and I give them a hug and they start to cry and they say, ‘That’s the first time I’ve touched a human being in five years.’ How can you live like that? You know you can’t. You can’t isolate yourself. You need to be around your family now more than ever.”

Morgellons could be contigu- ous, (there is no evidence to show it is contagious under casual contact) and other are ashamed of their disfiguring lesions, like modern day lepers, who sufferers isolate them- selves.

“I think human touch is so important,” said Savely. “You can’t go without it. I’ve had patients come up to me and I give them a hug and they start to cry and they say, ‘That’s the first time I’ve touched a human being in five years.’ How can you live like that? You know you can’t. You can’t isolate yourself. You need to be around your family now more than ever.”
PUBLIC HEALTH ALERT

RIBOSCARDIO™ - the most advanced Ribose

RibosCardio™ has been designed to support serious energy needs of patients. The product has been formulated with CardioPerform™, a potent blend of L-carnitine (transports fuel into the heart to be burned as energy) and Acetyl-L-carnitine (improves heart & brain health, protecting against oxidative damage), plus the patented form of D-Ribose, malic acid and magnesium glucarate to optimize energy production and synthesis.

"I like this product because it combines D-Ribose with the synergistic heart nutrients in one formula. This is a research-based product that meets the needs of energy starved patients."
- Joseph J. Burrascano Jr. M.D.

clinically researched probiotic - PRESCRIPT ASSIST PRO™

Prescript-Assist Pro™ has been shown to promote healthy intestinal function. As a soil-based probiotic, it contains no antibiotic or hormone residues, there is no potential for lactose-intolerance side-effects, and does not need to be refrigerated.

Soil-based probiotic organisms (SBOs) are found in healthy soils which produce and release powerful enzymes that prepare and partly soil to support plant growth. Natural soil is a living biomass composed of SBOs, fungi, yeast, and microscopic insects. The role of SBOs is to keep the soil biomass in a healthy dynamic balance that supports the growth of plants and animals. Additionally, SBOs simultaneously produce and release specific nutrients necessary to accelerate plant development and reproduction. SBOs play the same role in the gut as they do in the soil, supporting the healthy growth of organisms.

Many forms of SBOs, as well as their enzyme and nutrient byproducts, are consumed when humans eat fresh, organically-grown fruits and vegetables. Prior to the 20th century, people relied on SBOs (versus milk-based acidophilus products) to provide intestinal health support. SBO consumption was widespread as people ate foods fresh from fields and gardens. Today, our food processing techniques combined with fungicides, herbicides and heat destroy most or all of these friendly soil-based organisms in our food supply.

ENERGY FOCUSED PRODUCTS

Mitochondrial Support  Adrenal Support  Heart Support

Available only through healthcare professionals
Call: 800 755 3402 or visit ResearchedNutritionals.com

*These statements have not been evaluated by the Food and Drug Administration. These products are not intended to diagnose, treat, cure or prevent any disease.
PUBLIC HEALTH ALERT

POWERFUL NEW ARSENAL

for today’s health challenges

“The Nutramedix products are the most effective natural products I use on my patients.”

— Wm. Lee Cowden, MD, FACC
Cardiologist, Internist, Author, Lecturer

COWDEN SUPPORT PROGRAM
Free 6-Month Course For One Patient For Health Care Professionals
Limited Offer — Contact Us For Details

Providing Quality Natural Products Since 1993

info@nutramedix.com • www.nutramedix.com • Tel: 1-800-730-3130 1-561-745-2917 • Fax: 1-561-745-3017

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