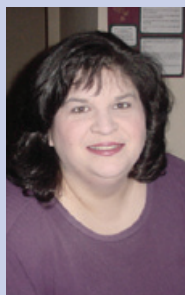


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Texas Governor Mandates Vaccine by Executive Order

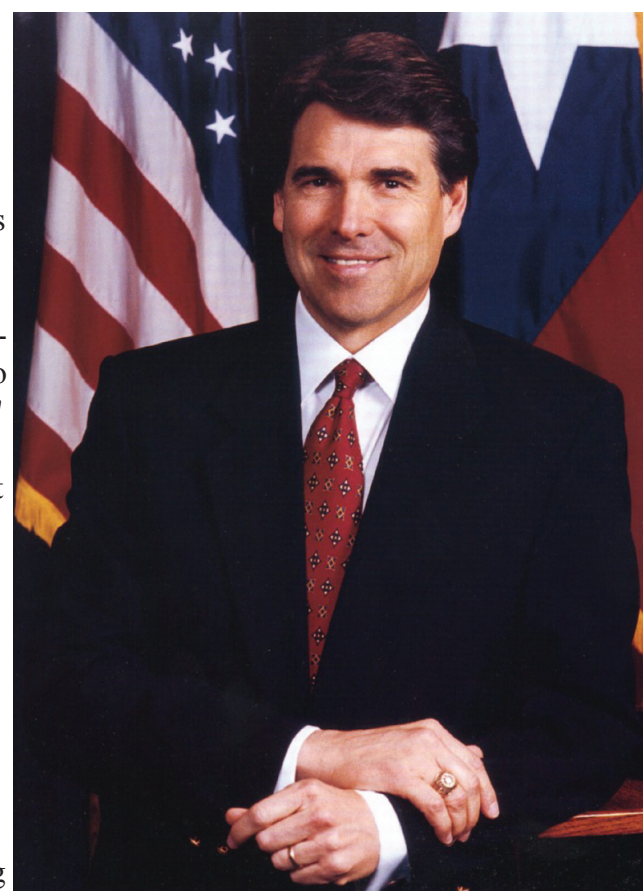
Vaccine Safety Group Finds Serious Reactions, High Costs

Vienna, Virginia -

The National Vaccine Information Center (NVIC), the nation's leading vaccine safety and informed consent advocacy organization, is urging state legislatures to investigate the safety and cost of mandating Merck's HPV vaccine (GARDASIL) for all pre-adolescent girls before introducing legislation amending state vaccine laws. In an analysis of reports made to the federal Vaccine Adverse Event Reporting System (VAERS) since the CDC's July 2006 universal use recommendation for all young girls, NVIC found reports of loss of consciousness, seizures, joint pain and Guillain-Barre Syndrome. In a separate evaluation of costs for young girls being vaccinated in private pediatrician offices, NVIC discovered that parents living in the Washington, D.C. area will be paying between \$500 and \$900 to have their daughters receive three doses of GARDASIL.

"GARDASIL safety appears to have been studied in

fewer than 2,000 girls aged 9 to 15 years and it is unclear how long they were followed up. [1] VAERS is now receiving reports of loss of consciousness, seizures, arthritis and other neurological problems in young girls who have received the shot," said NVIC President Barbara Loe Fisher. "At the same time, parents who take their daughters to private pediatricians are going to be shocked to find that they will be paying two to three times the widely publicized \$360 cost for the three-dose series. The cost is going to break the pocketbooks of parents and break the banks of both insurance companies and taxpayers, when the reality is that almost all cases of



Texas Governor Rick Perry is the first government official to mandate the Gardasil vaccine by executive order, completely circumventing normal legislative processes.

"Vaccine"...cont'd on pg 16

Historically Warm Winter Means Longer Season For Ticks

Lyme Disease Expert Concerned About New Cases of Disease

The Open Press -Mount Kisco, NY

From his vantage point in Northern Westchester County about 35 miles above New York City, in the Hudson Valley, Dr. Daniel Cameron says he is seeing new cases of Lyme disease (LD) on a regular basis this winter. The Hudson Valley has the highest incidence of Lyme disease in the country.

According to National Oceanic and Atmospheric Administration's (NOAA) and the National Climatic Data Center, "five states had their warmest December on record (Minnesota, New York, Connecticut, Vermont, New Hampshire) and no state was colder than average in December."

While LD and its co-infections are thought of as seasonal here, with the largest numbers being reported from April to

October, this strange weather pattern is changing those observations, and that is cause for concern. "I have had an increase in patients this winter with new infections and it makes me wonder how many more are out there going unnoticed," says Cameron.

"In the spring, summer, and early fall when people contract flu-like symptoms, and no one else has the flu, a doctor may look at other possible causes, even when the patient does not present with a rash or Bell's Palsy. But in the coming weeks when temperatures may finally drop, when colds and flu are common, and a patient walks in with flu-like symptoms or disseminated joint pain, it may be easy to assume it's the flu, and not consider other causes," says Cameron, who has a clinical practice in Mount Kisco, NY, and is the author of a number of papers and

studies regarding the treatment of tick-borne illnesses. "That scenario may create misdiagnosis or treatment delays."

"I took two ticks off me, and sure enough, there was a bull's eye rash and the whole bit. I think the ticks came in on my cats," says Art Eichorn, a Somers, NY resident and patient of Cameron's. "I definitely feel sick," he adds, and has since started taking antibiotics.

Another concern Cameron sees regarding this unusually warm winter, "Someone may have visited our area at Thanksgiving or Christmas this year and may have returned home with a Lyme infection unbeknownst to him and his doctor. They may not consider Lyme during flu season in other parts of the country."

The Univ. of Rhode Island's Tick Resource Center reports, ticks
"Tick Season"...cont'd on pg 15

EDITORIALS & OPINIONS

Stop the World, I Want to Get Off!!

by Dawn Irons



Just when you think you have seen and heard it all, invariably there comes along some new situation that completely separates your head from your shoulders with a new “wow factor”. This month has done just that.

As editor of the PHA, I get all kinds of letters. Some are for publication and others are for personal consumption. The last month has brought several letters that only affirm to me that we are on the right track with getting Lyme-literate information to the masses. I received 2 letters from separate people saying how much receiving the PHA had given them a lifeline to others who are going through the same kinds of issues with their medical problems. Both of these writers said they had been suicidal, but felt so much hope in just knowing that others were out there with similar experiences.

There were a few more letters that arrived that I will briefly describe in a vague sense in the event they decide to send in an

actual “letter to the editor”. I would not want to steal their thunder in telling their own story.

One family had 5 children all recently diagnosed with Lyme disease, along with the mother. One of the daughters has literally been bed-ridden for months and the mom had requested for special educational options from the school district in order to have her daughter do homebound instruction while she was unable to go to school. Several months had come and gone with no word from the school until last week when the school nurse and a social worker showed up on their doorstep demanding she sign over medical releases for the school to receive the child’s medical records. Some give and take was done and lawyers were involved as this mother is now, not only dealing with five Lyme infected children, one critically ill, now she is having a legal battle with the school system about her daughter’s need of special homebound education plans months after she filed the appropriate request with the school district.

As a former social worker, I know the trials this family is fac-

ing. It does not help that there is a complete political controversy surrounding Lyme disease, along with the diagnosis and treatment at this current time. This family has a battle ahead of them...and this is just for one of the five children. If any of the other children digress to this stage of the illness there will be much more to deal with and red tape to handle.

Part of me still believes this is all a nightmare and I will wake up and the world will be “normal” again! But alas...the world keeps spinning wildly out of control as the “Lyme Wars” rage on.

Still another letter shared how one mom was having difficulty getting long-term antibiotic treatment for her chronic Lyme infection and her total bewilderment at how her daughter had a mild skin condition on her face (not acne, more of a rash) and the dermatologist, without a second thought whipped out his prescription pad and gave her 8 months of doxycycline for her child...no questions asked.

What is going on with this crazy, messed-up world? Stop the world, I want to get off!! *pha*

Letters to the Editor

Dear Editor,

I would like to subscribe to your newspaper. It is excellent. Since I have Lyme disease, I completely related to your last publication (Feb 2007). I was especially moved by Laura Zeller’s story. There seems to be such a blackout in the public media around these chronic diseases. You fill such a huge void in this arena that I just wanted to commend you all. The rally for Lyme disease in Valhalla, NY was equally inspirational.

As they say, “Knowledge is power.” You can’t change a lethargic system like ours without that knowledge. So thanks again!

Hally Decarion
Santa Rosa, CA

Dear Editor:

My teenage daughter was just given a prescription for 8 months worth of doxycycline, at 200 mg a day. This was after spending about 10 minutes with a dermatologist she'd never seen before for a minor skin irritation. He noted she had a few pimples and quickly added the prescription for doxycycline to treat "acne."

EIGHT MONTHS worth of medication for something we hadn't even gone to the doctor about.

Almost 2 years ago, I went to the doctor with the classic bulls-eye rash from Lyme. I was lucky - the second doctor I saw within a week immediately diagnosed Lyme and prescribed doxycycline. However, it was only for 200 mg. a day for 3 weeks. As sick as I was at the time, I researched and knew that initial treatment called for stronger and longer antibiotics. My doctors absolutely refused to prescribe any more than 200 mg. a day for 4 weeks (yes, they gave me an extra week's worth, noting early neurological involvement), and went to great lengths to explain why that was more than satisfactory.

Because of their arrogance and stubbornness, I have to live each day wondering if / when severe Lyme complications will arise. From time to time, I feel that odd tingling in my hand and arm that I first felt when I was diagnosed with Lyme. When this happens I wonder if it will progress into something more. When other symptoms pop up, I always wonder, "Is this from Lyme, or not?" If I had been treated adequately in

the beginning, I know I wouldn't constantly be on edge like this over every ache and pain.

I absolutely cannot believe that such large and powerful groups put forth so much effort into fighting recommendations of such a simple initial course of treatment for Lyme.

My daughter was handed a long-term prescription for something she didn't even ask for (or need), and I couldn't get one-quarter of that prescription after weeks of documenting my symptoms and multiple "discussions" with my doctors. I am absolutely astonished, flabbergasted, outraged and disgusted.

On a side note, if Lyme disease is so "easily treated" and cured with 21 to 28 days worth of antibiotics, why is a "History of Lyme Disease with Treatment" being cited as a reason for denial when I recently applied for health insurance coverage?

Terry
(last name and location withheld by request).

Letters to the Editor will be printed as space permits. You may submit them online or via snail mail. *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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Letters to the Editor

You may send letters to the editor:
editor@publichealthalert.org
or by postal mail to:
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821 Sansome Drive
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All letters to the editor must be signed, and include name, address, and phone number. Letters will be printed as space permits.

Why Aggressive Lyme Treatment Can Fail: Focusing on the Bee and Ignoring the Stinger

by Dr. James Schaller, M.D.

I have never been comfortable with failed care. You know what I mean. You do an intake, get some lab testing done, you are given a diagnosis such as Lyme disease, and then you take full and aggressive antibiotics for complete trials. Yet they do not hit the home run you hoped for and, in fact, at times you actually feel worse. At best, you improve partially and then hit a wall.

Why? How is it that the "cure" makes you sicker and leaves you far short of a return to normal health?

Last month, we mentioned one reason for Lyme treatment failure--Babesia has over 11 species that infect humans and our labs only test one or two. We have also found that Bartonella has at least nine species that infect humans and 99% of our lab testing is fair and only tests for two. I will discuss this more in an upcoming Bartonella textbook. Still another cause for Lyme treatment failure is exposure to indoor surface mold spore toxins found in 30% of USA structures (per EPA). These mold spore surface toxins highjack dozens of body chemicals and weaken your ability to fight Lyme. Are your air ducts dusty? If you answered "Yes", this may be adding to your illness. Mycotoxins are almost entirely ignored, and sometimes actually naively belittled in advanced Lyme medical care.

In this article, I would like to discuss biotoxins that are not from special indoor molds, but from the Lyme bacteria itself. How often do you hear this discussed as a problem in Lyme treatment? If it is discussed, is it merely in the context of "it might be good to take some cholestyramine to bind up some Lyme biotoxins"? But when I listen to discussions about Lyme's surface biotoxins, it is usually clear the reasoning is confused.

I would like to make this critical area of Lyme biotoxins and your ability to remove them simple and understandable.

First, we should not be surprised that any organism has biotoxins because the biological world is teeming with organisms that use toxic chemicals to function and survive. In the animal kingdom, snakes and skunks have killing or annoying chemicals. Fish carry toxins in their barbs or their body. Insects have a wide

range of toxic stingers and toxic inflammatory bites. Fungi and molds have dozens of toxins that have absolutely no safe dose. Finally, bacteria and viruses have many toxins that serve to undermine host defenses and increase the damage of these infections. In this context, that Lyme bacteria have toxins on its outer membrane should be no surprise. Lyme has over two-dozen plasmids designed to defeat the attacks of the immune system, so why not also have biotoxins to defeat the immune system and undermine the human body?

Simply, Lyme bacteria release more than bacteria debris when they die - they also release highly specific chemicals that are designed to disrupt and damage a mammal's body. With each passing year, medicine and science learn more and more about the seriousness of biotoxins such as those made by Lyme bacteria. Biological toxins like those found in Lyme bacteria have so many ways to harm your body that it would take a small book to show how they harm humans when released. Yet here are some brief examples.

Lyme biotoxins disrupt the fat cell system and, if not removed, cause a type of obesity highly resistant to diet and exercise. The critical Leptin hormone increases and creates a type of bloating, puffiness or abdominal distention that is demoralizing to those trying to have a healthy weight.

Lyme biotoxins can disrupt VEGF that makes and open capillaries throughout the entire body. These biotoxins undermine VEGF function so your capillaries ability to get oxygen to many types of tissues is impaired. A disrupted VEGF system often leads to profound fatigue and body pains, particularly after exercise or pushing yourself to perform a "full days work." Similarly, Lyme biotoxins can disrupt the manufacturing of erythropoietin, a crucial chemical that produces red blood cells that carry oxygen to all our body organs. Amazingly, the number of red blood cells does not control erythropoietin levels, but instead it is regulated by low oxygen in your tissues. The body knows you can have "average" numbers of red blood cells, and still have tissues starving for oxygen. That biotoxins can sometimes disrupt tissue oxygenation is not unique, since other illnesses also cause this problem, e.g., kidney or liver dis-

eases, excessively thick blood, inflammation chemicals, nutritional deficiencies, hypothyroidism, infections or cancers.

Lyme biotoxins also undermine the making of MSH (melanocyte-stimulating hormone), which, according to Dr. Cone's definitive text, has about fifteen critical functions. It controls inflammation, so it is being used to treat inflammation disorders like asthma and psoriasis and ulcerative colitis. It helps repair nerves and makes the natural pain system work normally. Perhaps one reason some struggle with addictions is their MSH is abnormally low-under 35-40. This super anti-inflammatory chemical is currently manufactured all over the world for a wide range of illnesses. After passing the extensive FDA process it will eventually be available in the United States-just not soon.

Another chemical impacted by Lyme biotoxins is VIP (Vasoactive intestinal peptide). VIP is the topic of over 10,000 research papers and is involved in dilating the heart's blood vessels, promoting breathing by bronchodilation and controlling the immune and hormone systems. However, its role in the brain is the cause for great excitement. It can undermine brain tumors, improve brain blood flow, improve learning and memory, and protect the brain.

This introductory article is only meant to show you sample ways Lyme biotoxins can harm the human body. Do you wonder how effective your body is at removing Lyme biotoxins? You can easily determine your unique genetic ability to remove Lyme's specific biotoxins by ordering a special 5-part HLA inherited gene marker test from LabCorp (test 012542), which is one of the largest labs in the United States.

This HLA test is not the HLA-DR4 test that is involved in aggressive Lyme arthritis. It is also not the HLA-B27 that is found in people with ankylosing spondylitis, various types of arthritis, and some people suffering from psoriasis, inflammatory bowel disease or other autoimmune disorders.

This 5-part HLA test is able to determine how well you can remove the dangerous biotoxins of different organisms that live in the oceans, lakes, forests, and buildings. But for our purposes in Lyme disease treatment, we are particularly interested in two patterns-the 15-6-51 or the 16-5-51 pattern. If you have these you will

not be able to remove Lyme biotoxins. So when you try to kill Lyme with antibiotics, antibiotic herbs, HBOT, or a wide range of traditional or progressive means, you will release Lyme's surface biotoxins and they will pass throughout the body easily and disrupt and damage dozens of human body functions. Simply, this Lyme poison has no natural body antidote for those who cannot naturally remove it-it will simply stay in your body and damage gene expression, hormones levels, protein function and cause dozens of other injuries. Consider it to be an eternal disruptive chemical poison able to easily pass through water pores and cell membranes.

If you make the mistake of thinking you are still ill because of residual Lyme, and try additional antibiotics at higher doses, you will release still more biotoxins and they will damage your body. Therefore, no one should be treated with antibiotics unless it is known how able they are at removing Lyme's biotoxins. You do not open a drum of industrial chemicals until you first know how well the body is going to survive the exposure as you remove the top! For children who fear lab testing, their HLA pattern can often be determined from their parents. If both parents do not have the Lyme problem gene, then none of their children can have it.

Other HLA patterns exist which will cause Lyme toxins to be released slowly, but they are outside the scope of this introduction.

Further, one often hears that the treatment for those who have biotoxin damage is simply the use of cholestyramine, an old cholesterol medication with broad biotoxins binding abilities. Unfortunately, in reality, by the time most patients with the 15-6-51 pattern or the 16-5-51 pattern get to my office, they have had these biotoxins disrupting many body systems and my interventions need to be equally as complete. The idea that cholestyramine will reverse all damage in a few months of aggressive use is profoundly simplistic.

Further, after these individuals are physically repaired from biotoxin damage, they then require very tailored and carefully paced Lyme treatment along with treatment for their co-infections. (The original Lyme biotoxins and

"Treatment failure" cont'd pg 15



Rapping with Rosner

An Interview with the Author of "When Antibiotics Fail: Lyme Disease and Rife Machines"

by Scott Forsgren

Since I was diagnosed with Lyme disease in summer 2005, I have employed numerous modalities in an attempt to regain a sense of health and wellness. I have used Rife therapy as one of many approaches in treating my own chronic Lyme disease. It is an option that I encourage everyone to research and come to your own conclusions as to whether or not it is right for your unique healing journey.

I recently had the opportunity to sit down and rap with Bryan Rosner, the author of the popular book "When Antibiotics Fail: Lyme Disease and Rife Machines". It has served as a major catalyst in the decision that many people have made to incorporate Rife treatment into their Lyme disease program. In the remainder of this article, I will share with you the discussion that Bryan and I recently had.

When and how did your Lyme disease journey begin?

I have likely had Lyme since birth. I had a few issues as a child that I attributed to growing pains but when my health deteriorated as an adult, many of the symptoms were similar to those I had as a child but much worse. In 2002, I contracted Giardia from a stream while hiking. That seemed to have a negative impact on my immune system which allowed the Lyme to more clearly present itself. I started having migraine headaches and other problems that I knew were not symptoms of Giardia. As it turned out, Lyme disease was at the root of my problem.

How bad were you at your worst?

At my worst, I was really, really bad. I could hardly walk up a flight of stairs. I often felt like passing out. I was very depressed. I had significant issues with my memory. I could not eat. I had gone from being a strong athlete in my twenties doing triathlons to someone that could just not function. I had paranoia and often felt like I needed to check myself into a mental institution. I was most

impacted psychologically.

What co-infections or other factors did you have to deal with besides Borrelia burgdorferi (the causative agent in Lyme disease)?

To my knowledge, I did not have any Lyme co-infections. I did trial courses of Mepron, Zithromax, Malarone, and Artemisinin without any noticeable effects. There probably were some other tick-borne infections, but we never specifically identified them. All the tests came back negative.

Mercury was a significant issue for me, however. I had the highest level of mercury in over 800 patients that my doctor had seen. As it turns out, my father, mother, and sister all tested high as well. We believe the source was a mercury-containing outdoor paint that was used to paint the inside of our house. I have done three years of chelating and continue to do so occasionally to this day.

I used the approach outlined by Andrew Cutler, Ph.D. with alpha-lipoic acid and oral DMPS. One of the advantages of the Cutler approach is that it is easy to do at home and relatively gentle. It does not require IV treatment or require regular visits to a doctor to perform chelation. I have found this gentle, longer treatment approach to be the most effective.

What were some of the many treatment modalities that failed you prior to your pursuit of Rife therapy?

The most interesting was ICHT in Italy. ICHT stands for "intracellular hyperthermia therapy". It cost \$20,000 for three weeks. While I was there, another

patient died and was wheeled out beside me. ICHT did not really work for me. I have done several herbal and antibiotic protocols including IV Rocephin and IV Zithromax. I did hyperbaric oxygen therapy (HBOT). I spent \$15,000 at Century Wellness Clinic, which is now Sierra Integrative Medicine. That was too expensive and too far for me to travel regularly. Everything helped, but nothing seemed to give me the upper-hand.

Can you briefly explain the theory behind Rife therapy and why it may work for Lyme disease?

The theory was discovered by Royal Rife in the 1920's. Since then, it has essentially been lost. The premise is that if you resonate microorganisms with certain frequencies of electromagnetic fields, they will be destroyed. It works very well for certain afflictions. Spirochetes appear to be very susceptible, possibly due to their long, spiral shape. To my knowledge, Rife does not affect cysts or cell-wall deficient forms of Borrelia, however.

One could argue that the best results with Rife may be attained when using only Rife therapy. However, in my opinion, there is room for the use of other therapies that target the cyst and cell-wall deficient forms. I by no means suggest Rife therapy as the only option for recovering from Lyme disease. I think there is a place for all of these tools and they should be used when needed.

When using Rife frequencies for Lyme, are frequencies for detoxification and overall support generally included as part of the program?

This is an area where my

opinion may differ from others. I have not seen any convincing evidence that Rife frequencies actually benefit detoxification. If that evidence can be presented, I would not argue with it, but I just haven't seen it. There is speculation that there may be other uses for the frequencies, but for me, the best way to detoxify would still be sauna, exercise, colonics, coffee enemas, and liver cleanses.

What do you say to those people that contend that Rife therapy has negative effects on human cells?

It may. No one knows for sure. It is only logical to use Rife therapy as little as possible to get the desired effect. There is no reason to use it for more than about one hour once a week. If there were significant issues from this low-usage approach, I think those would have become more evident by now. Many people have used this technology with no observable side effects.

If we look at the other options for treatment, most have some downside as well. Rife may not be side-effect free, but I have not seen any evidence that it is harmful with appropriate use. The risk is something I am personally willing to take because of the benefits that Rife has given me. I had not gotten better with any of the other treatments.

When taking antibiotics, they are in your system around the clock. The body is being bombarded constantly with those chemicals whereas with Rife, you may be exposed an hour a week. The body then has the remainder of the week to reenter equilibrium.

"Rosner"...cont'd pg 12

May be useful for:

- Heavy metals
- Liver detoxification
- Weight loss
- Cholesterol
- Lyme disease
- Arthritis
- Fibromyalgia
- Crohn's disease
- Fatigue
- Diabetes
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A Secret Handshake and a Whisper

An Interview with Warren M. Levin, M.D.: Part I

by Sue Vogan

In this day and age of newly emerging diseases, one would think that very little would be "off topic." However, when it comes to Lyme disease (LD), it appears that there are many things off-topic. Searching for physicians that would speak with me about LD proved to be difficult, to say the least. But, when I asked if they would speak with me about the many misdiagnoses associated with LD, I was surprised at how many of them, some through their assistants or office managers, declined to be interviewed. The reasons ranged from their practice being in its infancy with regard to treating Lyme disease and therefore they did not feel they would be able to provide enough information, to their practice was so busy with Lyme disease patients that there was no time in the schedule for an interview. The one reason that sorely stood out -- the physician wanted to **"stay under the radar."**

To stay under the radar is a term many of us have heard before. In the Lyme disease Internet chat rooms, for example, it is forbidden to mention a physician who treats Lyme disease. There seem to be "fake patients" who want information for other than good intentions, lurkers that may believe Lyme Literate Medical Doctors (LLMDs) are "gaming" their patients, some doctors (who are not Lyme literate) may see Lyme disease as fad-disease, or the patient's family member {because of all the controversial information, including the International Lyme and Associated Diseases Society (ILADS) versus the Infectious Disease Society of America's (ISDA) guidelines} may want their family member to have something else to stay out of the spotlight. The secrecy that seems to surround this disease is enough cause for inquiring minds to begin asking probing questions. Whom to trust now becomes an issue.

It is well known that Lyme disease is real and a potential biological warfare agent (6), potentially chronic (8), can be life threatening (3), and relapsing. One would think that by now, with the increase in Lyme disease (LD) cases, every physician would be treating LD patients for any one of the three stages. Instead, patients are finding themselves being misdiagnosed with various other maladies - Multiple Sclerosis (MS),

Parkinson's, Chronic Fatigue Syndrome (CFS), Amyotrophic Lateral Sclerosis (ALS, commonly known as Lou Gherig's disease), etc. Patients find it challenging to locate a Lyme Literate Medical Doctor (LLMD) because of the secrecy associated with this disease, like insurance companies who are quick to report high dosages of antibiotics -- throwing the spotlight onto the treating physician. One may be treated long-term for acne, HIV/AIDS, cancer, and chronic anything-else-you-can-think-of, but it seems LD is purposely ignored, trumped up to be all in your head, "cured" with a handful of antibiotics, or misdiagnosed completely.

Dr. Warren M. Levin, M.D., newly relocated to Vienna, Virginia, graciously agreed to be interviewed for this article. He is soft-spoken yet firm; wise yet realizes that there is so much more to learn; and he's a LLMD who is well-informed regarding the controversies surrounding this infectious disease. Dr. Levin was open and quite frank -- he has experienced chronic Lyme disease personally and he agrees that patients he sees often have a history of misdiagnosis.

Most people don't know what to do when they get a tick bite so they go to their local physician. "I don't believe that the local physicians have been taught about LD," says Dr. Levin. "Unfortunately, many of them are still unaware that the golden opportunity to treat LD is when the tick or rash is found because that's the optimal opportunity time to cure Lyme disease." Dr. Levin continues, "All sides agree on that! Yet, there will be no blood test to confirm it, so it must be treated clinically for best results."

Why do you believe physicians test for everything under the sun except Lyme disease? Especially when this disease can be, more often than not, clinically diagnosed easily.

"I have an unusual experience that makes me understand this. I practiced in New York City and opened the first holistic health center in 1974. So, I was a maverick at that time and had my hands full with just being different. But, as a New York physician I didn't think about Lyme disease because there were no ticks in the cracks between the sidewalks and I am certain that I missed that diagnosis

dozens of times. I saw lots of patients with Chronic Fatigue and fibromyalgia and I looked for other infections, but I didn't look for Lyme disease."

"I had lived and practiced my entire professional life in New York City. Then, in 1986, my new wife and I had a baby, and we decided we didn't want to bring the child up in New York City for lots of reasons, so we moved to Connecticut. But I commuted to my practice in New York City and I still had no experience with Lyme disease until probably 1998 when I opened an office in Connecticut with another doctor - 1 and then 2 days a week -- that's when I suddenly came up against Lyme disease. It turned out that in 2003, my local town newspaper, The Wilton Bulletin, claimed that 54% of the families in Wilton, Connecticut had Lyme disease. That is staggering. There was no way that I could practice there and not see people with LD and particularly since I came down with it myself. I attended a weekend conference on Lyme disease at one of the local hospitals and heard the official position of LD. I treated myself for four weeks."

"I had no bite mark or EM rash. I started out with sudden profound fatigue. Basically, I treated it the way I was told -- four weeks of antibiotics. And, I got better. And a year later, I got sick again with, what I think now, was a relapse. At the time, I thought I had gotten another bite because I came down with the same disease. This time, I spoke with a local physician who was supposed to be a LD disease specialist. Fortunately, he was not a mainstream Lyme disease specialist. He was one of the people in ILADS, but I didn't know there was a difference. So he told me that I had to be treated longer and with IV antibiotics. Once again, I was treated and got better. At this point in time, I don't know that I am cured -- because we don't know how to tell when someone is cured. I believe most people re-achieve a balance where the bug is under control. It may reappear, perhaps years later, when something serious happens (i.e. similar to a Herpes "cold sore") and the bug has been waiting to reappear or as in chicken pox that waits 50 years and shows up later as

"Levin"...cont'd pg 13

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Sharing Our Stories...SOS: Backwards Blood Pressure

by Laura Zeller

How many of you suffer from bizarre symptoms that nobody seems to understand? Many thousands of patients, myself included, have at some point been left completely puzzled at the mystery of our unexplained medical conditions. In my earlier article, "Quest for a Diagnosis," I shared my tortured journey towards my diagnosis of Lyme disease. My story represents a small picture of how frustrating it can be to pinpoint the true cause of a medical problem. Lacking intricate knowledge of complex emerging diseases such as Lyme disease, many physicians become overwhelmed and baffled, and simply give up. Rather than spend the time to accurately diagnose you, they instead label you with something like chronic fatigue syndrome (CFS). This jumbled diagnosis gets them off the hook, and as a result you are left dumbfounded and bewildered as to what the cause of your symptoms is. In my opinion, many physicians give up easily, and "pass the buck" on a patient without thoroughly investigating the true nature of the patient's problem.

Before I knew I had Lyme disease, I suffered for years from recurrent spells of lightheadedness and dizziness. "Zombie mode" is how I used to describe the mental fog I walked around with every day. Whenever I stood up after sitting for a while, I got a "head rush," and felt woozy and off balance. Hot weather, hot showers, and standing in lines often brought about an increase in my symptoms. I developed very uncomfortable feelings of anxiety and shakiness after my "head rushes." The dizziness would often get markedly worse after I ate a full meal. This was very odd. I thought the shaky feeling might be stemming from low blood sugar (hypoglycemia). Exercise was impossible due to the exhaustion I experienced afterwards. At times, this post-exertional fatigue would last for 2-3 days. I figured my exhaustion was due to the earlier diagnosis of chronic fatigue syndrome (CFS) my flock of doctors had slapped me with.

Disoriented and exhausted, my mental confusion took on the forms of difficulty in concentrating, slurred speech, and panic attacks. As time went on, I became so weak I could no longer drive my car, and I required assistance with simple tasks. My plethora of doctors decided I had Addison's disease (another wrong diagnosis) and prescribed steroids for 3 years with no resolution. According to my endocrinologist, my adrenals had shut down for "unexplained reasons." It was not until I was correctly diagnosed with Lyme disease that the cause of my strange symptoms was discovered.

Being a brilliant researcher, my Lyme Literate Medical Doctor (LLMD) sent me a cardiologist to have a tilt table test. Gently remarking that Lyme patients are "backwards" in nature, my LLMD suspected I might have a form of autonomic dysfunction. A tilt table test is designed to help diagnose neurally mediated

hypotension (NMH), also known as vaso-vagal syncope, neurocardiogenic syncope and autonomic dysfunction. The medical terms for fainting and low blood pressure are syncope and hypotension respectively. Tilt table testing is a rather simple concept, but requires supervision by a cardiologist.

I was fortunate to have a very Lyme literate cardiologist administer my test. In fact, before my test began, one of the residents in the room griped that he had never heard of babesiosis, which I listed on my patient history form. My cardiologist gave the resident a look of disappointment while remarking that he should study harder if he wanted to make it in the medical profession. *Babesia microti*, a protozoan similar to malaria, is one of the tick-

returning to the heart after standing, the body releases adrenaline. The adrenaline surge makes the heart pump harder and faster, thus allowing the blood to pump quickly back from the extremities to the brain and vital organs.

In neurally mediated hypotension (NMH) there is a miscommunication between the heart and brain. As you stand up, and the heart needs to beat faster, the brain "misfires" and sends out the message that the heart rate should be slowed down, and that the blood vessels in the arms and legs should dilate. More blood is taken away from the central part of the circulation where it is needed, and lightheadedness and syncope (fainting) can result. These symptoms occur because the brain is not getting enough blood. Although frightening, fainting can actually help the patient by returning him/her to a flat position, removing the pooling effect of gravity in the extremities, and allowing more blood to return to the heart.

My cardiologist explained that because I had both low blood pressure and the rapid heart rate (tachycardia), I would need a combination of treatments to get my symptoms under control. He recommended Atenolol, a beta-blocker designed to regulate heart rate. I had what he called "backwards blood pressure" and he explained how beta-blockers are normally used to control high blood pressure (hypertension). In

addition to the beta-blocker, he recommended I take the anti-depressant Zoloft, plus the mineralocorticoid Florinef to help regulate my blood pressure. Florinef works by acting on the kidneys to keep increase blood volume, thereby increasing blood pressure. Along with the Atenolol, Zoloft and Florinef, my cardiologist suggested I add more salt to my diet, avoid dairy products, alcohol, and caffeine. He also mentioned how essential it would be for me to drink at least 2 quarts of water per day, and double that amount in warmer weather.

I also learned some basic techniques to help me manage my NMH better. Simple posture, it turns out, had a lot to do with the degree of symptoms I felt. Crossing and elevating my legs would help stop blood pooling in my feet. Using cooler water while showering sitting in a chair would help prevent episodes of NMH brought on by the heat. The bizarre dizziness I experienced after eating was due to the blood moving to my digestive system. Eating smaller, more frequent meals helped resolve that uncomfortable symptom. Using a motorized scooter in the supermarket, or shopping during off hours would help prevent the standing in lines that brought about the blood pooling and anxiety/shakiness. The fainting reflex could be activated whenever I stood upright for a period of time. As my LLMD later explained, the Lyme bacteria were the cause of the NMH, and the cause of the inflammation of my vagus nerve.

"Backwards Blood Pressure"...cont'd pg 7



Photo by John M. Karemaker, PhD. University of Amsterdam

borne diseases that complicated my condition.

My tilt table test began with me lying flat on my back, with blood pressure cuffs on both arms, and heart monitors attached to my chest. Measurements were taken at scheduled intervals as I was transitioned from lying flat into a standing position. To prevent me from fainting, I was secured to the table with safety straps. After being raised to an upright position, and remaining there for several minutes, I was returned to a lying down position. Phase two began with an injection of Isuprel, a drug that simulates a stressful situation, thought to mimic the symptoms I was experiencing. Once the drug took effect, I was again raised to an upright position. My heart rate reached 165, and then suddenly dropped to 65 in one beat, as my blood pressure plummeted from 130/70 to 50/0. I fainted and was out cold until they stopped the test and administered the antidote to the Isuprel. Normal blood pressure is typically 120/70.

It was an exhausting experience, however, this test turned out to be one of the most significant tests and discoveries of my health journey. I had a combined neurocardiogenic and vasopressor response, a double fail. This meant that the Lyme bacteria had inflamed my vagus nerve, which is the major communicator between the heart and brain.

My cardiologist graciously explained that when a healthy person stands up, blood normally pools in the legs due to gravity. To compensate for the lower quantity of blood

A Meeting of the Medical Minds

Lyme Induced Autism Foundation Holds Think Tank for Medical Professionals

by Tami Duncan with contributions by Dr. Jeff Wulfman M.D.



San Diego, CA -- Physicians were invited from all over the country to attend the Lyme Induced Autism

Foundation's (LIAF) first annual Think Tank. The goal of this conference was to discuss the link between Lyme disease / Borrelia and Autism. The idea was to have a diverse group with many methodologies and medical philosophies. The LIAF discussed the best methods for testing and treating this illness with the sensitive immune systems of Autistic children.

Presentations began with the LIAF co-founder, Tami Duncan. She discussed the various programs and the mission for the organization. Each program from the LIA Foundation falls under awareness, education or research. Kathy Blanco, another co-founder, discussed the possible reasons why most physicians do

not consider Chronic Borreliosis as an inciting factor in Autism. It was emphasized that an infection-based cause needs to be explored in much more detail as the potential cause for Autism.

Throughout the conference, presentations touching on topics such as Immune Function Genes, Testing methods, an overview of the DAN approach (Defeat autism now!), co-infections such as Mycoplasma Fermentens, bioelectric homeopathy and hyperbaric oxygen therapy were discussed in great detail. The beauty of the think tank showed evidence that many of the topics were open forums so the professionals could share in their clinical experiences. Presenters included Professor Garth Nicholson, Dr. Jyotsna Shah, Bob Sands from San Diego Hyperbarics, Toby Watkinson, D.C. and John Kucera, M.D.

Dr. Jeff Wulfman, M.D. gave a very eye-opening discussion on the differences between Lyme disease and Borrelia or Borreliosis. *The following is an excerpt from his presentation:*

"Lyme = a localized disease caused by a tick bite containing Borrelia. This can be eradicated

by short-term antibiotics and may or may not recur, but short-term antibiotic use can diminish all symptoms. Tick borne Lyme can progress to a Chronic Borreliosis/Borrelia Related Complex state.

Chronic Borrelia is an epidemic, which may be transmitted vertically or horizontally with usually no history of a tick-bite. This means that Borrelia is present in the body. A person with Chronic Borrelia may be sick or not. The condition of the host determines the amount of illness. In the immune susceptible person, stressors - physical and/or psychological, can trigger the Borrelia bacteria emotional. Toxins such as metals, molds, pesticides, etc. can also trigger it. The other category in which the Borrelia can be triggered is by other infections such as babesia, erlichia, bartonella, mycoplasma, candida and virus' which cause a cumulative effect.

Symptomatic Borreliosis is unique to each person and multifactorial with multiple-organisms. The condition of the host will determine how effective the immune system can deal with other infections. When a variable

response to antibiotics is shown, treating co-factors can show improvements."

In addition, the accuracy and flaws in testing for Borrelia were discussed. The following points were made:

- * There are problems with current testing
- * No Lyme test is 100% accurate
- * The Western Blot is usually covered under most insurance plans.
- * If a negative result is received from a commercial laboratory, you MUST re-test with a specialty Lyme lab that does all IgM bands.
- * A diagnosis can only be made with lab work + clinical symptoms = diagnosis
- * 20% of people with a negative Western Blot result are actually positive.
- * Western Blot Bands 18, 23/25, 31, 34, 37 39, 83 and 93 **are specific for Lyme disease**. If a positive (+) is reported on either of **"Think Tank"...cont's on pg 11**

"Backwards Blood Pressure"...cont'd laura@wildcondor.com

Determined to always seek the cause, I was relieved to gain understanding of such a commonly misdiagnosed disorder. Just to be clear, some physicians will talk about NMH as if it is a disease. Actually, it is a functional disorder that clinically indicates something much greater. In my case, in order to treat the NMH, I first had to aggressively treat my Lyme disease with antibiotics. By reducing the inflammation caused by the infection, the symptoms of NMH would, in turn, resolve. The medications and dietary changes I had to make would help control the symptoms.

Different treatments for NMH are available, and there is no single course of treatment that will work for everybody. It took several years of antibiotic treatment to get my NMH under control. I tolerated the beta-blocker and the Zoloft well. The Florinef helped me for a short while, but I had to discontinue it due to side effects. As my condition improved, the medication doses were tapered down gradually. I discontinued Zoloft, and reduced the beta-blocker to half a pill in the morn-

ing. My tolerance to heat, exercise and prolonged standing improved greatly. Low-impact exercise with weight training and yoga gave me back enough strength to walk on a hot Caribbean beach without symptoms.

Based on my experience, I know there are plenty of folks out there suffering from NMH without a clue as to what is going on with their bodies. If you are experiencing symptoms of lightheadedness, dizziness, shakiness, brain fog, and intolerance to exercise, ask your doctor about the possibility of NMH. It might be a good idea to see a cardiologist and have a tilt table test. It has been speculated that NMH may be the cause of chronic fatigue syndrome and fibromyalgia. Although I agree that NMH causes one to feel extremely fatigued, the cause of the dysfunction must be investigated.

NMH can be difficult to explain, even to medical professionals. In simple terms, although in reality it is more complicated, you can call it orthostatic intolerance, low blood pressure, or syncope. Most medical staff should

understand that basic medical terminology.

Whenever I had to list my medications for a doctor visit for whatever reason, nurses always assumed I had high blood pressure because I was on a beta-blocker. Time after time I had to correct that inaccurate presumption, and explain the neurological technicalities of NMH. It is sadly entertaining because the paid professionals are supposed to be taking care of me, and there I was, educating them!

As I have mentioned in previous articles, I cannot stress enough the vital importance of educating yourself about your medical condition. Ask questions, take notes, research and arm yourself with as much detailed information as you possibly can. It is my hope that my story can help you on your journey towards perfect health. *pha*



Laura Zeller has a B.A. degree in Enviromental Sciences and is an avid educator of Lyme awareness.

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The Light at the End of the Tunnel

Remembering David and His Long Journey to Wellness

by *Ginger Savely FNP-C*

"I'm out on my bike, eating up the miles! I already have one sponsor for my 'Stop Lyme Disease!' bicycle racing team. None of this would be possible without wonderful YOU, YOU, YOU!! Biggest Blessings and every word in the thesaurus under 'KUDOS!' " Thus read David's last email.

There is no way to describe David without using the word "odd." He had an odd way of speaking - a deep, resonating, clearly-enunciated voice that sounded like a radio announcer or even an opera singer as each word rolled deliberately off his tongue. He had, at times, an odd way of dressing, perplexing the other patients in my office waiting room when he would appear clad in tight short shorts and a form-fitting T-shirt as if straight out of a 1975 time capsule. He had odd standards of personal hygiene - it was not unlike him to go a full month without washing his long scraggly hair, which he kept in a ponytail at the nape of his neck. He had odd mannerisms that made people not quite sure what to make of him, whether to think him brilliant or eccentric, socially inept or purposely peculiar. He had odd ideas about the earth - wonderful, brilliant but naively innocent and optimistic ideas about world peace that he promoted through his "Canonical Thought," a treatise he had written with step-by-step instructions for a more peaceful planet.

With his tall, lanky frame, salt and pepper goatee, long, thinning gray hair, and huge, inquisitive blue eyes, David made for an unforgettable figure. In his 50+ years he had suffered more than many, and traces of this torment could be noted in the furrowed creases of his brow and in the occasional look of bewilderment behind his earnest gaze.

He was at his physical and mental peak in the early 1980's when his body began to betray him. A Stanford graduate with a math degree, he had just enrolled in the University of Texas at Austin, working towards a PhD in computer programming. David rode his bicycle as far and as often as he could each day. He loved to ride more than anything else and took pride in his strength and stamina, often participating and faring well in competitive races. When he wasn't riding or studying

he was hiking, enjoying nature, composing music, or engrossed in any number of intellectual endeavors. His curious and agile mind consumed new information with a voracious appetite. He read everything he could get his hands on: books on philosophy, religion, history, physics, metaphysics, mathematics, poetry, music, art, and psychology lined his bookshelves. Life was full of possibilities and there seemed to be nothing to stand in his way.

But David's world began to crumble when he started to get

other type of alternative healing strategy he could access and afford.

Unable to work or study, David had to withdraw from the PhD program, abandon his position as teaching assistant, and apply for social security disability, which he finally obtained after three years of great effort. The next ten years he spent most of his time at home, usually in bed, sleeping when he could, dabbling at this and that when his mind would allow it, developing a web site about his new "meta-theory of

writings and talents were extraordinary. As founder of Canonical Thought, "genius thinking for humanity," he considered himself the architect of a plan for a "stable postmodern civilization." However, his website www.canonicalthought.org, rather than a source of guidance, became more of a monument to his delusional grandeur, his prose deliberately obtuse, most likely in order to baffle those he considered his intellectual inferiors. To the annoyance of everyone around him, he chose to refer to himself as "Founder."

David gradually pushed away friends and family when they dared to voice disagreement or skepticism about his self-centered reality and obsession with his sick role. He was a fragile soul, prone to paranoid delusions, overly sensitive and vigilant, melodramatic about his conspiratorial convictions. His inner turmoil made the prominent slogan on his website all the more ironic: "Remember: world peace begins with each of us." In fact, although his ability to maintain relationships was dismal, he continued to consider his facilitation of world peace a life mission and to be devoted to all humanitarian causes.

His withdrawal from social contact engendered some endearing qualities in him as well. With all of his foibles and eccentricities there was still a child-like excitement and wonder in David. His life was structured and predictable, so he was more than appreciative of anything that offered a change of pace from his lonely and simple routine. His large blue eyes would widen and brighten over a touch, a word of encouragement, a small gift or an unexpected compliment - things that most of us would have taken for granted, swallowed up in the daily confusion of our complex lives. He was as giddy as a young boy when he dramatically read aloud the ode he had written and framed for me, one of many thoughtful offerings expressing his admiration and appreciation. It was David's impulsive innocence that made him somehow irresistible.

The best thing that ever happened to David was Judy entering his life in 1991. With her cheerful and loving optimism she provided balance for his serious and negative tendencies and helped him learn to treat others with loving acceptance, if only in his superficial interactions. She

"David"...cont'd pg 10



confused and unable to think clearly or do the complex computer programming for which he had developed an unmatched expertise. He became easily fatigued and too weak to ride his bicycle. Sleep became a precious and uneasily obtained commodity. He was anxious, panicky, and moody. He developed chronic sinusitis, joint pain, urinary difficulties, hypoglycemia, and numerous other symptoms and conditions that made him seem like a hypochondriac. Told by various doctors that he had Candida, Chronic Fatigue Syndrome, and/or Fibromyalgia, he set about regaining his health in the same meticulously systematic and informed fashion with which he approached every task in life. He read books about chronic illness, meditated, took handfuls of supplements, and did high colonics, chelation, and every

everything," and wondering if he would ever ride his bike again or be capable of the mental calisthenics that had come so easily to him in earlier years.

As often happens to those who become reluctant hermits, David's world began to shrink, and without the stimulations that had previously occupied him he started to obsess over every detail of his physical status. He documented his days, moment by moment, on a computer database, convinced that each and every detail of his life would be of importance in discovering the key to his recovery. He became self-absorbed, his condition and his reactions to his surroundings more important than any other topic of conversation.

Without the feedback and perspective of the outside world David thrived on narcissistic and grandiose convictions that his



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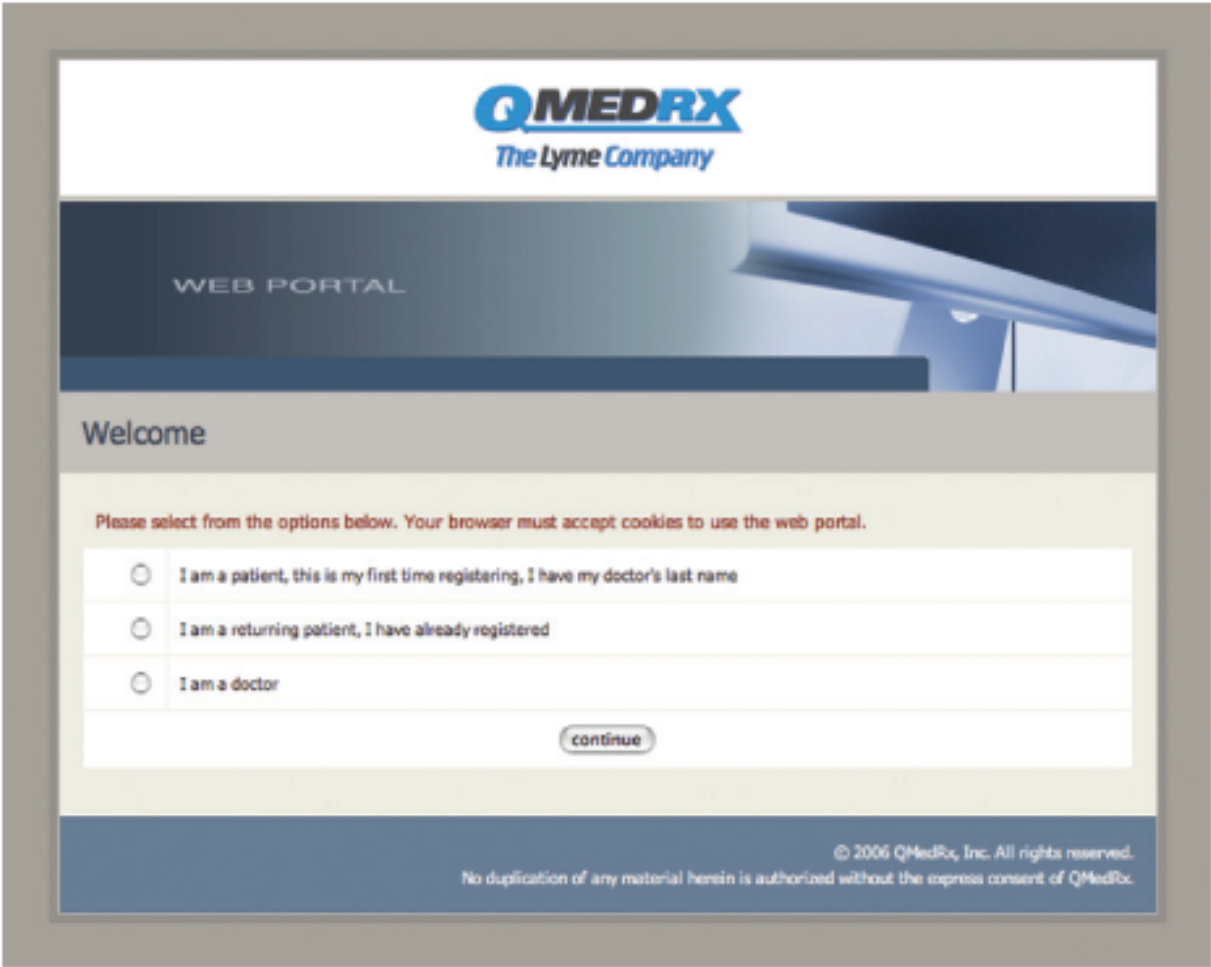
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“David” ...cont’d from pg 8

became his best friend, his lover, his soul mate, and his contact with the outside world. They lived together for eight years and helped each other with the simple but necessary details of life. She drove him to his medical visits, bought groceries, did laundry, and tended to many of his other needs. In return he became Judy's computer guru, designing and maintaining her web site, and coming to her rescue when the burdens of technology outweighed the benefits.

Eighteen years his senior, Judy had a caregiver personality and was patient and tolerant with David's moods and idiosyncrasies. They made an unusual couple but clearly a loving one with a deep spiritual bond. They shared a passion for classical music and for all things metaphysical. She appreciated his logical mind, his dry humor, and his quirky poetry while he was attracted to her beauty, her attitude, and her intuitive approach to life that was so different from his own.

When I started to see David as a patient in the year 2000 he was fourteen years into the worst of his illness and quite desolate about his chances for eventual recovery. He would arrive at monthly visits with reams of paper in tow: documentation of his every symptom, his supplements, his questions, and his concerns. He was so pale and thin and glassy-eyed that he often seemed on death's doorstep, confessing he had not been out of bed since his previous appointment. When I diagnosed him with chronic Lyme disease, he became the consummate patient, following my every suggestion and compliant with treatment even when the side effects or symptom intensifications were nearly insupportable.

He was my sickest, most challenging patient and he became so touchingly dependent on me that I couldn't help but take him under my wing. I attended his intimate 50th birthday gathering and gave him little gifts from time to time. I extended myself for him in ways that I did not for many other patients, catering to his needs and going out of my way to obtain free or low cost medications for him, since the cost of maintaining his health left little money for food or other basic needs.

I treated David with antibiotics for five years and during that time there were moments when I felt hopeless and powerless and ready to concede defeat. I had never worked so long and hard to

heal someone without seeing even a glimmer of light at the end of the proverbial tunnel. But he insisted that we keep on, determined to regain his health, promising me that one day he would ride his bicycle again and would win his first cycling race in my honor.

David and Judy ultimately had an amicable parting of ways and moved to separate apartments in different parts of the city. It was this forced independence that marked the start of David's gradual turnaround, the beginning of his rehabilitation, his ascent out of despair. After twenty years, he finally got back on his bicycle.

Judy and David continued to be close friends and watch out for one another. When David collapsed during one of his early bike rides and was taken to the emergency room with a broken hip she was waiting when they wheeled him out of surgery and as he went through rehabilitation. When he began riding again and fell off his bike and broke his elbow, she was there. His self-centeredness made her so angry at times that she wanted never to see him again, but something about his neediness and the deep bond they had shared kept pulling her back.

Just after the tables began to turn for David I had to move my practice from Austin to San Francisco and David, who lived at a subsistence level, was clearly unable to continue under my care. "What will I do about David?" was the first thought I had when I found I would have to abandon my Austin practice. Fortunately, he began to see a doctor he had seen before me, who agreed to continue prescribing the antibiotics and other medications I had given David over the years. We would continue to email one another and I was pleased to hear his reports of increased stamina and well-being. It seemed a miracle was unfolding. After over twenty years of ill health, David was now clearly seeing the light at the end of the tunnel and even expressed to Judy, "Life is good!"

David got to the point where he could ride his bike for three hours straight, three days per week - quite a feat for someone who had been essentially bed-ridden for twenty years. Of course there were still problems - he was not as cognitively adept as the pre-illness David and there were those remaining bothersome symptoms that required him to stay on the medications that he lined up so neatly on the shelf by his computer. But I began to use David as an

example to my other Lyme patients who were losing hope. If David, my sickest patient, could get better, then surely they could too!

David had a pact with Judy that whenever he was about to embark on a long bike ride, he was to call and leave her a message so that someone would know where he was in case something happened and he never returned. On the morning of December 19, 2006, at 5:00 a.m. he left the following message: "Hi, this is Founder. I'm leaving for a bike ride and will be home around 8. Do you want to get together tonight?" Judy has since played that message over and over again.

Nothing could have prepared her for the call she received at 8 a.m. Rather than the voice of David, she heard the voice of a stranger, a voice telling her that David was on the side of the road unconscious having been hit by an SUV going about 40 miles an hour. David was rushed to the hospital where immediate emergency surgery was performed for a ruptured aorta. There were numerous other injuries - broken bones, scrapes, bruises, a concussion, and internal injuries. The distraught driver of the SUV was in a panic and revealed that she had made eye contact with David as he waited at a crosswalk, but in a moment of poor judgment David had unexpectedly darted out in front of her.

Cyberspace works in mysterious ways and so it was the day after the accident that I received David's last email. For three weeks he remained in a coma and on total life support and his chances for survival looked slim. Judy was by his side daily, praying, talking or singing to him, holding his hand, stroking his barely-recognizable, swollen and bruised appendages. She asked the ICU nurses to play classical music in his room at all times to soothe him and she read to him from books of philosophy they had once cherished together.

The holiday season bore a backdrop of melancholy and underneath my sadness was a gnawing guilt - guilt for all the times I ignored his many, verbose emails; guilt about the times I didn't respond when he asked me to edit one of his manic diatribes because I sensed the pent-up rage and did not know where to begin; guilt about the fact that I was much more important to him than he was to me and that I never truly appreciated the fact that I was one of his very few friends.

The evening of December

by Ginger Savely FNP-C

25 Judy and I were at David's side as we ceremoniously unwrapped the Christmas gifts he had left for us. She had found them in David's apartment, where she had been going daily to feed his beloved, bewildered cat, CC. It was a painfully poignant and surreal time. Never had I worked so hard to heal a patient or seen a patient work so hard to be healed. And now it was to come to this?

David took his last breath on January 10, 2007, two hours after removal of his life support. Judy and the best friend and sister he had estranged were by his side, testimony to their enduring, and unconditional love for him. For me the irony was bitter. If I had not helped David recover he would not have been out riding his bicycle and would not have been killed. On the other hand he had the privilege of leaving this earth without pain or fear, doing what he loved the most, full of hope for better days to come.

For a man who had lived in isolation there were a respectable number of mourners present at his touching and intimate memorial service. All of them had known David in his better days and had seen the light of life and hope in his eyes along with the anger, the pain and the desolation.

This is not the way the story was supposed to have ended. David should have gotten stronger and stronger and raced with the "Stop Lyme Disease!" racing team and won that first place trophy proving that in the end hope prevails!

A few weeks later as I helped Judy sort through and clean out David's things in his now-abandoned apartment I saw everywhere the signs of a complex man who envisioned a world of love but did not have the skills to participate in it. What was the light at the end of the tunnel for David? Perhaps he is in that light now, basking in pure love, free from the burdens of a sick body and an anguished mind.

Life takes some unexpected turns at times and we are periodically called upon to reevaluate our perspective and seek out our inner peace. David's life and passing had a profound effect on me, emphasizing the unpredictability of relationships, health, life, and death. We all need that light at the end of our tunnels, to draw us toward our fulfillment, to lead us toward what is good and right, and to give us a reason to face each day with renewed hope and purpose. *pha*

“Think Tank” ...cont’d from pg 7

these bands, with clinical symptoms, a diagnosis of positive can be made.

* If a negative result is received, with strong clinical suspicion, then an anti-biotic provocation test should be performed.

Several aspects of treatment were discussed, including antibiotic therapy, Chinese herbal medicine, herbal protocols, HBOT and the Salt/C protocol. All of these treatments have shown some benefit in treating chronic Borreliosis.

In regards to the effectiveness of these treatments, experiences vary. It was mentioned that herbal protocols, Chinese or standard herbal, have brought about improvements, however the most dramatic improvements are shown when herbal treatments are combined with antibiotics. In discussing the salt/vitamin C protocol, many people are showing improvements with this. However, it is thought that the Salt/C protocol is most successful in killing off parasites, which in turn brings down the overall infection load of the patient, causing improvements. It is not known if the Salt/C protocol is

actually working on the Borrelia bacteria or its co-infections.

The topic of high Candida issues among children on the autism spectrum was discussed. This was a big issue for parents who would be hesitant to start a treatment plan including antibiotics for fear of exasperating the Candida. It was suggested that a clinician begin a one-month treatment of Diflucan prior to starting antibiotics. Including probiotics would also be an essential course of treatment.

In regards to hyperbaric oxygen therapy, the pressure for treatment was an important topic. With the years of experience in treating children with ASD and Lyme patients, Bob Sands discussed a slow, ramp-up method for this therapy. His suggestion would be to start at 1.2 ata and gradually work up to 2.2 ata. The number of sessions would depend on the child and their progress. He feels that a 90-minute session would be the ultimate timeframe. It was also indicated that antibiotics should be used during HBOT to bring about the best results. He indicated that HBOT is to be considered an "adjunct" therapy and not a cure

for Borrelia and/or Autism. Some general principles that may be important in terms of treatment:

* Clinical experience in how best to treat Borrelia in this population is early and limited.

* In this fragile population, it is critical to continue to emphasize that Borrelia/other infections are co-factors in the overall complex of ASD and not the only cause.

* An intact and highly functioning immune system is critical for handling the infections.

* Per the DAN approach- treatment of toxins, gut dysfunction, nutritional deficiencies, etc...are critical to a highly functioning immune system.

* Based off of adult populations, who have multiple other factors (heavy metal toxicity, nutritional/gut issues, etc...) in the setting of chronic Borreliosis, they may overall do better with treating this issue first before proceeding to antimicrobial therapy.

* In terms of order of what to do

when, addressing the current DAN factors first- digestion, nutrition, gut, yeast, toxicities, etc... may be most beneficial. Then, once the overall system/immunity is in a healthier state, adding antimicrobial therapy may have the best chance to be of positive benefit.

* Co-infections must also be treated in conjunction with the Borrelia infection.

The L.I.A. Foundation is in the process of raising money for an official study led by Dr. Anthony R. Torres of Utah State. The estimated cost is about \$40,000. Grants have been applied for and the foundation is holding an Improv comedy event with silent auction with hopes to fund this study. The study will determine the average percentage of children with Autism who are infected with Borrelia.

There are two other phases to the above study that will be conducted once the results of the first study are completed.

It was the consensus of the

“Think Tank”...cont’d on pg 16



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Are there any complementary therapies that you believe one should consider while using Rife therapy?

This is an area that is highly individual. If someone has mercury poisoning, they need to address that. If they have co-infections, they need to address those. There may also be hormonal or other imbalances that need to be investigated. I don't think there is any blanket statement that can be made here.

A couple of things will be mentioned in my upcoming book such as systemic enzyme therapy like Wobenzym. It should be taken on an empty stomach between meals. There are studies that show that the enzymes enter systemic circulation and have profound effects on healing. I do think this is one thing that has been overlooked. For me, Wobenzym profoundly helped with a neck injury and also seemed to help with a number of my Lyme-related symptoms.

I think magnesium supplementation is critical. Everyone with Lyme disease should be on magnesium. In my new book, I talk about a recent study that shows 10 Lyme disease sufferers that were dramatically helped with IV magnesium supplementation. There is no good reason why people should not be taking magnesium.

Which therapies are compatible with Rife?

This is the million dollar question. Therapies that are not related to being anti-bacterial such as sauna, exercise, nutrition, supplements are likely acceptable. Most antibiotics probably do push the spirochete into the cyst or cell-wall deficient forms. I am not sure though that this is a bad thing. Short courses of antibiotics used sparingly may wipe out a whole colony of bacteria and that may be worth it. I don't think antibiotics should be completely avoided, but I do think that there should be periods of time where they are not used so that the Rife therapy can be most effective. I think the Marshall Protocol is a very useful complementary therapy.

Can you tell us more about the Marshall Protocol?

The Marshall Protocol (MP) helped me tremendously and has helped a number of people that I know. It is a good complementa-

ry protocol that can be used with Rife. Some people seem to not be helped by it at all and they should pursue other options, but for some, the MP may be very useful.

The MP is the only treatment on earth that I know of that lowers the 1,25 Vitamin D level in the body. This can be immunosuppressive if it is too high. If someone does have that problem, they may not get well without the MP. If they don't have high 1,25 Vitamin D levels, the MP may do nothing for them.

When I started taking Benicar, it was unbelievable. It was the biggest shakeup I had in my health. It helped significantly.

There are some people that don't seem to need the MP and it would be arrogant to say that everyone needs any specific protocol. It can be the most helpful thing in the world for some, but may be simply a waste of time for others. It all depends.

Did you avoid sunlight while on the MP?

Sun avoidance is something that I still continue to this day. It seems to be an important part of sustaining the health that I am in now. When I was on Benicar and started feeling better, I seemed to be even more sensitive to sunlight. I wear long sleeves and protect my skin from the sun. The progress starts to reverse if I am exposed to significant amounts of sunlight.

I also found the antibiotic portion of the MP to be useful. Once you are on Benicar, even if you were previously seeing limited benefits from certain antibiotics, the effects of the antibiotics are greatly enhanced. You take far less of the antibiotic and have a much larger effect. Over time though, I felt like I obtained less benefit from the antibiotics. I do not use them at this point.

Do you support the concurrent use of Flagyl, Tinidazole or similar interventions to combat the cyst form while using Rife therapy?

Yes, I do think these are good options.

How often does each Rife session last and how frequently are they administered? Approximately how long does recovery from Lyme disease take, on average, when using Rife therapy?

An average of one hour

once per week is a good guideline. Recovery from Lyme disease takes about 1-3 years with Rife therapy. There is a group of people that don't seem to get entirely well and may plateau at 70-90% and need to look at co-infections or heavy metals. For those people, they will never get better with Rife alone as it is not the whole answer in those cases.

Rife does not seem to be significantly effective for co-infections. It seems to be more effective against Borrelia. There are several people that I have talked to, however, that started Rife and subsequently stopped antibiotics and did fully recover. Whether or not the Borrelia was addressed by Rife which allowed the immune system to become stronger and fight the co-infections or if Rife did have an impact on them remains unclear.

Of the spirochete, cell-wall deficient form and cyst form, which of these can Rife devices impact?

The spirochete is the most susceptible. The cell-wall deficient form and the cyst form may not be affected by Rife therapy.

Knowing that a significant percentage of the symptom picture in Lyme is related to neurotoxins, is that also generally addressed in some way while one is using Rife as a primary treatment protocol?

Detoxification is critical. There are many ways to accomplish it. Sauna is probably at the top of the list. You can clean the liver, do colonics, use coffee enemas and these may be useful, but nothing comes close to what a sauna can do. Sauna is a much more common treatment in other countries. Far Infrared Sauna (FIR) or dry saunas are probably the best. It depends on tolerance and individual preference.

Which Rife device do you believe holds the most promise?

The Doug Coil machine is at the top of the list. It is now available for purchase without requiring someone to build it themselves. In my experience, this has been the best performer. There may be other machines out there that are better. I just have not experienced them yet.

On a scale of 1-10, 10 being that your current health is as good as it was before you became ill, where are you today?

Generally, 8 or 9. Some days

might be a 7 while others are a 10. There are a few symptoms that seem to persist, but overall, I am on a marked upward path and have not had any setbacks in three years.

If you were starting your journey through Lyme today knowing what you know now, how would you approach treatment and recovery differently? What would be your plan of attack?

I would talk to more experts and gather more information. I think, in general, Lyme sufferers are better off today than we were even in 2002. With the Internet and so many ways to communicate with others that are also living the disease, there are many more resources readily available to us.

I would definitely get a Rife machine. In fact, it worked so well that I often wonder if I had a Rife device early on, could I have avoided much of the journey? If I were just infected, I would pursue an aggressive antibiotic regimen as soon as possible. Rife and the Marshall Protocol are the two treatment options at the top of my list. Exercise and sauna are also critical. Otherwise, I like to keep it simple.

Do you think that it is possible to entirely eradicate Borrelia from the body with Rife therapy?

No, probably not. In some rare cases, it may happen. Doug MacLean, inventor of the Doug Coil Rife machine, had full blown Lyme and continues to remain healthy only having used Rife therapy. In 5-10% of cases, it may happen. For those of us that were more chronic, it may be naïve to think that we can get rid of it entirely from the body, but if my quality of life never got better than it is now, I could live with that.

What do you continue to do today as maintenance to keep your health on the upswing?

I am not doing that much really. I still do Rife treatments and I do need them. Symptoms do start to reoccur if I don't do my treatments. I use Benicar for a few weeks in the spring and the fall and it seems to have a significant impact. Many people have flare-ups in the spring and fall and this seems to be a good time for me to bring the Benicar back into my treatment. I use Rife about 20

“Rosner”...cont’d pg 16

News Briefs: Health News Around the Nation

FDA Issues Warning About Rotavirus Vaccine

The FDA issued a public health warning in February about the rotavirus vaccine RotaTeq. The agency has received 28 reports on infants getting intussusception after being vaccinated with RotaTeq since the vaccine was licensed in February last year.

The vaccine prevents rotavirus gastroenteritis, the major cause of diarrhea and vomiting in young children worldwide. The infection is highly contagious and can cause severe dehydration and even death.

Intussusception is a rare but serious life-threatening condition in which part of the intestine collapses into another part of the intestine. This "telescoping" often blocks or twists the intestine, preventing food or fluid from passing through. Intussusception also cuts off the blood supply to the affected part of the intestine.

The FDA says it is issuing the notice to remind people that intussusception is a potential complication of the RotaTeq vaccine, and to encourage them to report cases of intussusception so that the FDA and the Centers for Disease Control and Prevention (CDC) can assess the risks associated with the vaccine. It is still not known whether any of the reported cases were caused by RotaTeq or were just coincidence. Of the 28 cases reported so far, about half occurred within 21 days of vaccination and 16 of the infants had to have sur-

gery. The other children were treated without surgery, using enemas. No deaths were reported.

Parents are advised to contact their healthcare professional immediately if their child develops potential signs of the condition at any time after vaccination, including stomach pain, abdominal swelling or distension, vomiting, diarrhea, blood in the stool, or other changes in bowel movements.

Study Finds That Drinking Cola May Harm Bones

According to the National Osteoporosis Foundation, roughly 55% of Americans, mostly women, are at risk of developing osteoporosis, a disease which leaves bones weak and more likely to fracture. Complications from hip fractures are a common cause of disability and even death in women as they age. Now, a recent study reported in the October 2006 American Journal of Clinical Nutrition has found that drinking regular, diet, and decaffeinated cola drinks - such as Pepsi-Cola or Coca-Cola - on a regular basis may contribute to lower bone density and put women at increased risk for osteoporosis.

Researchers at the Human Nutrition Research Center on Aging at Tufts University analyzed data from 2,500 men and women who were part of the Framingham Osteoporosis Study. The average

age of those studied was just under 60. In women, cola consumption was associated with lower bone mineral density at three different areas of the hip, regardless of factors such as age, menopausal status, total calcium and vitamin D intake, or use of cigarettes or alcohol. However, cola consumption was not associated with lower bone mineral density for men at the hip sites, or the spine for either men or women. The results were similar for diet cola and, although weaker, for decaffeinated cola as well.

"The more cola that women drank, the lower their bone mineral density was," said Katherine Tucker, PhD, study author and director of the Epidemiology and Dietary Assessment Program at Tufts University, in a press release. "However, we did not see an association with bone mineral density loss for women who drank carbonated beverages that were not cola." Some research suggests that the phosphoric acid contained in colas may block calcium absorption. Another contributing factor may be that drinking colas is replacing lowfat milk and other healthier

beverages. "There is no concrete evidence that an occasional cola will harm the bones," says Tucker. "However, women concerned about osteoporosis may want to steer away from frequent consumption of cola until further studies are conducted."

Parkinson's Drugs Riskier Than Believed

New research suggests that two drugs used to treat Parkinson's disease can cause serious heart valve damage.

One study found that approximately 23% of Parkinson's patients taking pergolide (sold as Permax and other brands), and nearly 29% of patients taking cabergoline (sold as Dostinex, Cabaser, and other brands), had moderate to severe heart valve problems. Another study found that users of either drug were five to seven times more likely to have leaky heart valves than those on other types of Parkinson's medications. Both studies were reported in the January 2007 New England

"News Briefs"...cont'd pg 14

"Levin"...cont'd from pg 5

shingles, LD waits -- and there are lots of these diseases. But, I think LD is clearly recognized as having a chronic phase in many patients."

Do you see any chance we will ever have a cure for LD?

There is a long pause before Dr. Levin responds. "My background includes environmental medicine and as an environmentalist, I think this is one of the ways that we are destroying the human race on this planet. Not LD, but we are damaging the immune system with all sorts of foreign chemicals that human beings who have lived here thousands of years were never exposed until the 20th century. So, I think we have a gradual, cumulative degeneration of native immunity. We have been able to hide it with

our antibiotics. It is very unlikely that this organism was not here more than twenty years ago. I am sure people had it and it was not recognized. Ticks have bitten a lot of people for many years and they were able to handle it. Diet, chemicals, heavy metals, and the water are all a disaster and I think people are not able to mount defense against this bug. Even with the help of antibiotics, I don't think we are curing everyone."

Note: In Part II of my interview with Dr. Levin, we will discuss LD, why scientists may change their minds with regards to LD, compare symptoms, and learn more about Dr. Levin's experiences with Lyme disease. pha

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:

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“News Briefs” ...cont’d from pg page 13

Journal of Medicine.

Doctors have stated that there are no medications that can reverse the damage, and valve replacement surgery is the only solution.

About 1.5 million Americans suffer from Parkinson's disease, which results in tremors, stiffness, loss of muscle control and sometimes death. Parkinson's disease is caused by a loss of dopamine production in the brain. The medicines most commonly used in treatment, such as levodopa (also known as L-dopa), attempt to either replace or mimic dopamine. Pergolide and cabergoline often are given in addition to levodopa or in place of it, especially if symptoms worsen over time.

Autism More Prevalent Than Thought

A new study by the Centers for Disease Control and Prevention (CDC) recently found that 6.7 in 1,000, or one in 150 children, has autism or a related autism-spectrum disorder, such as Asperger's syndrome. The news validates what many health activists have been saying for quite some time - that the numbers of those with autism have been underreported.

In the 1980s, autism was classified as a psychiatric illness and was thought to be rare. Now, it is accepted as a neurological condition, a developmental problem that causes significant delays in many basic skills such as com-

munication and social interactions. Its cause is still unknown. For decades, the government estimated that only 4 to 5 children in 10,000 had autism.

The CDC conducted a comprehensive review of the medical and school records of children in 14 states, including Alabama, Arizona, Arkansas, Colorado, Georgia, Maryland, Missouri, New Jersey, North Carolina, Pennsylvania, South Carolina, Utah, West Virginia and Wisconsin. Officials cautioned against using the results as a national average, as the study doesn't include some of the most populous states like California, Texas and Florida.

Researchers looked specifically at children who were 8 years old, as most children with autism are identified for medical or educational services by that age. The prevalence varied from 3.3 per 1,000 in Alabama to 9.9 to 10.6 per 1,000 in New Jersey. Researchers believe that the Alabama rate was low at least partly because they had limited access to special education records there. Researchers also suggested that the higher rates in New Jersey may reflect other differences, such as a higher level of awareness and wider availability of services.

Researchers Using Gene Therapy To Fight AIDS Virus

Researchers at the University of Pennsylvania's Family Cancer Research Institute have developed a type of gene therapy that shows promise in the fight against the AIDS virus.

Scientists removed some infection-fighting CD4+ T cells from five HIV patients. The T cells were altered to function as a genetic Trojan horse, carrying a manipulated version of HIV that impairs replication of the virus, and were then infused back into the HIV patients.

Although the study involved only five people, researchers reported that the therapy worked better than expected. The researchers found that viral loads stabilized or decreased over the course of the trial, and T-cell counts remained steady or increased in four of the five participants. Researchers also recorded a significant, continuous drop in viral load in one participant. The five patients involved in the study were in advanced stages of AIDS and were unresponsive to at least two drug treatments.

While gene therapy has, for now, shown to be promising in only a small number of patients, the results were encouraging enough for researchers to begin more extensive clinical trials.

The results of the study were published in the November online edition of the Proceedings of the National Academy of Sciences.

Doctors Reconsider Risks of Stents

Emerging evidence indicates that drug-eluting stents, the most common type, can potentially cause fatal blood clots long after being implanted.

Stents - tiny metal tubes that hold arteries open to help keep blood flowing - are a common procedure for clogged coronaries. Americans will receive over 1.5 million stents this year alone. Many of these stents contain drugs that are slowly released over time, and are intended to help prevent the artery from reclosing and becoming blocked again.

New evidence now suggests that overuse of these drug-eluting stents may be leading to thousands of deaths each year. Although stents have saved many lives in the short term, neither type of stent has been clinically shown to improve long-term survival when compared to other forms of treatment, such as drugs or bypass surgery.

The FDA held hearings in December 2006 to consider issuing new stent safety guidelines. *pha*



Susan Williams is a PHA staff writer from Texas. She has a BS degree in Community Health Education.

CALLING ALL LYME PATIENTS AND THEIR PERSONAL STORIES

Do you want your personal lyme story to be included in a new book by author PJ Langhoff? Then submit it now and be heard!

PJ Langhoff, author of "The Singing Forest, a Journey Through Lyme disease", and other books is now collecting personal stories about Lyme disease and tick-borne illnesses to complete a new book for publication.

If interested, please submit your stories by April 1, 2007. Include your name and indicate if you wish your name to be utilized or a pseudonym used, but please include your city and state, region or country of origin and your story about lyme and/or coinfections. Your story will be edited for content and to fit within the book."

This is not a book about doses and treatments, although those may be included if you wish. Problems obtaining physicians and treatments, disability, insurance, education, credence in family courts, anything may be noted.

I am interested in the human side of Lyme disease, how it makes the patient(s) feel, how it impacts the family and friends and relationships and as well as day-to-day struggles. If your children have lyme, how it affects them in school, with their peers and issues unique to children is appreciated.

If you or a loved one have/had problems with psychiatric lyme, there will be a section of the book dedicated to that topic as well. This is

an area that has not had a lot of exploration, so you will be among the first to participate in this interesting and very relevant aspect of tick-borne illness.

This is a PERSONAL look at Lyme disease from the one who knows it best, ITS PATIENTS.

I thank you in advance for your contributions to this project. It is my hope that people everywhere will see the real faces of Lyme disease. Participating together in a project such as this, is a great way to have your voice and story heard.

Many thanks and feel free to pass this on to as many people as you see fit. The louder we speak, the harder we will be to ignore.



**Please email stories to:
pjay@lymeleague.com**

Check out PJ Langhoff's other book about Lyme disease:

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Contact PJ Langhoff
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Lyme Coalition of N. Wisconsin

Pat Jackson (715) 356-3364
www.pattyknack.com
pattyknack@charter.net

"Tick Season"

"will remain active through the winter as long as the temperatures are above freezing and the ground is not frozen or covered by snow."

Dr. Cameron is a board-certified internist and epidemiologist, on the board of the International Lyme and Associated Diseases Society (ILADS), and lead author of ILADS' Evidence-based guidelines for the management of Lyme disease, published in 2004.

For more information on
Dr. Daniel Cameron, MD,
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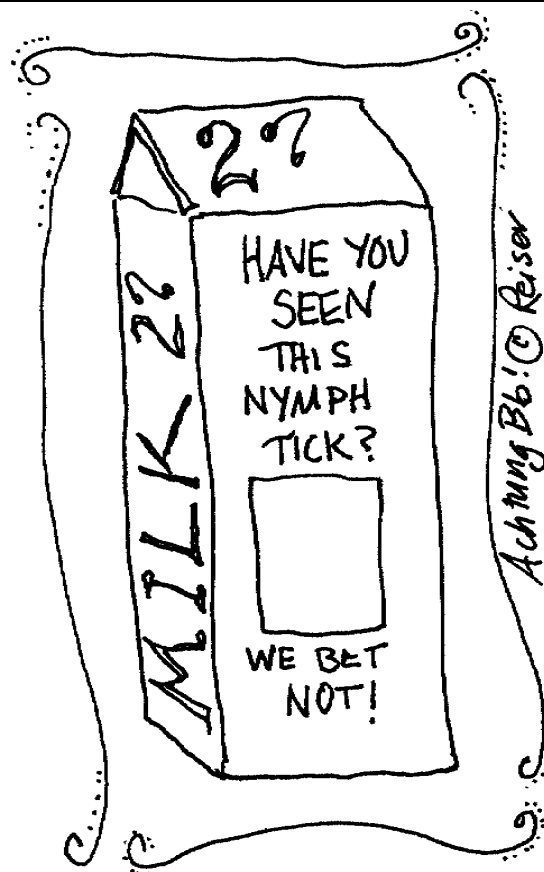
"Treatment Failure"

HLA pattern work was done by Dr. Ritchie Shoemaker. It has been replicated by a small number of clinicians who understand this medical science.)

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. *pha*

Ticktoons



by Terri Reiser

“Vaccine” ...cont’d from pg 1

HPV-associated cervical cancer can be prevented with annual pap screening of girls who are sexually active."

Between July 2006 and January 2007, there have been 82 reports of adverse events filed with VAERS following receipt of GARDASIL by girls and boys ranging in age from 11 to 27 years. Reaction reports have come from 21 states, including Virginia and the District of Columbia. All but three of the reports were for adverse events which occurred within one week of vaccination and more than 60 percent occurred within 24 hours of vaccination.

"The most frequent serious health events after GARDASIL shots are neurological symptoms," said NVIC Health Policy Analyst Vicky Debold, RN, Ph.D. "These young girls are experiencing severe headaches, dizziness, temporary loss of vision, slurred speech, fainting, involuntary contraction of limbs (seizures), muscle weakness, tingling and numbness in the hands and feet and joint pain. Some of the girls have lost consciousness during what appears to be seizures." Debold added "The manufacturer product insert should include mention of syncope episodes, seizures and Guillain-Barre Syndrome so doctors and parents are aware these vaccine adverse responses have been associated with the vaccine."

VAERS reports also indicate the doctors are administering GARDASIL to girls and women at

the same with Tdap, DT, meningococcal (Menactra), hepatitis A, and other vaccines, even though the Merck product insert states that, with the exception of hepatitis B vaccine, "Co-administration of GARDASIL with other vaccines has not been studied." [2] There is no publicly available information about how many of the 9 to 15 year old girls in Merck's pre-licensure clinical trials received GAR-



DASIL simultaneously with hepatitis B vaccine.

Although approximately half of all families in the U.S. select a pediatrician in private practice to provide their children routine care, including vaccinations, children can receive government subsidized reduced cost or free vaccinations in public health clinics through the Vaccines for Children program if they cannot afford to pay for vaccinations administered by private pediatri-

cians. NVIC's survey of four private pediatric practices in the Virginia suburbs of Washington, D.C. found that parents could be charged anywhere from \$525 to \$930 for three GARDASIL shots depending upon whether the child was a first-time or current patient. Costs for the vaccine plus an administration fee ranged from \$140 to \$275 per shot with an additional office visit charge that

for chronic HPV infection include smoking, long-term use of oral contraceptives and co-infection with HIV, herpes and chlamydia. [4] There has been a more than 70 percent drop in cervical cancer deaths in American women since the 1950's due to routine pap smears and nearly all cervical cancers can be prevented with regular pap smear screening and treatment. [5]

In its product manufacturer insert, Merck states that "Vaccination does not substitute for routine cervical cancer screening. Women who receive GARDASIL should continue to undergo cervical cancer screening per standard of care." Merck also states that "The duration of immunity following a complete schedule of immunization with GARDASIL has not been established."

For more information about HPV infection and GARDASIL safety, including NVIC's five-page report on GARDASIL adverse event reports to VAERS as well as a direct link to VAERS reports, go to NVIC's website at www.NVIC.org. pha

ATTENTION TEXAS FAMILIES:

To request an official state vaccine exemption form for your children, send a simple letter stating desire for the exemption based on philosophical reasons with child's name and date of birth to:

Texas Department of Health
Bureau of Immunization
1100 W 49th St
Austin TX 78756

“Rosner” ...cont’d pg 12

times per year and the MP in spring and fall. They keep me doing well.


I understand you have a new book on the horizon. What can you tell us about it?

Yes, I do have a new book coming out. It is an expanded look at some of the content of the first book and it contains some exciting new information. I discuss what I believe to be the top five Lyme treatment protocols and my top five Lyme supplements. I also discuss ways to integrate these therapies into a comprehensive treatment plan.

The book should be available in the Summer of 2007. More information on the first book can be found at www.lymebook.com.

Bryan Rosner can be reached through his web site at <http://www.lymebook.com>. Bryan

Rosner is not a medical professional. The information presented here is based solely on his own story and experience. Always consult with a medical professional on any aspect of your personal health program.



The intent of this article is to share information. It is not intended to be an endorsement of any of treatment options mentioned in this article. Scott has had no personal experience with the Marshall Protocol and does not have an opinion on its use. He does advocate doing your own research and making decisions in conjunction with a doctor as to what is best for your unique situation.

Scott Forsgren has had Lyme disease for over 10 years. He can be reached through his web site at www.BetterHealthGuy.com. pha

“Think Tank” ...cont’d from pg 11

group that an "informal" study should be done among physicians. In coordination with Igenex labs and the L.I.A. Foundation, a minimum of 5 physicians will be running tests on at least 10 children and controls from their practices. The physicians will be located across the country to give a good geographical representation. This is a preliminary study to get an idea of the percentage of children in the ASD population who are affected. This data will be presented to other physicians working with kids on the spectrum to encourage more research, treatments and testing to be applied in this population.

In general, the Think Tank event was a success. A consensus among attendees concluded that Borrelia/Lyme should be considered as a potential cause or the inciting factor in Autism. More research needs to be done. More

physicians and researchers need to be considering this and testing for Borrelia in their practices. Multiple infections need to be considered in this scenario as well.

A conference is planned for June 23rd and 24th in Irvine, CA for parents, patients and practitioners. This conference will include a "physician's roundtable" in which more information can be shared with a larger group of physicians who can then implement treatment strategies. For more information on the conference, research, the detailed think tank summary or to make a donation, please log on to: www.liafoundation.org. pha

