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In This Issue

From a Source of Profound Insight: Comes Hope
A Master's Update on the Treatment of Lyme Disease

by Scot Forsgren

Stephen Harrod Buhner was a keynote speaker at the "Lyme and Other Chronic Infections as the Underlying Cause of Chronic Illness," conference hosted by Dr. Dietrich Klinghardt, MD, PhD in Bellevue, Washington in late 2009. It was the second time I had the opportunity to hear Buhner share his many profound insights on the topic of Lyme disease treatment. I was struck by his presence - a presence of calm, a presence of connectedness to the earth and to Mother Nature, and a presence of concern and compassion for those whose lives have been impacted by chronic illness. There is something very real about Stephen Buhner, and his desire to help those who have been impacted by Lyme disease is readily apparent.

Profound Insights on Lyme Disease

In 2005, Stephen Buhner wrote "Healing Lyme: Natural Healing and Prevention of Lyme Borreliosis and Its Coinfections." The book was one of the first works to outline a holistic approach to the treatment of Lyme disease primarily using herbal remedies. Since that time, many have used the "Buhner Protocol" as a key component in their attempts to recover from chronic Lyme disease.

At the conference, Buhner stated that "people try to get rid of disease, but we need to understand the disease and how it thinks. Why has it not emerged? Why does the person have it?" He believes that it is important to understand why the disease has taken the shape it has in a particular ecosystem and does not believe that Lyme disease responds well to "reductionist" or simplistic approaches.

He acknowledges that there are diseases that do respond to simpler treatment protocols, but he noted that "we've gotten rid of most of the simpler cases and are left with something else now." The Lyme spirochete is both intelligent and adaptive. It has been around for at least 100 million years. It has been around longer than we have.

"We are outsmarted and out-gunned," he said. Buhner looks at Lyme disease as an "ecological disease". First, he believes that Lyme is the result of ecological disturbances to the planet. Second, the expression of the disease depends on each person's unique interior ecology. Lyme adapts itself to each person's terrain. Many of the most troublesome, emerging diseases are the result of ecological change. Sooner or later, we will be forced to reevaluate Western healing approaches.

He stated, "We need to understand what we are dealing with and at this point in time, we don't." We cannot view Lyme disease as just another disease. We have to begin to develop a more complex perspective in order to be more effective in treating the disease.

Though man does not accept an important truth, it is well known that the human population density is too high. Ecosystems correct population imbalances in order to maintain ecological integrity. He believes that we must "give up human exceptionalism". We can no longer act as if we are exempt from the ecological impacts of our actions.

An erroneous belief in human exceptionalism has been the major shaping force behind the practice of medicine in the United States. To effectively respond to a disease such as Lyme disease, human exceptionalism has to be abandoned. We are only one species of many in an ecological matrix. We are bound by ecological factors of four billion years in duration. We are not outside of these influences. Once this is understood, a whole range of treatment options opens up that cannot be seen otherwise.

Once human exceptionalism is abandoned, the rationale for a war on disease disappears. The current concepts of disease treatment have emerged from the idea that people are somehow outside of nature. There is an erroneous belief that people can control nature through the use of science and technology. Buhner stated, "We are at the end of this way of thinking. Everybody knows it, everybody feels it. The scary thing is what do we do? The old system is breaking down more and more". He pointed out that we have "erected a pharmaceutical world around the human species and that wall has kept some of the wild chaos of the universe at bay for about sixty years, but as with pesticides and crops, each year the pharmaceutical barrier has to be raised higher to keep the universe out. More and more cracks are appearing all the time and that it is well-known that our time is limited. Different approaches to disease are required but as human beings, we will postpone these as long as possible.

The military model of treating disease presents another significant problem. Buhner expressed that the disease organisms are much older than we are and thus, he does not attempt to eradicate or kill them. Most medical approach- es in the United States use a top-down approach which emerged from military history. A top-down approach is being used to say what is and what is not a "legitimate treatment". Lyme cannot respond to this type of approach as it adapts itself both to the host's body and to the ecosystems in which it appears. He noted that treat- ment approaches in Wisconsin need to be slightly different from treatment approaches in Connecticut and again from those in California. The people that live in each unique area know best how to treat the dis- ease and each approach has to be different for each person with the disease. When people are removed from the top- down authority, tremendous innovation emerges but these same practitioners then get in trouble "from the top-down powers that be." He said, "We have to trust the people on the ground.

Lyme disease is a high- ly variable and adaptive organism. There is no one treatment that will work for all patients. Every incidence is unique and the practitioner must see the person in front of them. "Lyme disease patients them- selves demand individual atten- tion", he said.

Buhner continued, "Lyme disease patients cannot help but to tell their entire story from the beginning." We need to recognize that there is great information in these sto- ries that helps us to step out- side the medical model and approach each Lyme patient as unique. These conversations will lead to an emergence of understanding as to which healing approach is right for a particular patient. Buhner primarily sees clients that have been on antibiotics for years. His clients have largely been impacted by neuro-cognitive Lyme disease. Their symptoms are severe. They all have fear.

"Buhner Protocol"... pg 5

Download Dr. Burrasco's Lyme Protocol FREE at: www.PublicHealthAlert.org

National Patient Support Group
Listings p. 8

Waking Up the Nation, One Reader at a Time... Investigating Lyme Disease & Chronic Illnesses in the USA...
Dear Public Health Alert, I would like to thank you for offering an updated and comprehensive newspaper for the Lyme disease community. I believe that it is important to inform the public on the latest medical information, holistic approaches, patient stories filled with their heart-wrenching journeys, and inspirational articles to keep our hearts and spirits moving in a positive direction.

Public Health Alert gives us hope and encouragement to fight this devastating illness. With the continued and ongoing updates on the Lyme disease treatment guidelines, your paper offers us access to "point" updates on the political front.

If I may, I would like to share a part of my life’s journey with Lyme disease. It has been an agony of 20 plus years of my life, the abuse from the medical establishment has been beyond that of my wildest dreams.

My journey with Lyme disease started in the late 80’s. I knew I had fibromyalgia, headaches, intestinal and urinary tract issues, light and sound sensitivities, and a loss of 20 years of my life, the abuse from the medical establishment has been beyond that of my wildest dreams.

Five years had passed since my visit to Dr. Steere, and I was now near death when my husband and I took a trip to the Mayo Clinic in Rochester, MN. None of the specialists had a clue what was wrong with me. The possibility of Lyme disease was discounted because previous testing done by Dr. Steere revealed that my Lyme serology was negative, including my Western Blot by CDC criteria. So, no further Lyme testing was performed at the Mayo clinic because I had seen Dr. Steere, and who better to confirm or dismiss if I have Lyme disease?

My suffering continued and my symptom list was huge. When I was awake, all I felt was pain. My pain was constant, and unbearable in my knees, ankles, shoulders and hips. I was dizzy and shaky every day of my life. My hands were weak. I was unable to focus my eyes, eventually going blind in my right eye. My extremities were always cold, with a freezing cold. I experienced sudden and dramatic weight loss. My skin around my eyes and mouth had turned yellow. The nerve pain was all over my body from tingling gums, tip of my nose and in my arms, legs, and tongue. It didn’t matter that I was unable to walk without out great difficulty, had heart issues, light and sound sensitivities, sleep disturbances, and shortness of breath! It didn’t matter that I had a spastic bladder and severe intestinal distress, throat pain, prolonged fevers, loss of vision or that my husband had to help me walk to keep me from falling. Absolutely nothing seemed to matter. What was going on? Finally, after 7 hours a day of testing at the Mayo clinic for over a week, I was going to have an answer to the questions that I had feared for so long. Was I going to die, and how long did I have to live?

My physician, who now sat in front of my husband and I, was about to tell me what I had stolen over 10 years of my life. He sat before us looking over my medical records for the first time. I couldn’t believe it. I couldn’t wait any more so I said, “AIDS?” No reply. “MI?” No reply. “Cancer!” Finally he spoke, not to me, but to my husband. He said, “She has diagnosed your wife with Fibromyalgia.” Are you kidding me? I thought. And I went on to say, “the best thing you can do for her is to ignore her. She can take eight aspirin a day to make sure that anyone struggling with this disease has proper support medically, physically, spiritually and multiply.

The Gloves are Off

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But what if I may, I would like to take this opportunity on behalf of myself, and hundreds of thousands of those that are afflicted with this disease, if I may, to address Dr. Steere and the Infectious Disease Society of America (IDSA). I never would have been diagnosed by a disease that I suffered with for so many years and which could not be defined and who is, I would now be causing such suffering in a disease, a disease that I have been suffering with for so many years. So, no further Lyme testing was done by Dr. Steere revealed that my Lyme serology was negative, including my Western Blot by CDC criteria. So, no further Lyme testing was performed at the Mayo clinic because I had seen Dr. Steere, and who better to confirm or dismiss if I have Lyme disease?

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To let you know what the Mayo Clinic thinks of Fibromyalgia, I requested my records to find their concluding statement was, and never dis-
by Dr. Charles Ray Jones, M.D.

Update on Dr. Charles Ray Jones, M.D. Medical Board Hearings

by Dr. Charles Ray Jones

History and Overview
In this update, I will focus on the more recent developments in what has become a long series of charges and investigations brought against me by the Connecticut Department of Health (CT DPH). For more details on the background information, I refer you to my letter dated September 5, 2008, which is posted on the following website: www.lymesite.com

Current case(s):
Currently there have been two separate and distinct cases against me. The original one is under appeal, and the second case pertains to a new set of charges regarding a different set of patients.

In addition to this, we have also had a court-appointed monitor who has brought a number of complaints about me to the CMEB, which appear to be based on his reliance on the IDSA guidelines as the alleged “gold standard” for the diagnosis and treatment of Lyme disease. These current and prior complaints were the result of his monitoring of earlier complaints, and this point no formal charges have been filed in relation to them.

First case:
I was brought up on a series of charges pertaining to two patients who lived in New Paltz, New York, whose parents were involved in a post-divorce custody dispute with my former partner. The children involved in the case were doing quite well and there was no allegation of harm done to either of them as a result of their treatment.

In December of 2007, the Connecticut Medical Examination Board (CMEB) imposed a $10,000 fine, a report of charges, a two-year period of supervised probation. Despite these disappointing recommendation, the case was not closed.

My license to practice medicine was not suspended or limited. The Connecticut Department of Public Health (CT DPH) introduced a very restrictive four-year period of care for Lyme disease. It would appear that this final recommendation has been voided in relation to claims.

Appeal of the First Case:
Most of the charges that I was faced with “were stayed, or suspended, pending the outcome of the appeal, instead of a full period of time.” In the view of a board-certified pediatrician licensed in the state of Connecticut, to conduct periodic chart reviews at my office for a period of two years. This was not included in the appeal. I spent over 80 hours reviewing over 80 pediatricians before the current monitor was found, he was then appointed by the CT DPH.

The grounds for the appeal have been described in my previous letter. One of them pertains to the discovery of significance bias on the part of one of the panel members, Dr. Smechal, who was recognized by a set of patients who filed affidavits stating that he had expressed very significant bias during their testimony and other Lyme literate physicians, including the statement that doctors who treat Lyme patients lack.

A hearing was held in Superior Court to review the question of the panel member’s bias. The judge rejected our arguments. The case is now on appeal to the Connecticut Appellate Court; the brief in support of my position is due in April.

Current case(s):
The Department of Public Health has proposed a series of charges against me. This set of charges differs from the first in that it involves three separate families, with the respective cases conjointly into one case.

Although the exact facts differ, the cases are similar in that the patients were tested by a panel of custodial fathers filing complaints.

In none of the cases were any of the children involved harmed; indeed, as with the first case, the children all are doing very well.

The CTDPH called on Dr. Lawrence Zemel and Dr. Peter Krueger to provide expert testimony contesting my treatment.

Following lengthy hearings, concluding last May, a three-member panel has issued its “proposed memorandum of decision” (MOD). This will be voted on by the CMEB on February 16, following the presentation of oral arguments by both attorneys. The third count involving the first case was not considered by the panel characterizing him as clearly biased against physicians who treat Lyme disease and many of the labs that they use.

The first count was upheld: this was the count that I had “improperly” ordered serology (diagnostic) testing prior to examining the patients. This seems strange, because, as far as we know, there were no charges brought against anyone by the board.

I continue to be grateful for the excellent defense that Attorney Elliott Pollack has been providing, and to everyone who has made this possible through donations to my legal defense fund. Please note that Attorney Pollack has achieved some significant victories: my license has not been revoked and, most recently, the decision to throw out the testimony of Dr. Zemel on the grounds that he is biased will most likely put an end to his usefulness as an expert witness in proceedings against other LLMD’s.

The legal representation necessary to oppose these charges has been very expensive and complex: multiple hearings have been held, each of which has required considerable preparation and review; many hours have been spent helping witnesses to prepare to testify; the filing of the appeal has been time-consuming but essential, and has entailed multiple appearances on the part of my attorneys in Superior Court, including three pretrial sessions.

New charges have been levied by the monitor which need not be addressed. Preparation and presentation of the oral argument will be presented to the CMEB on February 16, after which they will vote on the proposed MOD.

This struggle has been costly, and I will continue to require your financial support in order to prevail. We have known from the outset that Pullman & Comley does not provide pro bono legal services, and Attorney Pollack is available to the partners in his firm.

To date, the cost of my legal defense over these past six years has amounted to approximately $700,000, most of which has been funded by donations to the legal defense fund. It is important to think of the resources of the Lyme community being spent in this way. At the same time it is important to recognize that these charges are not unusual or excessive for a legal defense that has been as complex and lengthy as mine has been.

There is a current outstanding balance of approximately $80,000. This will increase over the next few weeks as a result of the ramped-up legal activity that will be necessary to address the Lyme disease community. The MEb discussion was the monitor, the proceedings and the ongoing appeal.

Ordinarily, Pullman & Comley does not allow clients to carry an unpaid balance on their account. They have been impressed by the stream of donations that so many of you have been sending and have been unusually flexible in this regard. Each time that the unpaid balance grows, however, my legal representation is in jeopardy. It is necessary to demonstrate once again that the legal defense fund is solvent and will be able to meet the cost of my legal defense.

Because of this, I am asking you to make a donation to my legal defense fund, in whatever amount that your circumstances permit. I will provide that you will continue to find the means to support this fight, despite the hardships which I know that so many of you already live with.

The current instructions for donating to my legal defense fund are noted below.

To those of you who may have additional questions not answered by this update, I invite you to send them to me by letter or by fax: 203-772-0682. Please reserve telephone calls for urgent matters only, given the very high volume of patient calls that the office receives.

With warmest wishes,
Dr. Charles Ray Jones, M.D.
Online Blog Looking to Share Lyme Patient Stories

by Jennifer Allton

With the vast determination that helps conquer Lyme Disease, I began a new blog with very little insight on how to run it. I had been writing my own Living-the-Lyme-Life blog for 6 months, but the idea for this new blog was enormously different. My desire was to provide others with a way to lift up each other on the blog. I wanted to not only broaden Lyme Disease awareness, but I highly anticipated that by sharing online the stories of my friends with Lyme that others would not feel so alone. I knew my own knowledge of how to allow others to write on the blog was limited as I began contemplating the opportunity of organizing this new blog. In truth, I would even go so far as to say until the day I established the new blog, I had no idea how I was going to run the site.

Suddenly, an idea sparked in February of 2009 when I realized that the majority of my friends with Lyme Disease were Christians. Even though I wasn't certain if it was due to my own Christian upbringing or the tendency to brainstorm with the same beliefs, or if it was because people get that sick they look for a higher power to believe in. My dream was to run a blog about praying for those with Lyme Disease came to fruition in March of 2009. I created a new blog called Praying for Lymies. As its name implies, the purpose for Praying for Lymies was to be praying for a specific Lyme friend at a time. This was to let them know we were thinking and praying over them. As quickly as the blog was assembled, I had messages from people wanting to be featured. They wanted their stories told. I created a simple questionnaire to guide me while writing each friend's biography. The first three months of the blog's existence saw the blog explode with activity. Not only were people sending in their own written prayers for friends to be uploaded on the blog, but people were sending in suggestions for musical videos to be used in uplifting their friends. The features have slowed down over time, but it still gives me terrific satisfaction to receive comments or a message requesting to be featured. If you have a desire to be featured in the Praying for Lymies blog, simply go to the blog at http://prayingforlymies.blogspot.com. There are two options to be able to reach me. The first is by leaving a comment on a biography already written. Just leave your first name and email address. I moderate all comments and will not allow those comments left with email addresses to be seen by readers. Once I receive your comment, you will receive a couple of emails. The first email is designed to make sure your email address is working properly while the second gives you the questionnaires designed to assist me in writing the biography. There are approximately ten questions for you to answer. The quicker I receive your answers, the earlier your biography for prayers can be posted. The second option to reach me is located at the top of the blog where it says, "Click here to post to blog." By clicking this, it will actually open up an email message for you to send. Once I receive your email, you will receive a couple of emails. The first email is designed to make sure your email address is working properly while the second gives you the questionnaire designed to assist me in writing the biography. There are approximately ten questions for you to answer. The quicker I receive your answers, the earlier your biography for prayers can be posted. The second option to reach me is located at the top of the blog where it says, "Click here to post to blog." By clicking this, it will actually open up an email message for you to send. Once I receive your email, you will receive a couple of emails. The first email is designed to make sure your email address is working properly while the second gives you the questionnaire designed to assist me in writing the biography. There are approximately ten questions for you to answer. The quicker I receive your answers, the earlier your biography for prayers can be posted.

The Glory of His Inheritance

by Joan Vetter

Inheritance - as I reminisce, I realize and appreciate all that has been passed down to me. For instance, when we moved to Pittsburgh, Pa. from the University of Florida when my husband started his first job, we already had one child and another on the way. Imagine how thrilled we were to hear that a favorite aunt left us her house in her will.

Then, at another point in our life, after having our fourth child, another aunt passed away and left us some money. It was like a gift from heaven. The next inheritance was when my husband's mother passed away. Each time, someone had to die, and they had to determine in advance what would be in their will.

Well, the Bible is the last will and testament of Jesus Christ. He stated in advance exactly what His will is. We would be so foolish not to joyfully receive all He has left to us.

In the Kingdom of God our God has left us an incredible inheritance. It is up to us to search it out and take it as our own.

First, there is salvation. In two different situations, men came to Jesus and asked what they could do to inherit eternal life. In Ephesians 1:3, we read that, "After you heard the word of truth, the gospel of your salvation, having believed, you were sealed with the Holy Spirit of promise, who is the guarantee of our inheritance until the redemption of the purchased possession." So the steps to personal salvation are: hear the truth, believe, and receive with confidence - it is guaranteed. We don't have to work for it - only receive. Secondly, there is the inheritance of Faithfulness through His promises toward those who believe. I heard an excellent teaching the other day on the word "doubt". It is composed of two Greek words. First is Dia, meaning "by means of a channel", and the second is Krino, which means, "to pronounce a judgment; condemn." Therefore, whenever we doubt the promises of God, there is a channel where condemnation flows. In contrast, the Holy Spirit desires to flow freely through our lives. I remember a little praise song we used to sing. The words are: There’s a river of life flowing out from me Makes the lame to walk and the blind to see Opens prison doors, sets the captives free There’s a river of life flowing out from me.

I have decided with certainty that I would prefer to have life flowing out of me rather than condemnation (toward others or toward myself). Therefore, I am learning how to trust God's faithful- ness to me through His promises - whether health, protection or provision in this life and the security of my eternal destina- tion in heaven.

My prayer for you is that "The God of our Lord Jesus Christ, the Father of glory, may give you the spirit of wisdom and revelation in knowledge of Him, the eyes of your understanding being enlightened, that you may know what is the hope of His calling and what are the riches of the glory of His inheritance." Eph. 1:17-18.
**Buhner Protocol**... cont’d from pg 1

They are terrified. "People need to know that "they will be companioned in their suffering," he said. "They will be there to offer them compa- nation," he said. This, unfortu- nately, is often missing in Western practice.

The first session that Buhner does with the patient can be quite lengthy, sometimes in excess of two hours. He will ask questions of the disease as a psychothera- peutic dimension which must be addressed. He has a deep rapport with people such that they do not feel alone in this terrible place. Simply doing this alone will raise immune function, reduce anti- cipation, and enhance trust; thus improving patient compliance and ultimately outcome.

Buhner is not generally supportive of the use of antibi-otics but, for Lyme disease, he does have a reasonable approach. An herbal approach combined with antibiotics may produce the best outcome for initial infection. However, many of the bacteria that have been shown to have antibiotics and no longer experience further benefit from them. In his work with about 700 Lyme disease patients over the past five years, he has seen a 75% eradication of the disease. 15% have had complete or near complete resolution of symp- toms. 5% have had partial relief, and 5% experienced no improvement.

\[\text{Note: Each protocol should be customized to the unique needs of an individual person. This chart represents the foundational protocol, there are a number of adjutant options that may be considered.}\]

\[\text{Ideally, people would use the plant itself. There are more products available now that are pure extracts, which is what Buhner prefers. In terms of making the protocol as simple as possible, we have to follow, the Source Naturals product is still a reasonable option.} \]

\[\text{Buhner Core Protocol} \]

**Buhner "Core Protocol"**

Japanese Knotweed (Source Naturals with 500mg Polygonum cuspidatum) - 1 tablet 3 times daily for 8-12 months

Cat's Claw (Source Naturals with 500mg of Polygonum per tablet) - 1 tablet 3 times daily for 2-3 months then 2-3 capsules three times daily

Eleutherooccus - 1/2 to 1 tea- spoonful portions upon rising and at lunch

Astragalus - 1000mg daily; not to exceed 1mg/kg body weight, as this can lead to rebound hypoglycemia.

\[\text{Japanese Knotweed} \]

The first herb is

**Source Naturals Japanese Knotweed (Source Naturals with 500mg Polygonum cuspidatum) - 1 tablet 3 times daily for 8-12 months**

**Cat's Claw**

**Source Naturals Cat's Claw powder 500mg capsules**

**Eleutherooccus**

**Astragalus**

\[\text{Note: Each protocol should be customized to the unique needs of an individual person. This chart represents the foundational protocol, there are a number of adjutant options that may be considered.}\]

\[\text{Ideally, people would use the plant itself. There are more products available now that are pure extracts, which is what Buhner prefers. In terms of making the protocol as simple as possible, we have to follow, the Source Naturals product is still a reasonable option.} \]

\[\text{Buhner "Core Protocol"} \]

**Buhner Protocol**

The "Buhner Protocol" consists of four key factors which are important in order to treat Lyme disease in a way that is disease-effective. First, the organism uses specific mecha- nisms to alter the immune system, to breakdown the collagen tis- sues in the body in order to generate new tissue, and to change that it can live. "That is what it does; that's all it does," he said. This, he said, is "more breakdown occurs that deter- mines where the symptoms in the system are going to be expressed. In the meninges, neurological Lyme disease is present. In the brain, the disease gets worse. In the heart, cardiac arrests present."

Third, every study shows that immune function and Lyme are inversely cor- related. A number of recent studies using immune markers, cytokines, and other immune system components show that the immune system is very much worse. The organism is able to manipulate the immune system of whatever host it is in. Once it is inside the body, it inactivates the components of the immune system that can affect it. This, along with the body’s own effort to fight the disease, cre- ates a severe fatigue in many patients with Lyme disease.

Fourth, antibiot- ics may not work for Lyme disease. One of the most obvious is the giardia. The flexibility of the Borellia organism. Immune function is certainly a fac- tor of that organism. Borellia changes its outer protein coat very rapidly, it is difficult for the immune system to respond. Secondly, support the formation and strength of collagen in the body. Third, design specific treatment interventions for the unique symptoms picture of the person. Fourth, strengthen immune function. Fifth, use an anti-spirochetal antibiotic. The use of the anti- spirochetal continues to get lower and lower on the list as time has gone on.

The core herb for Lyme is Japanese Knotweed. It is an herb and drug called " Healing Lyme" by Stephen Harrod Buhner for more information.

\[\text{The treatment interventions are focused ex- actly on these key areas and are listed in order of importance. First, stop the inflammation that is breaking down the collagen. Second, support the formation and strength of collagen in the body. Third, design specific treatment interventions for the unique symptoms picture of the person. Fourth, strengthen immune function. Fifth, use an anti-spirochetal antibiotic. The use of the anti-spirochetal continues to get lower and lower on the list as time has gone on.} \]
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been in your hands. As we are dying, what are you doing? Dr. Sigel, I doubt that you remember me, but I remember you. I wish that you had informed me that you were getting paid big bucks from the insurance companies to deny life-saving treatment to thousands for Lyme disease treatment. And yes, your patients are sick, not hypochondriacs. Lyme disease takes lives, and changes lives, possibly forever. I never thought that at such a young age, I would be challenged on so many fronts. But through it all, it has given me a greater compassion towards those that are less fortunate, the ability to see the beauty in small things, friends that I wouldn't otherwise have had, a passion to fight for what is right, and overwhelming desire to fight that which is wrong. For 20 years, I have promised myself that if able, I would make a difference to the injustices that men, women, and children are now facing due to Infectious Disease Society of America's flawed guidelines. For many years, I have wanted to thank the physicians from the International Lyme and Associated Diseases Society (ILADS) for saving my life. Through the care and guidance of my skilled Lyme Literate Medical Doctor (LLMD) I was finally diagnosed with Lyme disease, Babesiosis, Bartonella, Ehrlichiosis, Tularaemia and Mycoplasma. I have made incredible progress and my health is vastly improved. I want to thank my amazing husband who has stayed by my side through a 20 year battle with Lyme disease, whose faith and spirit has been an inspiration to my healing, and the words, "To have and to hold, from this day forward, for better, for worse, for richer, for poorer, in sickness or in health, to love and to cherish 'til death does us part. And hereto I pledge you my faithfulness" would be put to the ultimate test. The time has come for me to give back, and stand up for Lyme patients worldwide. I am co-founder of the Adirondack Lyme Disease Foundation (ALDF) which is dedicated to raising awareness and educating the public on the truth and injustices of Lyme disease. We are working on saving lives by presenting current and correct educational materials to our community. We encourage you to browse the pages of our website www.adirondack-lyme-diseasefoundation.com and welcome any questions or comments you might have. The lives lost, the battles fought, shall never be forgotten. From here, we draw our strength. We will continue our battle for justice on behalf of the hundreds of thousands who will have to fight this insidious disease, and for those who are now fighting for diagnosis, proper treatment, access to educated physicians, their livelihoods, and lives.

Linda Mc Allister

This photo shows the great controversy and suffering that has been aggravated by the IDSA 2006 Lyme treatment guidelines. The IDSA has been investigated by the CT AGs office and was found to have "financial conflicts of interest" that made the treatment guidelines suspect. Photo by Lynn McCabe
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Newport, RI 02840
info@nor’easters.org

ALTERNATIVE MEDICINE EXPERIMENTAL WILMINGTON, DELAWARE
www.almexp.org

NATIONAL SUPPORT GROUPS

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NATIONAL SUPPORT GROUPS

www.nationalmssociety.org/flc

NATIONAL SUPPORT GROUPS

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Email: info@flc.nmss.org

Phone: 1-800-FIGHT-MS
Email: info@nmssga.org

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Contact: Earis Corman
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La Miranda, CA 90638-3224
562.947.6123
eariscorman@aol.com

Dallas - Fort Worth Lyme Support Group

Monthly Meetings:
2nd Saturday each month 2-4 p.m.

Harris Methodist Hospital- HEB
1600 Hospital Parkway
Bedford, TX 76022-6913

We meet in the left wing when facing the front of the building.

Contact our group leaders for more information:

Rick Houle, email: Pdler3710@aol.com
Home: 972.263.6158 or Cell: 214.957.7187

John Quinn
jquinn@dart.org

Discover The Top 10 Lyme Disease Treatments

www.Lyme-Disease-Treatment.com
It seems to work better for people with an immune tonic. If an uninfected person lives in a Lyme endemic area, however, regular use of 1000mg of garlic per day for a short time can increase the immune markers that will either prevent infection when bitten or make the course of the disease milder. If T1 markers are low, a person is susceptible to infection. For those with chronic Lyme disease, garlic may cause autoimmune problems and is best avoided.

Andrographis is the last of the main herbs. Andrographis is an extremely potent herb that crosses the blood brain barrier, to be taken at least three times a day as it moves out of the body rather slowly. Andrographis contains a molecule that protects heart tissue, is anti-inflammatory for the central nervous system, and is 10% andrographolide standardized formula is used. The dose is 1-4 tablets 3-4 times daily.

Andrographis is very bitter and require a full spectrum Herbal Full Spectrum Andrographis so one can only use the powdered form. The label suggests that one should not use the herb longer than 10 days. Andrographis is an effective treatment with this cautionary statement. The main side effect of andrographis is that 1% of the population finds that PB8 as a probiotic may be helpful. Buhner finds that Pasque flower tincture at 10 drops daily is often a good option as well. Fermented wheat germ is a potent herb that crosses the blood brain barrier, and is best avoided.

Product Sources

Japanese Knotweed can be found as Source Naturals Resveratrol at retailers such as Vitacost at http://www.vita-cost.com/.

Another source for Japanese Knotweed is Healing Lyme Herbal Farm at http://www.healinglymeherbalfarm.com/. They offer the raw plant, though it is not encapsulated. Encapsulated product is also available through Tim Naust in Vermont at 802-251-0888.

Cat’s Claw is available through Rain Tree Nutraceuticals at http://www.rain-tree.com. Scott Forsgren is the editor and founder of BetterHealthGuy.com where he shares his thirty year journey through illness only diagnosed as Lyme disease after eight years of searching for answers. Scott can be reached at Scoott@BetterHealthGuy.com

Resources

Stephen Buhner's web page is http://www.gaiamidst.com/

Stephen's books on Larval Lyme, Natural Healing and the Nature of the Immune System - especially as a counselor and mentor to the influence of science and technology.

About The Author

Scott Forsgren is the editor and founder of BetterHealthGuy.com where he shares his thirty year journey through illness only diagnosed as Lyme disease after eight years of searching for answers.

About Stephen Buhner

Stephen Buhner has been looking at the challenge of Lyme disease for several years. He became interested in the herbs and has found that they have been helpful for many. In doing so, he has attempted to create a treatment that is not only effective, but also cost-effective. He struggles with the logistics of a homeopathic treatment and believes that everyone needs options that are reasonable to the costs involved. The “Buhner Protocol” will run about $200 dollars per month for the first year of treatment. Buhner has worked tirelessly to not only understand the protocol so many of us, but to identify and evaluate options that will help us overcome Babesia, neurotoxins and Borrelia. I thank the universe for Stephen Buhner. Here’s to your health!

About Stephen Buhner

Stephen Buhner has been an earth lover and the award-winning author of fourteen books on nature, indigenous cultures, the environment, and herbal medicine. He comes from a long line of healers including his grandfather, a well-known herbalist who worked in rural India in the early nineteenth century. The greatest influence on his work, however, has been his great-grandfather C.G. Harrod who primarily used botanical medicines, also in rural India, when he began his work as a physician in 1911.

Stephen’s work has appeared or been profiled in publications throughout North America and has been translated into 8 languages.

Stephen Buhner has a web page at http://buhnerprotocols.com. Some people attempt to go off the protocol after a year and experience a worsening of symptoms. For these people, use a maintenance dose of 1 capsule of Cryptolepsis and 1 capsule of Cryptolepsis three times daily.

Summary

Stephen Buhner has been looking at the challenge of Lyme disease for several years. He became interested in the herbs and has found that they have been helpful for many. In doing so, he has attempted to create a treatment that is not only effective, but also cost-effective. He struggles with the logistics of a homeopathic treatment and believes that everyone needs options that are reasonable to the costs involved. The “Buhner Protocol” will run about $200 dollars per month for the first year of treatment. Buhner has worked tirelessly to not only understand the protocol so many of us, but to identify and evaluate options that will help us overcome Babesia, neurotoxins and Borrelia. I thank the universe for Stephen Buhner. Here’s to your health!

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PUBLIC HEALTH ALERT

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Due to the efficacy and the science behind the products, these are my favorites - Joseph J. Burrascano Jr. M.D.

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