ACADEMY OF NUTRITIONAL MEDICINE

Creating international and interdisciplinary collaboration for health

AONM Newsletter May 2014

Countering the devastation of Lyme Disease

The Academy held a fascinating workshop on Lyme Disease on April 16, "The Misconceptions Surrounding Lyme Disease." Philip Kielman from Rio Trading/Nutramedix gave us insights into the "stealth pathogen" B. burgdorferi (and all the related co-infections), and the Lee Cowden Protocol that has been developed to help alleviate this pernicious disease.

Juliet Hayward, a lead nutritional therapist at AONM who specialises in providing support to patients with Lyme Disease, has written a review of the workshop, which can be found below.

AONM has just had a further Lyme-focused event on May 3: Professor Basant Puri spoke about the overlaps between ME and Lyme Disease, while Gilian Crowther covered the pros and cons of the different tests available for Lyme Disease and its co-infections, both on the NHS and in the private arena. 37 people attended – mainly ME patients and their carers. The event was organised by the Colchester ME Self-Help Group http://www.colchester-mesh.org.uk/events.htm. The talk was extremely well received, and will be featured in the next newsletter.

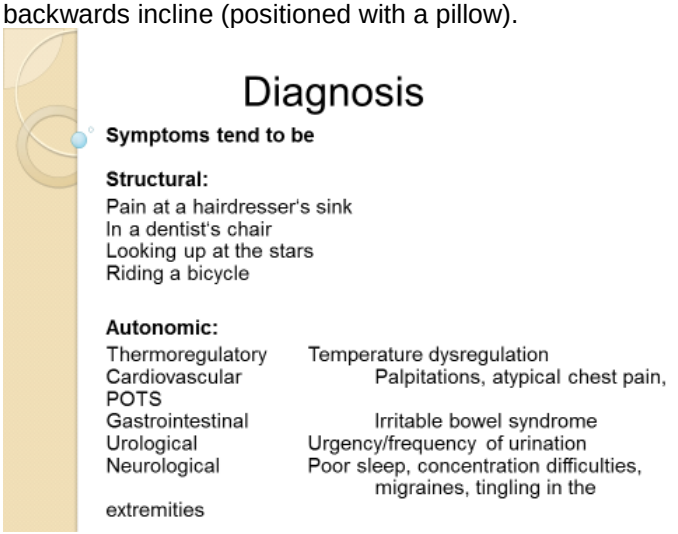
The International Conference on Vector-borne Diseases is holding a conference in Oslo this month, with an astounding line-up of world specialists, from Dr. Joseph Burrascano and Dr. Richard Horowitz to Dr. Alan MacDonald and Dr. Eva Sapi. A delegation from AONM will be attending, and we will report back from the conference in our next newsletter. (http://norvect.no/conference-2014/speakers/).

Do perhaps also watch "Under Our Skin", a full-length documentary that is now available free on the web, revealing how devastating this illness can be: http://topdocumentaryfilms.com/under-our-skin/

PC3 and Fibromyalgia: Hope in sight?

The AONM Committee had a meeting in early April with Dr. Andrew Holman, the US rheumatologist who is behind PC3 (positional cervical cord compression), an entirely new approach to conditions such as fibromyalgia. A study that he conducted in 2008 found that PC3 is a compounding factor in over 70% of cases of fibromyalgia (http://www.positionalcordcompression.com/images/J_Pain_2008_PCMS.pdf)

He had just spoken at the Folly Pogs 5th Fibromyalgia Conference in Chichester, where he covered very important ground and had an extremely enthusiastic audience. The clear compression in PC3 is generally only visible in an extension sagittal MRI. The challenge is to make flexion and extension MRI images available to patients, as these are not done as a matter of course. It is not difficult: – it means imaging the patient's head with a backwards incline (positioned with a pillow).



The image here shows the abutment of the cervical spinal cord that often becomes evident in this position. Dr. Holman has developed treatment protocols together with an eminent US physio-therapist, Sue Horton, who also accompanied him to the UK. AONM is currently investigating options for raising greater awareness of this revolutionary technique.

Demystifying Lyme Disease

by Juliet Hayward, BA hons, MA, DNN, mBANT

On April 16, 2014, The Academy of Nutritional Medicine were proud to host a lecture on Lyme disease, given by the Dutch expert, Dr Philip Kielman, who himself was bitten by a tick and infected by Lyme disease.

So what is Lyme Disease?

Lyme Disease attacks the nervous system, causing widespread inflammation and fatigue. It can cause depression, painful joints, and cardiovascular problems and undermine cognitive function. It can mimic or cause the symptoms of a staggering 300 diseases, including autism, fibromyalgia, motor neuron disease, Parkinson's disease, multiple sclerosis and ME.

Does Lyme disease have different stages?

Yes Lyme disease has 3 different stages:

Stage 1 is the acute stage when approximately 25% of patients develop a bull's eye rash at the site of the bite. Other symptoms can be stiff neck, flu-like symptoms, headaches and fatigue. Some people are symptom-free at this stage. At this stage, 2 to 3 weeks after being bitten, it is possible to treat active Lyme Disease with antibiotics.

Stage 2 is characterised by possible migrant arthritis, pain and weakness in the arms and legs, memory loss, loss of appetite or meningitis. At these later stages, the Borrelia burgdorferi can develop granules and cysts to protect themselves when they are exposed to antibiotics.

Stage 3 may feature chronic neurological symptoms, profound fatigue, memory loss, poor word retrieval, tingling in the hands, or elevated body temperature.

What is the cause?

The bacteria has been identified as Borrelia. There are 11 known types of Borrelia, but not all are pathogenic to humans. A particularly virulent, infective strain is Borrelia burgdoferi. This is the strain most widely studied, and was originally identified by William Burgdofer in 1982. However Borrelia afzelii is known to infect skin, and borrelia garinii can infect muscle.

What is the Borrelia bacterium?

It is a spirochete-shaped bacterium that can corkscrew into cells. It has a similar structure to syphilis. It likes to hide in the brain, where there is less immune activity and it can continue undetected. It then produces toxins that suppress the immune system. Borrelia can actually alter their surface membrane so the immune system can't make antibodies against them.

So how do people become infected?

Ticks are common vectors; predominately deer ticks in America and dog and sheep ticks in England. Interestingly there are no human ticks. The tick bites the human and will stay attached, embedding its mouthpiece under the skin so it can gorge on blood. This is the point when infected ticks can spread disease. If undetected, it can stay attached from 2 hours to up to 3 weeks. It can also vomit into your bloodstream. The tick has four stages in its lifespan. First there is the egg, then the larvae, the nymph (adolescent stage) and finally the adult. The tick is infective both as a nymph and an adult.

This is an example of the life cycle of a deer tick. In late summer a deer tick bites an infected rodent. By the following spring, the infected nymph bites a rodent. By autumn it has become an adult tick and needs a larger supply of blood so it bites a deer or a human. It then lays eggs. By early summer the larvae emerges from the egg. It is thought 15% of ticks in Holland are infected with Lyme disease.

Will insect repellent protect you?

It is unlikely that insect repellent will protect you from ticks, as scent does not seem to affect them. They are attracted by heat.

Are tick bites the only way to contract Lyme Disease?

No mosquitos, fleas, mites and other blood-sucking insects are known to transmit Lyme Disease. There is also human to human transmission. Salvato MD and Harvey MD emphasise both members of a couple should be treated. Blood, semen and breast milk can transmit Lyme disease. People have also been infected through contaminated food, blood transfusions and unpasteurised milk.

Is this a new disease?

Lyme Disease was first reported in 1975 in Lyme, Connecticut. However Europe's oldest mummy; the 5000-year-old iceman named Otzi found on the border between

Austria and Italy, was found to have Borrelia burgdoferi in his blood.

So how widespread is this disease?

It is found all over the world apart from in deserts, as it prefers a more humid environment. The National Institute for Public Health and the Environment (RIVM) in the Netherlands saw 33,000 patients with tick bites in 1995 and reported 6,500 cases of Lyme disease. In 2002 65,000 patients were bitten by ticks and 13,000 cases of Lyme disease were reported. In 2014 it is predicted that 1 million Dutch will be bitten and 50,000 will get Lyme disease.

How accurate are the tests for Lyme disease?

Unfortunately in this country we only have Western Blot and Elisa tests, which only give 42% accuracy. (JAMA, Klempler, Steere). They are not sensitive enough and only detect antibodies directed at the spirochete. As Borrelia suppresses the immune system, chronic cases of Lyme go undetected as the immune system is too weak to form antibodies against it.

Some of the bacteria lack a cell membrane and are spore-shaped, or have L-forms (filaments, cysts, granules, hooks, rods or elbow-shaped forms), so are difficult for the tests to recognise.

What are the alternatives?

Infectolbb in Germany suggests a combination of tests in the first instance: the Borrelia IgG and IgM ImmunoBlot, Borrelia Elispot LLT, and the CD3/CD57 test. These tests combined give a result that is said to be 90% accurate.
There is also the Fluorescent Antibody Test, which also offers greater accuracy than the Western Blot and Elisa but may not be adequate for people whose immune system is so weak they are unable to form antibodies against Borrelia.

Igenex Lab in California also offer a PCR test for Borrelia, and there is also Immunosciences Lab in Los Angeles, which offers accurate Lyme tests.

Do ticks carry other diseases?

Yes, ticks transmit other diseases, and 50% of Lyme disease sufferers will have co-infections such as Bartonella, Babesia, Chlamydia, Mycoplasma and Ehrlichia.

Are there natural alternatives for supporting Lyme disease sufferers?

Yes, there is the Cowden protocol, which comprises natural antimicrobials: Samento, Banderol, Cumanda and Enula. It also includes various cleansing agents such as Burbur, Pinella and Trace Minerals. Magnesium is also helpful as Borrelia tends to undermine magnesium levels, partly because unlike other bacteria that use iron to replicate, it uses magnesium. Taking magnesium alongside antimicrobials does not appear to exacerbate Borrelia, and magnesium is vital for so many roles in the body, including the formation of ATP.

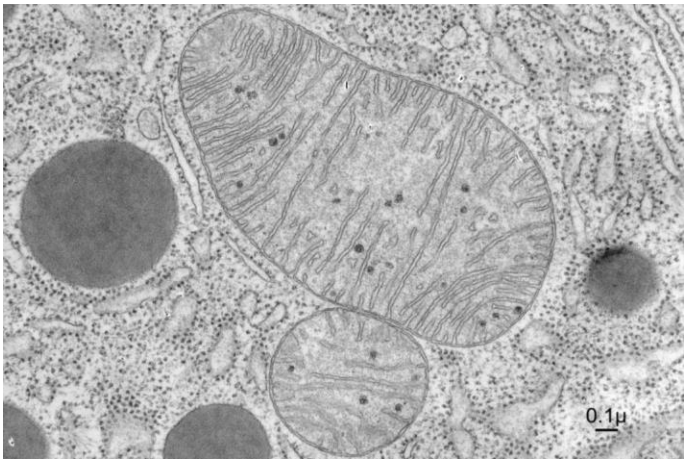
How effective is the Cowden protocol?

Richard Horowitz, MD, President of the International Lyme Associated Diseases Educational Foundation, has prescribed the Condensed Cowden Protocol to over 2,000 patients, and reports that it is effective in more than 70% of them.

Conclusion: Lyme disease is a complex disease that often defies detection. With its ever increasing prevalence it is important that natural alternatives are known about and fully utilized so we can tackle this debilitating disease.

More on Mitochondrial Magic

Our Mitochondrial Clinic using Cell Symbiosis Therapy has a number of exciting events planned in May. There will be a meeting for therapists already using CST on May 20th at 6.00, at the College of Naturopathic Medicine in London (41 Riding House Street, W1W 7BE, http://www.naturopathy-uk.com/home/about-locations/#london).



Source: The Keith R. Porter Collection, Center for Biological Science Archives, University of Maryland, Baltimore Country, with permission

On May 21 there will be an introductory talk at the same location from 6.00 - 8.30 pm: “Mitochondrial Magic: A Brief Introduction to Cell Symbiosis Therapy” (free of charge). Please contact info@aonm.org to book your place. A more intensive one-day course will be held the Friday afterwards, on May 23, at CNM in London. Please contact gilian@aonm.org to register. This course is also free of charge, and will take place from 10.00 - 5.00.

Gilian will also be speaking on “Mitochondrial Detoxification using Cell Symbiosis Therapy” at CAM Conferences on June 7, where AONM will have a stand.

We will link to that presentation after the conference. Please come and visit us there! (For more info go to http://www.camconferences.com/?page_id=385)

Nutrition: The Corporate Game-changer

Our Corporate Wellness activities in association with Super Wellness are also proceeding apace. This article is by Angela Steel, NT Dip MBANT CNHC reg. Do also watch out for Angela's upcoming new book, **Nutrition: The Secret Corporate Game-changer**

Organisations spend thousands of pounds on employee development – training, coaching, leadership skills... they all contribute to more productive people, and a more successful business.

Most however are unaware of nutrition as an approach for maximising people's ability to think clearly, feel energised and ultimately perform at their best.

Presenteeism

Recent research led by Brigham Young University has shown that employees who eat less healthily are **66% more likely to be less productive**[1]. The cost of this is mostly invisible as it leads to 'presenteeism', defined as being present at work but performing unsatisfactorily. We've all been there: staring at a screen desperately trying to stay focused, rereading the same paragraph three times and still not taking in the meaning, or just mustering the energy to perform the bare minimum needed that day (and needing five coffees in the process). Imagine the cost of this to employers if it becomes an everyday occurrence for a few members of their team!

Simple adjustments

So how can forward thinking employers address these problems? What advice can they pass on to their people? Just a few nutritional adjustments can radically improve energy, concentration and motivation levels.

Here are five key tips:

- Be sure to have a low GL (glycaemic load) breakfast, preferably before leaving for work (this might take some gradual adjustments as many people can't stomach a substantial meal first thing). Porridge (made with steel-cut oats), eggs or – as a quick option – a sweetener-free protein shake are good choices
- Snack on nuts and seeds, as the protein will help keep blood sugar levels even
- Drink at least a pint of water during the morning and one during the afternoon, as good hydration improves brain performance.
- Include plenty of lean protein, the raw material for most of our neurotransmitters, including dopamine, the 'motivation' chemical.
- Try to make time to relax while eating, as this will allow the body's 'rest and digest' mode to kick in, resulting in smoother digestion and better nutrient absorption.

In my experience of working with corporate clients, the benefits of offering employees access to nutrition coaching and activities goes well beyond improvements to their health and wellbeing. Food is a topic people tend to be universally drawn to, and implementing a corporate nutrition programme can generate huge buzz and excitement. It's a subject people bond over, compete over and enjoy sharing – the perfect team building activity!

If you'd like to discuss how a nutrition programme could work for your team, just get in touch for a no-obligation discussion.

[1]http://www.benefitspro.com/2012/08/07/poor-health-habits-hurt-employee-productivity

Upcoming events

May 20 **Meet-up for CST Therapists**
CNM London 6.00 - 8.30

May 21 **Mitochondrial Magic: A Brief Introduction to Cell Symbiosis Therapy**
CNM London 6.00 - 8.30 CPD applied for

May 23 **Introduction to Cell Symbiosis Therapy**
CNM London. 10.00 - 5.00
CPD applied for

Please contact us at any time if you are interested in learning more about our services, or exploring how we could work together: info@aonm.org/0845 505 1296, or go to www.aonm.org

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