

Allimax Nutraceuticals US completes clinical trial for treating Lyme disease

Allimax Nutraceuticals US, in conjunction with the **Health Healing and Hope Foundation**, has completed their Lyme disease clinical study being conducted in Texas by Dr.'s Joan Vandergriff ND, Hamid Moayad DO, William Keller Ph.D., and Hugo Rodier M.D. The study was sponsored by **Allimax Nutraceuticals US**, **Allicin International L.T.D.** and **Natures Sunshine Products**. The purpose of the study is to show eradication of the blood borne *Borrelia Spirochete* and the cystic form of the same (which cause Lyme disease) by treating with **Allisure® AC-23 stabilized allicin extract**.

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Our Lyme disease study was completed December 31, 2006 but has not been published yet. It showed that after using **Allisure® AC-23** stabilized allicin for only 3 months, both in capsule and liquid forms, there was a 90% to 100% eradication or reversal of the cystic form of spirochetes and *Borrelia Burgdorferi*. Patients stated their quality of life improved dramatically. *Babesia* and *Ehrlichia* and other known complications and side symptoms were also alleviated. Their reports include improvement or alleviation of fatigue, energy, brain fog, muscle and joint pain, digestive discomfort and elimination of *borrelia*. Our study will be published later this year. We are completing screening of participants by dark field microscopy and will be sending their blood to Igenex labs for testing as well.

The results are absolutely astounding. Even we were impressed with the dramatic effects **Allisure® AC-23** stabilized allicin had on Lyme patients. These results are far reaching for Lyme suffering patients worldwide.

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History of Lyme Disease

Lyme disease was first recognized in the United States in 1975, following a mysterious outbreak of juvenile rheumatoid arthritis near the community of Lyme, Connecticut. The rural location of the Lyme outbreak and the onset of illness during summer and early fall suggested that the transmission of the disease was by an arthropod vector.

In 1982, the etiologic agent of Lyme disease was discovered by Willy Burgdorfer. Burgdorfer isolated spirochetes belonging to the genus *Borrelia* from the mid-guts of *Ixodes* ticks. He showed that these spirochetes reacted with immune serum from patients that had been diagnosed with Lyme disease. Consequently, the lyme spirochete resembling the syphilis spirochete was given the name *Borrelia burgdorferi*.

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LYME DISEASE

Lyme disease is called the “New Great Imitator” because, like syphilis, it attacks multiple organ systems and mimics many diseases. Both diseases are caused by a spirochete. Lyme disease is caused by *Borrelia burgdorferi* (Bb), an elongated spiral shaped bacterium that infects humans and animals. Bb, previously thought to be transmitted only by the deer tick (*Ixodes dammini*) is now recognized to be transmitted by fleas, mosquitoes and mites. There is more compelling evidence to support sexual and congenital transfer and even more recently it has been identified as a food infection.

If ignored, the early symptoms may disappear but more serious problems can develop months to years later. The later symptoms of Lyme disease can be quite severe and chronic. Muscle pain and arthritis, usually of the large joints is common. Neurological symptoms include cognitive impairment, memory loss, depression, numbness, tingling, and burning sensations in the extremities, Bell's palsy, severe pain and fatigue. Involvement of all systems such as cardiac, ophthalmic, respiratory and gastrointestinal problems can develop. Miscarriage, premature births, stillbirths, birth defects and transplacental infection of the fetus have been reported. Symptoms are often intermittent lasting from a few days to several months and sometimes years. Chronic Lyme disease, because of its diverse symptoms, mimics many other diseases and can be difficult to diagnose.

A Disease Frequently Misdiagnosed

Katrina Tang, M.D., HMD, founder and Director of Research at the Sierra Integrative Medicine Clinic in Reno, Nevada, states that Lyme disease eludes many doctors because of its ability to mimic many other diseases. According to an informal study conducted by the American Lyme disease Alliance (ALDA), most patients diagnosed with Chronic Fatigue Syndrome (CFS) are actually suffering from Lyme disease. In a study of 31 patients diagnosed with CFS, 28 patients, or 90.3%, were found to be ill as a result of Lyme.

Dr. Paul Fink, past president of the American Psychiatric Association, has acknowledged that Lyme disease can contribute to every psychiatric disorder in the Diagnostic Symptoms Manual IV (DSM-IV). This manual is used to diagnose psychiatric conditions such as attention deficit disorder (ADD), antisocial personality, panic attacks, anorexia nervosa, autism and Aspergers syndrome (a form of autism) to name a few.

Chronic Fatigue Often Misdiagnosed Lyme By Bernie Cohen and Chih-Tsai Chung

According to an informal study conducted by the American Lyme Disease Alliance (ALDA), most patients diagnosed with Chronic Fatigue Syndrome (CFS) are actually suffering from Lyme disease. Out of a group of 31 patients diagnosed with CFS, 90.3% of the patients (28) were found to be ill as a result of Lyme. One patient was determined to have an unrelated illness (brain aneurysm). Only two patients in the study (6.3%) were suffering from CFS.

All 31 patients had previously been tested for Lyme. All the patients' results were seronegative for Lyme. After repeat testing during the study, a minority did test positive, some members of this group again tested negative for Lyme.

Because of the inaccuracy of the Elisa and Western Blot tests, this study was based on response to antibiotic treatment. In addition, to ensure that patients weren't experiencing a placebo effect, the patients were given antibiotics over an extended period of time (the effects of placebos are generally short lived).

In those who responded to antibiotic treatment the response was notably varied and not predictable. Almost 10%

were cured or experienced a remission. More than 15% were able to return to school or work. The others who did not still were able to perform more tasks and felt better overall. All felt they would continue to improve as long as the treatment was extended, though many had doubts as to whether they would ever be cured.

About 150 people diagnosed with CFS were asked to participate in this study. Many declined. The most common reason given by those who declined was that they trusted in the ability of their doctors to make a correct diagnosis. Ironically, more than 70% of those who participated in the study were disappointed in themselves for having placed too much trust in their physicians. Most of these people expressed great anger and resentment towards the physicians whose misdiagnosis cost them their health.

The results of this informal study clearly show, (1) most CFS diagnosed patient are actually suffering from Lyme disease, (2) that many physicians are inappropriately relying on the accuracy of Lyme tests to make a diagnosis, and (3) that based on the incidence of CFS diagnosed cases in the U.S., Lyme disease may be the fastest spreading infectious disease in the U.S.