MMP-031

New Jersey Department of Health
Medicinal Marijuana Program
PO 360
Trenton, NJ 08625-0360

MEDICINAL MARIJUANA PETITION
(N.J.A.C. 8:64-5.1 et seq.)

INSTRUCTIONS
This petition form is to be used only for requesting approval of an additional medical condition or treatment thereof as a "debilitating medical condition" pursuant to the New Jersey Compassionate Use Medical Marijuana Act, N.J.S.A. 24:6I-3. Only one condition or treatment may be identified per petition form. For additional conditions or treatments, a separate petition form must be submitted.

NOTE: This Petition form tracks the requirements of N.J.A.C. 8:64-5.3. Note that if a petition does not contain all information required by N.J.A.C. 8:64-5.3, the Department will deny the petition and return it to petitioner without further review. For that reason the Department strongly encourages use of the Petition form.

*This completed petition **must** be postmarked **August 1 through August 31, 2016** and sent by **certified mail** to:*

New Jersey Department of Health
Office of Commissioner - Medicinal Marijuana Program
Attention: Michele Stark
369 South Warren Street
Trenton, NJ 08608

Please complete each section of this petition. If there are any supportive documents attached to this petition, you should reference those documents in the text of the petition. If you need additional space for any item, please use a separate piece of paper, number the item accordingly, and attach it to the petition.

---

1. **Petitioner Information**

Name: [redacted]
Street Add
City, State
Telephone
Email Add

2. **Identify the medical condition or treatment thereof proposed. Please be specific. Do not submit broad categories (such as "mental illness").**

Chronic late Stage lymes disease with Pain and depression.

3. **Do you wish to address the Medical Marijuana Review Panel regarding your petition?**

☐ Yes, in Person
☒ Yes, by Telephone
☐ No

4. **Do you request that your personally identifiable information or health information remain confidential?**

☐ Yes
☒ No

If you answer "Yes" to Question 4, your name, address, phone number, and email, as well as any medical or health information specific to you, will be redacted from the petition before forwarding to the panel for review.

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MEDICINAL MARIJUANA PETITION
(Continued)

5. **Describe the extent to which the condition is generally accepted by the medical community and other experts as a valid, existing medical condition.** Lymes disease is well documented in medical literature about how it effects the body both neurologically and psychologically. The arthritic changes have also been documented. Late stage lymes disease causes permanent changes to the neurological system leading to chronic pain and althritic changes. The constant pain often leads to depression.

6. **If one or more treatments of the condition, rather than the condition itself, are alleged to be the cause of the patient's suffering, describe the extent to which the treatments causing suffering are generally accepted by the medical community and other experts as valid treatments for the condition.** Fortunately, early stage lyme disease is curable, however the late stage lyme disease, leaves patients with permanent damage to the neurological and physiological systems. I have suffered for over 25years with constant pain due to late stage lymes disease. I have severe back, hip and neck pain. I have daily problems related to lymes for over 25years

7. **Describe the extent to which the condition itself and/or the treatments thereof cause severe suffering, such as severe and/or chronic pain, severe nausea and/or vomiting or otherwise severely impair the patient's ability to carry on activities of daily living.** I have several ruptured, bulging, compressed cervical, thoracic and lumbar discs. I also suffer from chronic neurological pain throughout my body secondary to stage 3 lymes disease. I wake up everyday barely able to move. I have utilized all different strengths of pain medications in the past – in order to feel any relief I had to take so much it caused other issues. I suffered from allergic reactions + adverse reactions.

8. **Describe the availability of conventional medical therapies other than those that cause suffering to alleviate suffering caused by the condition and/or the treatment thereof.** I tried physical therapy, TENS, Neuromuscular therapy, multiple epidurals, Opiates, muscle relaxers, seizure medications, anti inflammatory Prednisone, Cymbalta, Lyrica, Neurotin, Birth control pills, Antibiotics. I even tried alternative medicine such as biofeedback, accupuncture and homeopathic medicine. The only thing that seems to help is marijuana which –

9. **Describe the extent to which evidence that is generally accepted among the medical community and other experts supports a finding that the use of marijuana alleviates suffering caused by the condition and/or the treatment thereof.** *[**Note:** You may attach articles published in peer-reviewed scientific journals reporting the results of research on the effects of marijuana on the medical condition or treatment of the condition and supporting why the medical condition should be added to the list of debilitating medical conditions.]*

The are many well documented articles both peer reviewed and anecdotal articles supporting the use of medical marijuana to eleviate suffering. Please see attached articles from #1 WebMd, #2 Mayo Clinic + #3 Michele Ross PHD
There is also a 96 page book I have included:
#4 "Alexis Story"

MEDICINAL MARIJUANA PETITION
(Continued)

10. **Attach letters of support from physicians or other licensed health care professionals knowledgeable about the condition. List below the number of letters attached and identify the authors.**

Please see attached medical records #5 which Show many doctors taking care of condition Since 1990.

1. Sioss. Dr.
2. Dr. Weinstein
3. Dr. El-Kadi
4. Dr. Kroll
5. Dr. Frankel
6. Dr Goldberg
7. Dr. Kessler
8. Dr. Metzger
9. Dr. Reddy
10. Dr. Bennett
11. Rikk. Gottlieb

I certify, under penalty of perjury, that I am 18 years of age or older; that the information provided in this petition is tru [redacted] ***attached documents are authentic.***

Signatu	Date 8/31/16

[redacted]

#8. I tried while visiting various Places Such as California, Oregon and Colorado. It takes almost all of the Pain away for a period of a few hours. I was able to Sleep and wake up Pain free.

All of the conventional therapies either did not help at all, were helpful for only a limited amount of time or caused severe, serious reactions/side effects.

#10. Please find attached my Medical records which Show:

[redacted]/1990 Diagnosis of Lymes

[redacted]/1990 Late stage Lymes Diagnosis

Arthralgias

1991 Blood work showing lymes
1992 " " " "

2003 MRI Thoracic Spine Disk Disease
Cervical Spine Disk Disease
Lumbar Spine Disk Disease

2004 MRI Disk Bulge, Disease, Nerve encroachment Spondylosis.

[redacted]/2004 Nerve entrapment, Neuropathy, Severe loss

#1

Article Link: http://www.webmd.com/pain-management/news/20100830/marijuana-relieves-chronic-pain-research-show?page=2

Pain Management Health Center

Tools & Resources

Exercise to Ease Nerve Pain
Is Your Medication Working?
How to Fix a Herniated Disk
Combination Cancer Treatments
6 Symptoms You Shouldn't Ignore
What's Causing Your Knee Pain?

Marijuana Relieves Chronic Pain, Research Shows

Three Puffs a Day Helped People With Nerve Pain, Study Finds

WebMD News Archive

Marijuana for Pain Relief: Study Details continued...

After each of the five-day trials, participants rated their pain on a scale of zero to 10, with 10 being the worst.

The highest dose, 9.4%, provided relief, Ware says. "They reduced their pain down to 5.4," Ware says. "Those on placebo were at 6.1."

Although that difference may seem modest, "any reduction in pain is important," Ware says.

The concentration of 9.4%, Ware says, is lower than that found in marijuana on the street. "On the street, it's 10% to 15% THC, more or less," he says.

"We've shown again that cannabis is analgesic," Ware says. "Clearly, it has medical value."

Side effects were reported, including headache, dry eyes, numbness, cough, and a burning sensation in the area with pain.

The cannabis relieves pain, Ware says, by "changing the way the nerves function."

Marijuana for Pain Relief: Second Opinion

Marijuana's pain-relieving potential is worth investigating, McQuay says in his commentary.

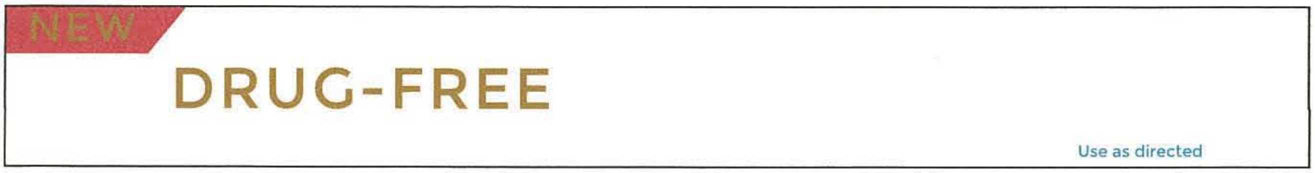
He points out the average daily pain relief was lower, "but not hugely so," for people taking the highest concentration of marijuana.

The cannabis, he tells WebMD in an email interview, "may help some patients who have limited relief from other remedies, but current cannabis formulations are unlikely to replace existing treatments."

Among McQuay's disclosures are serving as an advisory board member for Pfizer's Data Safety and Monitoring Board, as a consultant for Sanofi and other companies, and receiving royalties for a textbook c pain.

SOURCES:
Mark Ware, MD, assistant professor of anesthesia and family medicine,
McGill University, Montreal, Canada.
Ware, M. *Canadian Medical Association Journal*, Aug. 30, 2010.
McQuay, H. *Canadian Medical Association Journal*, Aug. 30, 2010.

< PREVIOUS PAGE 1 | 2



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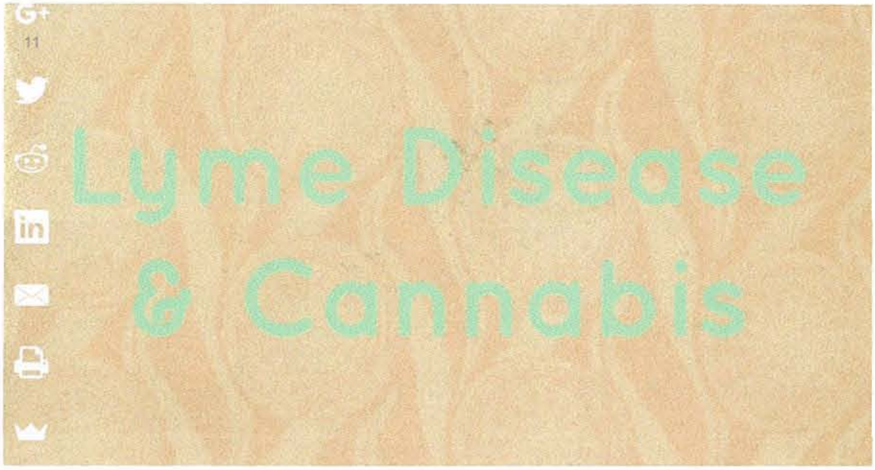

How Cannabis Helps Lyme Disease

Posted on November 5, 2014 / Under Autoimmune Disorder / With 9 Comments

What is Lyme Disease?

Lyme disease is the most common disease transmitted by ticks in North America and Europe. It is caused by Borrelia burgdorferi bacteria in the United States as well as Borrelia afzelli and Borrelia garinii bacteria in Europe. This bacteria is in the spirochete family and is hard for the immune system to detect and kill. People are at risk for being bit with a tick that carries the bacteria if they spend time in the woods or in high grass. Wearing tick repellent when entering environments where ticks live may prevent contracting Lyme disease. Lyme disease is not contagious between humans.

If you have been bitten by a tick in the past month, it is important to get tested for Lyme disease so you can be treated with antibiotics and recover completely. Early symptoms include a small red bump near the site of the tick bite, which is normal from any tick bite and does not mean you have Lyme disease. If a rash appears in a bull's-eye patten around the bite, this is a hallmark of Lyme disease. Flu-like symptoms including chills, fever, fatigue, headaches, swollen lymph nodes, muscle and joint stiffness, and body aches may also occur.

The second stage of the disease includes heart and nervous system issues. Abnormal heart rhythms occur in less than 10% of Lyme patients, and heart failure is a rare complication. Facial paralysis, known as Bell's palsy, stiff neck and severe headaches, known as meningitis, confusion, and abnormal sensations in limbs, known as peripheral neuropathy, can develop. About 60% of patients not treated with antibiotics after several weeks of infection with Lyme disease will develop attacks of painful and swollen joints that last for days to months and shift from one or more joint to another. 10 to 20% of untreated patients will develop permanent arthritis.

The unfortunate part of Lyme disease is many people do not know they have been bit by a tick, and find out years later that they have Lyme disease. Treatment with antibiotics years later causes a slow and incomplete recovery from the disease. The third stage of the disease includes damage to motor and sensory nerves and brain inflammation. Anxiety and depression occurs at a higher

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rate in patients with Lyme disease than those without it. Memory loss, fatigue, changes in mood and sleeping habits, and difficulty with concentration are also common.

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How is the Endocannabinoid System (ECS) Disrupted in Lyme disease?

Little research has been done on this topic. Many patients bitten by ticks infected with the bacteria that causes Lyme disease get better with no treatment, while some have permanent symptoms years later even after treatment. It is possible that patients with Lyme that do not get better may have underlying problems with their immune systems. As the cannabinoid receptor type 2 (CB2) is found on immune system cells, it is likely that the ECS is impaired in these patients and prevents them from bouncing back after infection with Lyme.

How Does Cannabis Help Lyme disease?

Cannabis is effective at killing bacteria, viruses, and fungus. All 5 major cannabinoids (THC, CBD, CBN, CBG, and CBC) has been shown to kill MRSA, known as the "flesh eating virus." Less studied cannabinoids such as 8-hydroxycannabinol have potent antibacterial properties, and single extracts may provide new targets to kill the bacteria that causes Lyme disease.

Cannabis may also be effective at treating the later stage symptoms of Lyme disease. Cannabis can help reduce pain, spams, headaches and nausea. Dr. Sanjay Gupta stated that cannabis is one of the safest and effective treatments for peripheral neuropathy, a crippling symptom most Lymies (patients with Lyme disease) suffer from. Many Lymies take opiate pain medication to deal with their pain, which can be ineffective, addictive, and can even end in overdose. Every 19 minutes a patient dies in the United States from prescription drug overdose.

Initial treatment with antibiotics for Lyme disease can damage your gastrointestinal (GI) system as well as kill all the healthy bacteria in your system, leaving your body open to fungal and bacterial infections. Painkillers can also damage the lining of your GI tract, which is lined with cells containing CB1 receptors. Eating cannabis or taking cannabis oil can stimulate these CB1 receptors to repair the GI tract and reduce unwanted symptoms such as stomach pain, food sensitivity and diarrhea.

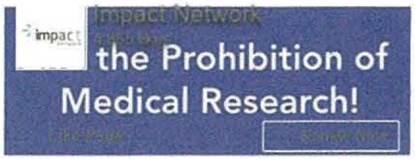
Future Research

While whole plant cannabis or extracts has not been examined in a clinical trial looking at its effectiveness against the bacteria that causes Lyme disease, this is something that should be done in the future. We have strong hope that it will be effective. If you'd like to sponsor a future study or be part of a clinical trial, please contact us.

How Can I Take Cannabis For Lyme disease?

In order for cannabis to be effective at fully eliminating the bacteria that causes Lyme disease from your body as well as reverse the long-term damage to your nervous and immune system, we suggest eating as much cannabis oil or cannabis in edible form as possible. Merely smoking it will not cure your Lyme disease, but may aid in pain and nausea relief as well as help you sleep.

Eating cannabis tincture, cannabis pills, cannabis drinks, or cannabis edibles may help control your symptoms. If you take cannabis oil or pills, you may want to take as much as you can afford as these products are expensive. Sprinkle flax seeds on your food at every meal you can, as they naturally contain CBD.



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Stroke

Vaporizing cannabis is better than smoking cannabis in a joint, pipe, or bong because it doesn't burn the cannabis. Smoking cannabis releases toxins similar to cigarettes, can cause lung irritation and often disintegrates cannabinoids with healing properties. Vaporizing cannabis heats the air around the cannabis, releasing a range of cannabinoids, each with unique health benefits.

A new way to get cannabis into your body is via a transdermal patch, similar to the birth control patch or the nicotine patch. This discrete method provides extended release medication for up to ten hours and is perfect for people who feel uncomfortable with other methods such as smoking cannabis.

Cannabis topicals, in the form of creams or lotions you put on your skin, can help with pain and spasms during the day.

Juicing raw cannabis may reduce pain and inflammation associated with Lyme disease, without that high you get from heated cannabis. That's because raw cannabis has THCA and CBDA, the non-psychoative forms of THC and CBD. Juice strains of cannabis with high levels of CBD(A) for best results.

What Strains Are Best For Lyme disease?

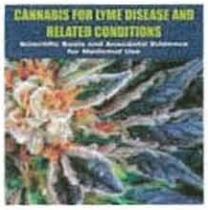
Long-term use of CBD is associated with brain fog and short-term memory problems. This may exacerbate the cognitive symptoms of Lyme disease patients and should be avoided. We suggest using medium THC potency cannabis strains or 1:1 THC:CBD strains as opposed to high CBD strains.

Let's Make This Easy

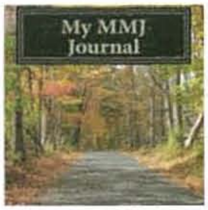
1. Take a CBD pill (or patch) during the day to control your symptoms without getting high.
2. Vape cannabis whenever you need pain or other symptom relief. Be safe and don't drive immediately after using your vaporizer, you could get a chemical DUI in most states.
3. Eat an edible at night to help you sleep and relieve pain and inflammation. If you eat it during the day you won't be able to drive or work.
4. If you're lucky enough to live in an area where raw cannabis juice is available, drink it as often as you can afford to buy it.

Try These Products

PAX 2 Vaporizer



Cannabis For Lyme Book



My MMJ Journal

Apothecanna Pain Creme

Any Side Effects?

Long-term use of CBD or CBD-rich cannabis can cause mental fog or short-term memory problems like forgetting where your keys are. However, patients with Lyme disease often already have cognitive impairments and the benefits of controlling Lyme disease is likely bigger than the negative side effects of cannabis or CBD on memory. CBD can also cause depressed mood, as it lacks the euphoric counterpart of whole-plant cannabis, THC. If you feel highly depressed, anxious, or suicidal after using CBD or cannabis, please discontinue and call your doctor or call 911.

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Patients that are on blood thinners such as Coumadin (warfarin) or Lovenox are strongly urged to talk to their doctors before taking any cannabis product, as it may increase your body's ability to block clots.

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11

References

#2

Mayo Clinic: Lyme Disease

Biologically active cannabinoids from high-potency Cannabis sativa. Radwan MM, Elsohly MA, Slade D, Ahmed SA, Khan IA, and Ross SA. Journal of Natural Products (2009).
Antibacterial cannabinoids from Cannabis sativa: a structure-activity study. Appendino G, Gibbons S, Giana A, Pagani A, Grassi G, Stavri M, Smith E, and Rahman MM. Journal of Natural Products (2008).

Testimonials

Lyme disease patients Pamela Baily and Lisa Sikes talk about how cannabis oil has helped them on "High Noon" radio show: listen HERE

Has cannabis helped your Lyme disease? We'd love to feature patients with a picture and quote from you, and perhaps even a full interview. Please contact us at info@theimpactnetwork.org if you'd like to be featured.

Want To Help?

Find out how you can become a sponsor: info@theimpactnetwork.org

What Works For You? Comment Below:

Michele Ross, PhD
Author at Vitamin Weed: A 4-Step Plan to Prevent & Reverse Endocannabinoid Deficiency

Dr. Ross is CEO & founder of IMPACT Network. As a neuroscientist and cannabis patient, she lectures across the country on the benefits of medical marijuana.

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Cathrine Mihm → Lifelsgreen.com • 6 months ago
Can I become part of test study. ..am in Canada. ..20 yrs a lymie-downed light worker 😊
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wk • 10 months ago
Can you post info regarding memory loss , brain fog and depression from long term CBD use? I have heard of that from THC, and have seen studies showing CBD prevents memory loss not causes it! Thank you so much!
Will
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Alisha Lasater • a month ago
I would love to be apart of a study on people who have suffered from chronic lymes, I've had it for 11 years and the effects it has on my body are horrible. It would be nice not to have to take all these medications that one natural one can take care of by its self
• Reply • Share ›

Scott E. Roberts • 10 months ago
http://www.facebook.com/cannao...
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Durango Artisanal • a year ago
"Patients that are on blood thinners such as Coumadin (warfarin) or Lovenox are strongly urged to talk to their doctors before taking any cannabis product, as it may increase your body's ability to block clots." This is the first time hearing of this. We would like to know more and to see if there have been studies on this.
• Reply • Share ›

Dr. Michele Ross Mod → Durango Artisanal • 10 months ago
Cannabis contains Vitamin K, and warfarin works to prevent blood clots by inhibiting Vitamin K. As a patient with multiple leg & blood clots I was warned not to eat food that had vitamin k. Smoking cannabis did not impact my warfarin treatment, but eating edibles did. Other anti-clot drugs that work with other pathways besides vitamin k inhibition may be safe to take with oral whole plant medicine.
1 • Reply • Share ›

Lifelsgreen.com → Dr. Michele Ross • 10 months ago
There are CBD products which only contain CBD and the other cannabinoids but none of the rest of the plant material. This is

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Medical Marijuana and Lyme Disease…Alexis' story

#4

February 22, 2012 Patient's Blogs

United Patients Group is happy to be here for all types of patients. One of our patients Alexis, has shared her struggle with Late Stage Lyme Disease and how she found relief in Medical Marijuana. This is her story…

My intense suffering has made me desperate for a solution. On the morning of June 6th, 2008, while working on a research paper, I suddenly felt a horrific slicing sensation as if a blender was tearing my left arm into pieces. I stared at the throbbing limb. It was so painful I expected it to be bleeding; yet, it appeared to be in perfectly fine condition. No attack, no implosion, just my nerves firing out of control, and me helpless to fight back. From that moment, my perception of life changed completely.

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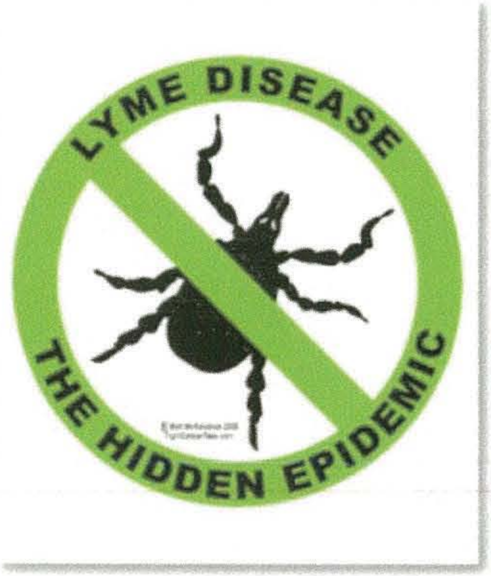
After almost two years of searching, I was diagnosed with fibromyalgia and multiple joint pain. At twenty years of age, a rheumatologist looked me in the eye and insisted, "You need to learn to deal with the pain because it is going to be like this forever. You can focus on maintaining a perfect diet and sleep schedule, and with exercise you might see little improvement. But don't hold your breath."

That wasn't good enough for me. Pain is a signal to a problem, not a diagnosis. I wasn't going to stop looking that easily. It took seven specialists and eleven trips to the emergency room before anyone could find my diagnosis. I suffer from Late Stage Lyme disease.



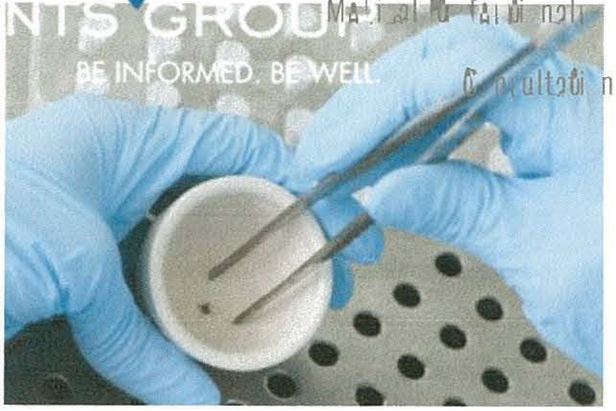
On average, most Lyme patients go undiagnosed for five years. It is a cryptic condition. It wasn't until I had

symptoms in almost every system of my body that someone could put a name on what I was suffering from. My doctor explained to me that my disease is under wide debate in the medical community. The Center for Disease Control does not *even* recognize the chronic form.

Usually, being diagnosed sheds light on the situation. Not for a Lyme patient. Too little is known about the disease and its symptoms... My road to recovery with this disease is as unique as my dental records. The experience is different for every Lyme patient; the symptoms present head to toe. Yet, most of the victims maintain normal lives, hiding our painful truth behind our pride. A large percentage of us, myself included, look healthy to the naked eye. I know and feel my curse too intimately to ever be fooled.

Pain is an enigma. Our nerves are evolutionarily programmed to warn us of danger, of a problem in need of attention, but Lyme tricks the nerves into panic mode. I endure a litany of false alarms, and must distinguish *when* to listen. The pain in my left arm spread first to my right, then down my back and into my legs. I cannot sit in a chair or ride in a car for more than a half hour on a good day without experiencing severe discomfort in my legs and hips. I have developed circulation problems, muscle spasms, ocular migraines, nausea, light sensitivity, head pressure, depersonalization and fatigue. Sometimes I make cognitive errors in speech, and I suffer random anemic fainting spells. I won't pretend these symptoms don't frighten me, but over time they have simply become part of my new paradigm.

Living in chronic pain is a commitment to do battle. I have to fight for happiness, and for freedom. I have struggled to establish my particular, even alien, lifestyle. I initially devoted myself to this raging war and lost the first battle; several months of intravenous antibiotics left my digestive track in ruins. The day after Christmas 2010, I was rushed to the hospital to be diagnosed with hemorrhagic colitis. I was taken off antibiotics. Since then I've endured a colonoscopy and two endoscopies to diagnose me with gastritis, polyps, esophagitis, and a hiatal hernia. In June of 2011, I was diagnosed with numerous allergies including wheat, dairy, eggs, and tuna. This explains how I lost 25% of my body weight in the last year. I am 5'2" and I weigh 90 pounds if I consume on average 2,000 calories a day. My incessant nausea usually permits only that much.



My dreams and desires have been necessarily altered and adjusted to work around my limitations. My pain controls my freedom. I have been prescribed hydrocodone, oxycodone, lorazepam, and cyclobenzaprine. These narcotics changed my mood and personality, and did not relieve the relentless nerve pain.

My only relief stems from cannabis, but I am desperate for a more permanent solution to the problem. In the hospital, I have needed to have morphine or lorazepam through an IV to accomplish what smoking two grams of cannabis does on the comfort of my couch, in a fraction of the time. I understand the importance of peace in my bones.

Medical cannabis gives me tranquility. The escape from pain that it provides keeps me sane. It allows me to combat the nausea and keep my weight above dangerous levels. With its help I can sleep, use my arms, and even stop my muscle spasms and migraines. I am aware that my freedom is only through an independent agent. I prefer this life to an out-of-control mind-numbing narcotic addiction.

Although I cannot maintain a "normal" life, I am spending my free time writing my story to share with the world. I want to show that while it can be a daunting quest to heal the human body, there is hope to be found.

Even in

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something as unexpected as a flower.

Thank you United Patients Group for supporting the cause and increasing awareness!

Alexis ~

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Cancer Survivor Who Was Saved by Cannabis Demands National Access for All Patients

June 16, 2014

Pot Culture: What Message are We Sending and Does it Matter?

June 10, 2014

74 Comments

February 22, 2012 at 7:23 pm Reply

Adrian Uhainer

What an inspirational story. This article should be shown to all the medical professionals who disagree with the medicinal implications of Cannabis. Fight on Alexis!

Reply

September 22, 2015 at 10:07 pm

Sarat kumar varma

pl.tell us a little bit more about it .how

to have? quantity etc
any other details.

February 22, 2012 at 9:23 pm Reply

Rana

Alexis – I feel so sorry for you. I have dealt with Lyme for about 20 yrs now but
Only had a diagnosis 4 years ago. I found a neurologist open to Lyme disease and
Have numb feet from most likely nerve deterioration from Lyme. I get IV
Immune globulin every 2 weeks and this has changed my quality of life with
Muscle and nerve pain in my legs and feet !! The medical diagnosis for this treatment
Is called CDIP. This would help your nerve damage and pains! Insurance will cover although my
I do have a moderate co-pay. I have been able to work more as a Nurse in this last 1 1/2 yr. Hope you get better !!! Hang in there and keep fighting!

Reply

March 21, 2012 at 6:37 pm

Alexis

It is always so inspiring to hear a success story and I am so happy that you are able to work again! Thank you for speaking out and sharing your story with me

Reply

February 23, 2014 at 12:15 am

Marry

I noticed you said you had "Immune globulin every 2 weeks and this has changed my quality of life..."

I was just diagnosed with Lyme Disease, which based on all of my autoimmune diseases, memory problems, muscle spasms and you name it....... I am sure i have had it for many years. I have multiple problems that have escelleted considerably over the last year. Can you tell me what Immune globulin is and how it was administered. Thank you for your response.

February 23, 2012 at 4:15 pm Reply

Darla Brown

Is there a different way to take cannabis rather than smoking it? Can I eat it or does it come in pill form?

Alexis, I'm so glad you have found something to give you relief...and something natural! Hopefully there will be research done that provides us with more options. Options that include a cure would be nice.

Hang in there...you're not alone.

Reply

March 21, 2012 at 6:48 pm

Alexis

Daria, thank you so much for your kind words.

You can eat cannabis and it does come in pill form. Please see the first blog ever posted on Doobons.com to read the story of Corinne's father. Cannabis pills gave him back his quality of life. You might find it interesting to know it even comes in lotions and bath salts.

I believe that we will see a cure and until then, I focus on being thankful that I have access to something that lets me live my life.

Reply

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March 3, 2014 at 5:09 pm

It takes awhile to build up in your system. Eat some before bed every night for two weeks. 🙂

I get so much relief from Lyme by eating Cannabis (much more than smoking it). I was nearly disabled in 2011 and would be now without it. Most of the time I appear physically healthy.

It is only comparable to antibiotics and fever therapy for me in that it manages all symptoms at once. CBD, CBG and cannabinoids in general are antimicrobial. I am beginning to think it is treating underlying problems not just symptoms.

THC helps mitigate damage to the gut in AIDS patients boosting their immune systems.

I would recommend eating a 2:1 or 1:1 ration of THC:CBD. Get as many of the essential oils as possible.

Sleep well, modulate the immune system, help the gut, reduce inflammation, no more spasms, reduced pain, increased focus, improved balance coordination and more social energy. Never would have guessed...

but works for me going on 2 years now. 🙂 Not a cure yet, but I have some living to do again.

Reply
May 27, 2014 at 10:50 am

Branton

When you say eat it, exactly what parts are we talking about? Buds, leaves or stems?

September 6, 2014 at 10:41 pm

The whole plant is medicine. From the ground up can be eaten. Flowers are really good. Essential oil extracts from the flowers are necessary for me just because they are most potent. I have to take a lot.

I have 5 coinfections so my symptoms get pretty crazy. I find that some strains are better, but the best medicine for me is a blend. I like as many different strains as possible with as many different medicines in them as possible. I also find that applying less heat in processing is better for the antimicrobial, and anti-inflammatory properties while baking with it is better for spasms and sleep. I do both…

Greg's Cold Oil Recipe – I soak

lots of resinous flowers in concentrated ethanol for months at room temp, then strain and evaporate off. Suck up the sludge with an oral syringe and eat it every day -yuck. It works a lot better than Rick Simpson Oil for me. If you can tolerate alcohol you can just strain it, get a dropper and use it orally as a liquid, like how doctors in the U.S.A. used to prescribe it. I find this way is easier to dose when learning how to use it.

Eat more CBD. THC:CBD of 3:1 can be hard to find. I have had good results eating a low THC high CBD “wax extract” available in Oregon that tastes like orange gummie bears to boost my CBD.

Everyone is different. Try each method for a couple of months before you make up your mind. Good Luck.

I hope this helps you too.

September 7, 2014 at 3:36 pm

UnitedPatientsGroup.com

Thank you for sharing! Many Lyme sufferers will be thrilled

with
this
information.

~UPG

Reply
March 24, 2014 at 1:26 am

tom

cannabis oil is the most effective form, taken orally.
search “rick simpson oil method” more commonly used for to treat cancer.

Reply
June 15, 2014 at 10:43 pm

jurrian van den Beg

There are 4 ways of using cannabis. Mixed in food..pills ,cannabis oil...or vaporize it. Depending on wich disease one of the 4 ways is a solution whereby its needed to know if thc or cbd oil is a better treatment...but nowadays the most medical strains can be used for painrelief.

Reply
December 25, 2014 at 8:57 am
Doug

You can use a vaporizer — the Volcano is good but expensive about $600. There are much cheaper ones. There is no smoke — just vaporization of volatile oils.

March 1, 2012 at 11:11 am Reply
Tommy

Read your story. It reminded me so much of my own I could feel my heart wrench. Chronic Lyme is a f'd up, dark, and lonely path. The most irritating points being

1) Doctors who tell you nothing is wrong despite testing positive for Barontella, Babesia, borrelia, coxiella burnetti, and other infections. Despite a toxic metal load. Despite vitamin deficiency test results. They tell me, “You don’t have lyme, it’s fibromyalgia and anxiety disorder”

We have to realize they are lying. Lying. Lying. Lying to protect themselves, lying to make money from big pharma, lying to hide a pandemic… Or maybe just lying because they are complete, and utter pieces of human refuse. They have their place in hell.

Now, I’ve had lymes four times. I’ve been bitten, had rashes, symptoms, and treated on four separate occasions. Ages 8, 15, 17, 21. The month of doxycycline each time never killed any of it.

By 23 I had gotten progressively worse. Lower back pain that was excruciating… Stiffness. I used to play soccer for a university, now I am partially disabled and struggle to put a pair of jeans on, or bend over to pick up the remote.

Then the anxiety and mood disorders started to hit, along with vertigo, depersonalization.. Nausea, tremors in my hands and neck, making me look like I had suddenly developed tourrettes or some shit.

So here I am, age 24. I have toxic levels of lead, antimony, sulfur… I have the pathogens Babesia, Bartonalla, Coxiella Burnetti, Borrellia, and some unidentified protozoa… My life is rapidly spiraling downhill and I can't count how much money I've dropped on supplements, doctors, and RX's.

Out of all of this though, there is sort of romanticism and apathy, a lot of things about our laws, and society have been made clear.. Especially the way Big Pharma and Health Insurance Companies treat our sick and dying.

Cannabis helps many people medically, yet it is illegal, understudied, and controlled thanks to the greedy few.

You can't patent a weed that is easily grown… therefore we can't sell it to sick people to make money. Pharma makes it illegal to rack up the cash in drug sales.

Cannabis helps in the following ways:
-Reduces tremors so I can function
-Reduced nausea so I can keep my weight over 160 (I am 6'0)
-Reduces my back pain
-Allows me to cope with depersonalization
-Allowed me to stop Tramadol
-Allowed me to stop Gabapentin
-Neuro-protective, my sister has lyme and developed lesions on her brain.. My brain scans look great. (Its highly antibacterial and effective against MRSA)

Medical bill just passed in my state a few months back. We're making progress. Live your life comfortably. Live and let live.

For those prohibitionists reading this i'd like to give you a big
F-YOU

Reply
March 23, 2012 at 4:28 pm

Alexis

I am so sorry to hear of your pain. Thank you for sharing your story; I am so appreciative that you took the time to read mine. It is very fortunate that your state passed their bill, I moved to California from Florida to medicate legally.

I also have been prescribed tramadol and gabapentin. Nothing has ever held a pinkie finger to cannabis. I believe that Lyme disease is very tied into our emotions and I focus on being normal in the ways that I can. This chronic pain has shown us a side of life that no one desires to see. If that wasn't enough, the depersonalization makes it all the harder to connect to people outside the Lyme community. Whether the disease or the chronic pain lifestyle causes the symptom, I can't tell the difference.

The relentless physical complications limit our options and change the way we plan our lives. Do we head toward a limited future or one where we have beaten the disease?

At first, these concerns consumed me. I felt like my life was on pause until I could get back to living this life I remember living. Then I realized that I am a new person now and I will forever be changed by this experience, regardless of when I "get better."

I have learned the importance of taking care of my body, putting my health at the top of my priority list. Every day, I wake up after sleeping at least eleven hours. I take my detox supplements, eat a healthy diet avoiding my allergies, play with my bunny, and hope that my immune system is going to take back control.

As for whether or not pharma, the CDC, or anybody else wants to take us seriously, the number afflicted is growing and eventually the world will no longer be able to ignore the truth. Sharing our stories is helping make that growth all the more apparent and undeniable.

Fight on, Tommy. You are far from alone.

Reply

February 12, 2013 at 8:43 pm

Leila Douglas

Right on, preach it brother!

Reply

December 25, 2014 at 9:33 am

Doug

I avoid the doxycycline because it never worked and the side effects I can't handle. Some people have chastised me for not using them but I have no regrets.

Reply

June 16, 2015 at 5:30 am

Pamela Kill

All I have to say is I agree with you completely!!!!!

Reply

June 1, 2016 at 7:52 am

LMH

Please realize that it isn't all doctors. I have Late-Stage Neurological Lyme Disease and am beginning medical school in a month. There are tons of good doctors out there that simply haven't been taught the right things about Lyme Disease. I've had horrible experiences and wonderful experiences. You also need to realize that many doctors are concerned about losing their licenses. We work for 7+ years, accrue crazy debt, and can lose it overnight. I'm interested in emergency medicine and hope to be on the front lines catching Lyme before it blows up for people... But doctors are this big evil entity. It's the system and how we get screwed with our hands tied behind our backs. Don't get me wrong, there are bad doctors. Just like there are bad teachers, contractors, real estate agents, nurses, etc. Some have crappy bedside manner... Ultimately, however, it's because there is a lack of quality education on MOST Chronic Illnesses, including, of course, Lyme Disease. But there are angels in the Lyme world, so search out one of the amazing LLMDs out there... They, along with activists, are changing the world's view of Lyme. I've been diagnosed for almost 15 years and have relapsed once (just getting to the point where I'd say I'm reaching remission, knock on wood) and went undiagnosed for almost 20 years. It took 4 years to regain my health the first time (trying almost anything) and 2 years this last time. Both set off by mandatory vaccinations. I have since been told not to get any more vaccinations unless it's life or death. Lyme has left me incredibly immunocompromised.

March 19, 2012 at 8:09 pm Reply

Arlene

My teen daughter and I both suffer from late stage Lyme. Having had every imaginable symptom between the two of us, our hearts go out to you. We know it's an arduous journey, but your story is inspiring and can educate others.
We wish you ongoing courage and steadfast hope.

Reply

March 21, 2012 at 8:07 pm

Alexis

Arlene, every time I imagine someone under the age of eighteen enduring this lifestyle of pain, it makes me cry. I hope that you two are able to find relief at certain moments, I truly empathize. You must be such a team.

Please know that my thoughts are with you and your daughter. I wish you nothing but the best.

Jackie March 21, 2012 at 8:34 pm Reply

Wow! What an incredible story and a great reminder to never take anything for granted. I wish you the best in your battle for normalcy.

Reply
March 23, 2012 at 12:06 am
Alexis

Jackie-

Thank you for your encouragement and kind sentiment.

Anna May 1, 2012 at 2:53 am Reply

I have suffered from Chronic Lyme disease from the age of 8 years old. My doctor, however, was not able to realize the source of my problems until I turned 10, and by then, I was very very sick.

The lyme had spread to my brain, and I had severe OCD on top of severe fatigue, so I could barely leave my room or about the period of one year. I had been a dancer before, and was one of the top girls in the company at age ten, but my dreams of being a professional dancer were shattered. I had an amazing mother, who through that period, worked her butt off with naturopathic remedies to put my lyme into remission. At age 12, I was feeling better energy wise to try one class a week. (I had previously been taking about 14 classes a week). While my stamina was still flaky, the main problem was my brain. Where I had once been one of the fastest thinking girls, and was very easily able to learn the newest choreography, it was like my brain had shut off. Both my teachers and friends were frustrated with me, but most of all I was frustrated with myself. Worst of all, by that time, I had developed a severe case of social awkwardness because of my anxiety, and my old friends (of which I had many) had no interest in talking to me seeing as I had "ignored them" for a whole year. Being homeschooled all my life in order to pursue a professional career meant that I really had no other outlets in life, and I was left severely depressed, and feeling as If I had lost years of my childhood, just at the young age of 12. Thanks to god, I was able to make friends with a couple of the younger girls in my town at that time, who were a little bit strange and not usually who I would have picked to be my friends, but at that vulnerable stage they were just what I needed. Instead of going to middle school, I was homeschooled because I was too sick to go still, and we stayed friends and played around my town for a few wonderful years, and I felt a child again, even though I still suffered bouts of illness from time to time. When 9th grade approached, I was adement that I needed to go to high school. I wanted to experience everything I could about life, seeing as I couldn't be a dancer like I wanted to. When I went to school for the first time, I looked like a baby. The lyme had set back my growth and I looked way too young to be in high school. I was picked on a little, but seeing as I went to a small boarding school everything was alright until I met my current best friend “Jackie”. Jackie was crying when I met her, as other girls had confronted her and called her a slut. I felt terrible, and comforted her for an hour. After, we became fast friends. She was very sexually promiscous, and introduced me into a world that I was completely ignorant of. My GPA of a 3.9 (even with a learning disibility) dropped to a 2.6. I felt terrible about myself, and people, mostly boys, began to bully me also. I was also struggling with my mom at that time, because while she had been there for me when I was ill, she had emotionally abused me when I was younger, and I believe to this day she has some form of Bipolar disorder, perhaps from her own lyme diagnosis. As I grew out of my baby face, and into a body that began to attract a lot of boys, I started hooking up with boys outside of school. Then an older friend introduced me to vodka. I didn't like drinking at first however. I had a male friend at school who smoked a lot of pot, and I really liked it. I liked the sensations better than drinking, and even the people who did it better. Over the summer after my freshman year, I turned into quite the stoner. It was honestly about the best months I have ever had in my life. I connected with an older childhood friend, and we became really close, and would go out every night. Over this period, I started drinking more and more, and since I was on a gluten free diet to treat my lyme, it was making me pretty sick. As the fall approached, I began to have a lot of anxiety about my sophmore year. The cold NH winters have a habit of making me seasonally depressed, and that makes my lyme worse. I smoked pot every day to medicate, even as school started, and introduced Jackie to it also. Because she was a boarder, and I a day student, we would smoke on campus together in the woods. Dumb idea I know. We got caught our second month

into school, and were placed on a random drug testing plan. I kind of felt it coming. Afterwards, with no way to medicate, and no friends besides her, I fell into severe severe depression. The school made me see a counselor, which helped alot, but I still felt like crap. I began to drink alot, even by myself in desperation, and I lost my virginity almost out of anger? If that makes sense…. To a 19 year old. We were both drunk, and I cried because it was so painful. After that, I had sex with him for a while, and one time, without telling me, he didn't use a condom. My lack of sexual experience couldn't realize what was going on, and after, I panicked. My mom had an abortion, and I didn't want the same thing. I made my older cousin take me to planned parenthood to take Plan B.
A word of advice to anyone with lyme: NEVER take this. It screwed me up really badly, and my lyme came back. I missed weeks of school, and felt awful. When I finally felt okay enough to go back, it caused huge bouts of depression. I drank more and

more, which of course didn't help my precarious health, and I was suicidal. I almost killed myself 5 times, and I have a collection of suicide notes I kept to remind myself to keep fighting. The thing that kept me alive, was not wanting to have my parents to go to my funeral. Its spring now, and I am feeling better. I put myself on an INSANE diet that caused me a lot of stress for a while, but Its getting better and I am feeling better. No gluten No dairy No sugar and no fruit for my candida infection. Most importantly, no alcohol. I have two jobs lined up for this summer, dream jobs of mine, and I feel hope. I am scared for my future, as I don't know what will come. The prep school I was going to didn't give me enough money to go back, so It is either public school, or I am trying to convince my parents to move out to California with the rest of my family, as my Lyme does better in a warm climate. I am looking forward to being able to self medicate with marijuana again, but in moderation so as not to suppress my immune system. This illness had made me

able to identify with so many others who suffer, as out of my 16 years, about half have been severly emotional and physically painful. Good luck to everyone else who has suffered like I have, I truly wish you the best and a speedy recovery. Search up the Anti Candida diet if you have digestive issues, its saving my life. XO peace love and cannabis-
Annie

Reply

June 7, 2012 at 10:19 pm

Alexis

Annie-

I am sorry to hear of your pain. Our lives take paths we cannot fathom and that's why they say, "what doesn't kill us, makes us stronger."

When my left arm first gave out when I was eighteen, I had a girlfriend paint that phrase on my sling so I could remind myself that whatever was happening to me, I was going to beat it and be stronger because of my experience.

While we may never "beat" Lyme, we can force it dormant by nurturing our immune systems. And I see that you are now on the path toward getting your immune system back on top.

I want to clarify for you that marijuana does not suppress the immune system. In fact, Doobons.com has numerous articles in their blog section that show the latest medical studies proving MMJ's medical benefits, such as how it can even lower cancer cell numbers.

In The News Patients
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Education About Us

What has happened to you is not fair but you are not alone. Learn from what has happened to you, adapt, and grow into the person you wish to become. Do not for a second believe that your perseverance won't win in the end because you control your destiny. Faith in yourself and your ability to find happiness is all that matters.

Anytime you need to reach out, I am here.

Reply

October 27, 2014 at 11:23 am

Ruth

Thank you so much for sharing. Your pain will not go wasted. I am sure you have felt that your pain was without purpose on many occasion but I want to send you many blessings and thank yous for sharing your story.

If there is anything that my own Lyme pain has taught me is not to judge other people. I am grateful for your story because it helps me to better understand my son who is also struggling with Lyme. The doctors think, congenital Lyme because I did not know I had it prior to having my three kids. So far he is the one to be in pain but judging from the emotional behavioral issues my other two have, they too may be suffering from Lyme. It is difficult to know that the suffering that each of them are going through is because Lyme is something that flies beneath the radar and no one tests for it until you are practically dying from it. So, I had know way of knowing I had it or that I could pass it on to my children.

We are in the process of healing now and it is stories like yours and the others that I am reading that are sharing the hope that Cannabis has to offer. Fortunately we are in a state where it is legal. I'm grateful I voted yes on the bill prior to evening knowing I had the disease. But it is because of you and others telling their stories about how cannabis has helped them and improved their quality of life that I voted yes to something I didn't then realize I too would be seeking help from.

Thank you for your story. I will pray God bless you in many ways and bring you the fullness of healing you deserve. You are so worth being beautiful, and even if your feet can't dance, never stop dancing in your heart.

Reply

December 25, 2014 at 9:29 am

Doug

Anna,
Much of what you went through is familiar to me. I suffered abuse as a child. The lyme added to my dissociative

problems. At 17 I read the NT for the 1st time and it gave me hope and strength.
No one knew what lyme was when I got it. They said I had Jr arthritis… It's been quite a discipline and I developed a depth of character I'd not have otherwise. My best wishes to you and for your life.

Joryn June 5, 2012 at 11:40 am Reply

As I, myself, suffer from a chronic disease (but one that is readily identified and treated), I am empathetic to your horrifying history, Annie, but I think anyone who heard your story would be. You are amazing to have made it through to where you are today. I can only hope that you, like the others who have told their stories here, as well as those who are reading, will continue with your successes and will someday be recognized as suffering from a real disease that must not only be treated and appropriately medicated (i.e. not by addictive, destructive narcotics but instead by natural, palliative herbs), but must also be researched and cured! Best, always! – Joryn

Sam June 15, 2012 at 10:48 pm Reply

Hi A, thanks for the blog article. Great.

Art July 9, 2012 at 8:40 am Reply

Very good article.Really thank you!

Denise Kennedy August 1, 2012 at 7:05 am Reply

Has anyone here used hyperbaric oxygen therapy or the Doug Coil for Lyme disease? I'm considering it. http://www.tiredoflyme.com/dr-kenneth-p-stoller-md.html.

ust 11, 2012 at 12:12 am Reply

Alexis

Denise-

I have not tried hyperbaric oxygen therapy. Not because I didn't want to, but because it's expensive and very difficult to get insurance coverage for!

However, I have known Lyme patients that did and it helped some of them immensely. As always with us, it is a case by case scenario and the most important deciding factor is whether or not the damage falls under the symptoms the chamber therapy treats.

I hadn't heard of the Doug Coil but thanks for sharing 🙂 Keep us posted on your findings! Always in support of doctor's who aren't afraid of bullies!

Pingback: Talking to Someone who uses MMJ for Chronic Illness: Revisiting CNN's article, "Talking to Someone with a Chronic Illness" | Doobons Blog

October 20, 2012 at 11:59 am Reply

christina

thanks for the great blog.

November 23, 2012 at 8:05 am Reply

Taylor Redrick

For all those out there with "Chronic Lyme" there is NO SUCH THING! It is evidence of a "PERSISTENT INFECTION"! I have lyme and have had it around 1 year now and i just started treatment. When i first got lyme i had NO IDEA what was going on all i knew was i was having severe anxiety/panic attacks and chronic debilitating fatigue along with a host of other symptoms like alcohol intolerance, burning eyes, muscle twitching, confusion, brain fog, the list goes on and on but i never saw or knew of any bite or rash. A few days into the onslaught i developed a clear infection in my mouth and took some left over erythromycin i had and BAM all hell broke loose....electrical shocking sensations all over, anxiety and panic like you couldn't believe, heart palpitations, chest pains, i was like WTH! Not knowing half the info i know now i stopped the antibiotics after my mouth infection went away about a week later because i was scared of what was happening when i took them although i KNEW FOR A FACT i wasn't allergic to erythromycin as i had taken it several times before in my life. I knew i had to get to the bottom of what was going on because the fatigue came back after i stopped the erythromycin. What happened to me while taking erythromycin was that i had the classic "HERX" "REACTION" inflammation and crazy symptoms from the toxins released once the lyme bacteria dies off. I then researched and researched and researched and about 6/7 months into the beginning of lyme i started to come to the conclusion that's what i had plus i started developing tell-tall signs i had lyme from what i read as i developed "KNEE arthritis and other major joint arthritis and i read that doxycycline was the drug of choice for lyme. I then ordered a few bottles of doxy and started popping them like candy thinking i would be cured, but NOTHING. I let a few more months go buy while still doing research and found out most antibiotics did NOTHING for both "CELL WALL DEFICIENT" (Lyme bacteria that no longer has a cell wall) and Cysts of lyme. Once i read that i realized i wasn't taking the right antibiotics and bought "FLAGYL" a GREAT "Cyst buster" that also attacks cell wall deficient lyme. I am only 8/9 days into taking 400mg twice daily of flagyl with 500mg twice daily of clarithromycin and i have immediately recognized that i am responding to this treatment. If you still feel sick then you STILL HAVE LYME! I am herxing as i type this but i know i am getting better and im telling you do whatever you have to do to get ahold of Flagyl and at least on other antibiotic like clarithromycin! If you can't get to a LLMD a lyme literate doctor or can't afford it and your family doctor doesn't believe you buy the meds YOURSELF! I bought mine online without a prescription! And yes i know it may sound quite unconventional but i had used the site before so i knew they were reputable and quite frankly desperate times call for desperate measures. If you have any questions or need info on the website or meds i take, etc please don't hesitate to write me at my email positive_thinking112@yahoo.com and i will reply. I promised God if I ever got better i would help people get through this horrific disease and although im not out the gate yet i still want to help as much as possible even in this small of a venue. Don't give up! God Bless!

December 1, 2012 at 10:19 am Reply

Maureen

Can anyone tell me whether neurontin or mmj is helpful with the nerve and muscle pain? If so, is one better than another?

Reply

January 14, 2013 at 2:17 am

Alexis

Maureen-

I have not tried neurontin, but mmj is all I use for my muscle and nerve pain at this stage. I cannot recommend anything more highly than I do cannabis. No other pain management protocol has been so successful with so little side effects. Good luck to you~

Reply

February 12, 2013 at 9:08 pm

Leila Douglas

I have complex regionalized pain symdrome (a degenerative neurological nerve condition) which causes nerve pain and all associated nerve fun-tinglys, numbness, burning, spasms, etc- and muscle and bone loss. I take both

Lyrica and Topamax, both anticonvulsants, and in the same family as Neurontin. I also smoke weed, because those two drugs do very little for pain relief and only control my other symptoms- which are more immune system related- swelling, redness, heat at site and insomnia, etc. The weed is the only thing that helps with the pain, and gives me a little more control my body.

Reply
March 5, 2013 at 1:46 am

Alexis

Lella-

I am so sorry to hear of your

pain. I am glad that weed helps give you back some control. I know that so many people cannot understand that but it such a true statement. I hope that you are able to use that control to do whatever makes you happiest in life.

February 22, 2013 at 10:41 pm Reply

Alexis,
I'm truly inspired by your touching story, I'm very sorry to hear what you have been through.
But you aren't alone..I have Lyme too, its so horrible I've been under heavy oral and iv anti-biotics for about 2 years now although it has helped a little, I am still in pain. Im only 14 and a few months ago I was introduced to Cannabis (weed) in high school. I did it to experiment but then all the sudden my symptoms went away. I live in Ny so unfourtunetly I have to obtain it illegally.
It is so stupid to be illegal. It should be illegal for it to be illegal ! My friends and peers use it too have fun, but I use it to help my lyme. Unfourntunetly I was caught by the cops and was arrested for possesion of the narcotic, and I'm frekin 14 ! The whole thing was crazy but as a result i'm on probation and have to get random drug tests,

therefore I cant use my ilegal meds which is the only thing that made me feel normal and healthy. I just wanted to share my story to you and the world, also to let you know you're not alone. Hang in there Alexis

Reply

March 5, 2013 at 1:53 am

Alexis

Jacob-

It breaks my heart to picture someone so young having to be treated like a criminal. I hope that your parents understand what you are going through. Consider ordering some of the hemp products available that are legal to see if they can give you any relief while you are on probation. I believe that one day people will look back at charges such as these as crimes against humanity. Do not let this experience consume the rest of your life. You will get better and you have to tell yourself that every day. Positive thought is the most powerful tool against anything, including Lyme. No one can take that away from you except you.

My best wishes~

Lisa March 24, 2013 at 5:06 pm Reply
Arab ra

I am sorry you are sick but glad weed helps, I pray you can get it. I am late lyme and know all about the pain too. It is hard to walk.

Reply
April 25, 2013 at 8:37 pm
Alexis

Lisa-

My heart goes out to you. And I hope that you too can find solace xo

April 25, 2013 at 12:05 pm Reply

Jennifer

Alexis do u take over a gram each day for treating the disease or just relief?

Reply

April 25, 2013 at 8:34 pm

Alexis

Jennifer-

Yes, I consume over a gram each day to manage my symptoms. I like to think that it is also helping my body recover 🙂

April 28, 2013 at 12:06 pm Reply

Christina Kovacs

Alexis, as a fellow Lymie your words resonated with me. Thank you for sharing your story.

nicola April 29, 2013 at 9:16 am Reply

Your story is so like mine. i too could only find relief with medical cannabis and while the act of smoking anything is unhealthy, i feel for us lymies it can make all the difference in the world. continue to fight your lyme battle and one day you will be pain free. it may seem like a long time but you've never appreciated being healthy until you've suffered from such a debilitating disease. All the best.

Mara June 18, 2013 at 4:51 pm Reply

Alexis,

Would you be willing to explore possibilities with cannabis beyond smoking for the Lyme disease that is interfering with you living your best life? If you are, I am willing to help.

at bay. I suffered for 41/2 yrs til I found a Dr. to listen to me. After 15mnths on antibiotics I use a rife or aka: coil machine. It really helps and been off rx for 2years. Karen

Reply
January 5, 2015 at 9:10 pm
anna

could you please tell me how you have kept your lyme disease, and co-infections at bay, how you are treating it. thank you for your help.
lois

October 1, 2013 at 12:51 pm Reply
Martha Bagan

On July 2011, I was admitted to the hospital for an explosive headache later to have been daignosed with a confirmed case Lymes disease which lead to Belspalsy, 2 years later I have head aches, and excuriating lower back and leg pain, I am from Canada and have never even thought to explore the option of medical cannibis, Today the doctor perscribed “tramadol” for my pain, I am not very good at taking any type of medication, when I did some research and found out that this is a very addictive medication my husband asked if I would be willing to explore medical cannibis. HELP?

December 4, 2013 at 2:28 am Reply

Hi Alexis,

You really need to eat Cannabis. Something exciting awaits if smoking it already helps you.

I am pretty sure I have had Lyme since April 1998. I just figured it all out in the last week. For the last two years I have been managing severe symptoms quite well with Cannabis, Hot Tub, myofascial release, Osteopathic Manipulative therapy and a lot of other tools. I am remarkably asymptomatic and functional with Cannabis being the underlying stabilizer. I feel like I am tiptoeing on a cliff in the sunshine with a smile. It keeps me safe and smiling. I used to fall off that cliff and spend 2 months or more working out the damage. I had symptoms like Parkinsons and MS pretty bad in 2011 when I first discovered Cannabis's therapeutic value beyond helping nausea.

I eat a very potent Cannabis cookie every night before bed. The cookie could put a room full of college kids to sleep for 12 hrs. I keep them in labeled jars in the freezer so I don't kill pets or send unsuspecting humans to the ER. I have built up to this dose. For me it is like 10mg of vicodin that lasts the whole next day. Plus it has the best muscle relaxers and anti-inflammatories built in. Once you have eaten a smaller dose for a week or so you will be able to build up with out the side affects...due to the CBD building up in your system. After 2-3 weeks you will love the anti-inflammatory properties and feel some of the anxiety and ptsd let go.

There are also ways your body processes it when you eat it that are different. For instance some of the cannabinoids like THC will be in an acid form that is very therapeutic, non-psychoactive, recycles through your system and you don't build a tolerance to it. For me, smoking it would be a waste of good meds. I will vaporize concentrates for a boost when I already have solid baseline on board. Smoking helps some on top of my baseline.

Concentrated tinctures made from the whole plant without heat are really effective. I use alcohol for my strongest one. Olive oil and glycerin work too. The alcohol tincture made from the whole plant is how I discovered it worked. I was so desperate and doped to the point of vomiting on narcotics one day I took more Cannabis than I thought anyone should. I hoped it would help nausea. Turns out it helped almost everything. My back and joints started to loosen for the rest of the day. At that point in my life I was in so much unmanaged pain, and seizureing at night. Every hour of every day had just been getting worse for months. My sleep was useless then from the seizures that would leave me stiff as a board in the mornings so to loosen up was exciting. It continued for months. It helps me move through stiffness after die-offs, balances my immune system some, helps my balance, coordination, working memory, attitude, social drive, and ability to learn. Those were the improvements that puzzled me the most....in hindsight probably from helping nerve inflammation and dopamine. I suspected there could be some "I don't care" pain relief but instead...Bye bye to spasms, pain, the fascial pulling that crushes me, dislocating joints, ribs, vertebrae and anything else in their pull line. It helps the anxiety and PTSD a ton too. Sometimes the pain gets away a little so I supplement with narcotics so I can keep my baseline Cannabis the same. If that boost doesn't work I eat more Cannabis and may skip the next days dose of Cannabis if I don't need it. It has such a long half life you don't have to worry about taking it all the time and it doesn't wear off fast. I can skip or double a dose as needed. Perfect for chronic pain. Calm the flames and keep them that way.

I still have very active infections and have no idea the extent of damage but symptomatically Cannabis has stabilized me back to reasonable health while the doc and I figured it out. I've gained back 10 of the 50 lbs I lost.

Eat it steadily over time gradually increasing dose until comfortable. It has built in balancing, complimenting, side-effect mitigating properties so use the whole plant. The Cannabinoids, Flavinoids, Terpenes and other herbal properties all have value and make it work properly. That is why it works for so many conditions and varied symptoms but not when pharmaceutical companies try to isolate and synthesize parts.

Oh yeah. Cannabis is awesome topically. Use a crock pot about 160 degrees. Add flowers, and other plants parts, or concentrates to olive oil, coconut oil or other carrier. Rub it in where it hurts. You will love it! Also my alcohol tincture can numb an excruciating spot if applied topically over several days.

The THC as a 24 hr half life. The CBD has a 30 hr half life and it outcompetes the THC at receptor sites. The CBD will build up in you system with regular use and block side affects of the THC so you can get up to a therapeutic dose....which is way higher than you can easily smoke.

I also use a hot tub or shower every 12 hrs to induce a fever for some kill. I have been doing this for years to keep myself healthy not knowing why it helped so much. Seems like if I get my head hot enough I can think better for a couple days. Still a little confused and disoriented but here I am rambling to you instead of sitting in a dark quiet place. 🙂

Give it time to work. There are days I actually think I am better and they don't turn into the worst days like they used to. It has given me hope for quality of life both now and after the coming treatments.

Wish you all well. I know my advice will alleviate some suffering. Good luck. Power to the patients on this one.

Reply

March 6, 2015 at 7:07 am

Awyn

Wow Greg, so much great detailed information, thank you! I know this is an older thread so you may not be around or get this but in case you do I wanted to ask about the topical application you talk about. How long do you leave the plant parts and oil warming/infusing in the crock pot and how long does the infused oil keep afterwards? Is there a particular type of

Cannabis that is better than another for topical use? Again thank you for such detailed information about what has worked for you. Thank you so much too Alexis for the blog entry and sharing your story so beautifully and completely.

December 4, 2013 at 3:00 am Reply

THC isolated by itself at really high doses is an immune suppressor...with CBD and other cannabinoids/substances in the plant it works for me and they give it to AIDS patients so I don't think it is too bad. It has improved my health and quality of life enough that it seems to outweigh that potential if it exists.

Smoking will suppress your immune system and cause inflammation/irritation..plus fungal infections in the lungs if the herb has mold. You need to eat the whole plant with all of its anti-oxidants, omega's etc. Plus it has anti bacterial, and antifungal properties, including killing staph. Maybe for some that would be bad in their gut. For me it helps.

V February 11, 2014 at 6:02 pm Reply

Alexis et al, the chronic lyme path is a lonely road. I have had lyme for over 25 years and have been misdiagnosed with FMS, CF, and mental depression. It is by the grace of God that I found a support group in my area which led me to a lyme literate naturopath. I have been in treatment for over two years and see small movements towards health. I fear that as many of you have mentioned, chronic lyme has already damaged many systems in my body. I refuse to give in, so when my husband came across an article on Natural News about cannabis and lyme, I felt that resurgence of hope, albeit a small glimmer at this point. Thank you for sharing your story and for allowing us a

glimpse into your situation. I, for one, can relate all too well.
Have have you ventured into the Rife technology and/or Doug Coil machines for treating lyme?(I am currently under treatment using the Doug Coil. It's been 3 months and I have had a few days of clarity and hope.)
Peace and love to you.

August 23, 2014 at 1:54 pm Reply

Nachuel

I am going through the exact same thing I didn't go into the hospital for Lymes yet but I am going through treatment and the only thing that has really helped with the symptoms and helps make it bearable is to use marijuana. I think that it has helped me tremendously in dealing with Lymes and I wish people were more open minded about it and it would be awesome to be able to talk to Alexis because it's hard to find someone who is going through Lymes and that is open with Marijuana. Lymes is hard to go through especially when a lot of people are not educated on it.

Reply
September 17, 2014 at 10:09 pm
UnitedPatientsGroup.com

Nacquel,
Please email us at info@unitedpatientsgroup.com, we can put you in touch with Alexis!

~Corinne

Reply
April 14, 2015 at 12:18 pm
Laurie lamantia

I would love to get in touch with Alexis. Our son is 20 and has been ill/misdiagnoised for over 10 years. He is just starting treatment and struggling. Hearing from someone his age that is better would be a blessing

Reply

September 17, 2015 at 7:12 am

Uylwak

Hello
Do you think Marijuana is actually healing(killing) Lyme or it is only symptom-reliever?

Pingback: The "Weed" that Could End Lyme Disease for Good | The Alternative Daily

December 24, 2014 at 12:18 pm Reply

Becky

Thank you so much Alexis for your story. I am crying right now because I identify so much. Especially with what the Doctors have told you. "You need to learn to deal with it and this is your "new normal" and them not understanding the wide array of over 100 symptoms that I have. Being diagnosed with Fibromyalgia at age 23 and I still do not have a diagnosis of Lyme but have 2 other co infections. I've spent over $30, 000 over the last 6 yrs trying to figure out what is wrong with me. Blood tests, supplements, medications, changing of diet and appliances to cook them in! Dehydrators, vitamixes etc.
I am 29 now. I had to slowly give up everything. Started with college, then socializing, exercising, then my job, my apartment, etc. I have been living

with my mom for the last 3 yrs because I could no longer take care of myself. Cook or clean and even bath myself at times. It is so difficult as really no one can understand. Especially as I don't have an actual diagnosis and Drs don't have a clue. I live in Mass and the law passed last year. I obtained my license but due to funds have been unable to purchase MMJ. Are there any programs that could help you pay for this?
The doctors have decided that pain medication is no longer efficient for me any longer and I have a few days left of it. I'm scared to death as every time I have tried to come off of it is have been sheer hell. Pain, fatigue, emotional distress. The last 5 months I have barely left the house or my bed. I'm unable to do much of anything. If I am able to shower and dress that is all the energy I have. And most times I cannot wear normal clothes as the material irritates my skin and is too constrictive.
I would love to be able to get in touch with Alexis, I saw post above that UPG could help me do

this. Wondering also if UPG could help me find a caregiver that could help me find the strain for me. I've heard so many miracle stories about MMJ. This is really no way for anyone to live. Any relief is welcomed.
THank you

Reply
December 25, 2014 at 11:09 am
UnitedPatientsGroup.com

Becky,
Alexis loves to hear from her followers! She also owns a company called "CANServe" You can find her there on Facebook. Also, if you send me an email, I have been given authorization to give you her email privately. My email is Corinne@unitedpatientsgroup.com
All the best,
~Corinne

Pingback: The "Weed" that Could End Lyme Disease for Good - The Alternative Daily

February 21, 2015 at 10:29 pm Reply
[illegible]

I enjoy looking through a post that will make people think. Also, thank you for allowing me to comment!

Troy June 19, 2015 at 9:37 am Reply

Hi there,
I also seem to have late stage chronic Lyme – I cannot afford to go into further testing, but I showed positives on a test that I've since been told usually comes up negative even if Lyme is present. A nurse I met who has chronic Lyme told me that I must really have it if it showed on the test (test given by Labcorp.)

Anyway, I have only had problems with the pain relievers doctors dole out. I want to be off of them! I am wondering if there is a particular type of cannabis that helps you most? I have attempted using it medicinally a few times but do not like the "loopy" way my mind seems to function with it. I've heard that there are many different types – do you know what type you use? Does it affect your thinking, or does it just relieve tension in your body, thereby relieving pain?

I so want to find something that works that isn't a hideous addictive narcotic. I've struggled, and still struggle, for years with different forms of those. They're a dead end road and getting out of their trap is so incredibly awful.

If you can share more about what type you use / how it affects you....any other information about it, I'd be super appreciative. I just don't know where to turn with this Lyme thing; I've done antibiotics for awhile, but quit because I kept getting sick, probably due to their lowering of my already weakened immune system. I may have had Lyme in my system for about 20 years, though I didn't learn about it until about four-five years ago. My income is low (I can't hold a job) and of course insurance doesn't cover chronic Lyme therapies, plus I have no idea what might work for me as everyone is different. I cannot afford to go chasing down any more rabbit trails looking for answers when I may end up owing a fortune and finding no help.

Take care; thanks for sharing, and I hope to hear from you.
Warmly,
Tracy

November 3, 2015 at 7:37 pm Reply
mary

I have lyme's going on 10 years and maintained ok until HellCanada got stupid and I lost my DG. I plan to move out east in a year, is it hard getting a doctor to prescribe in New Brunswick?

Lindsay June 1, 2016 at 8:05 am Reply

Alexis, I was wondering if you'd be interested in having this story (or another telling your battle with Chronic Lyme Disease) on the blog on my website, Laugh

Out Lyme and All Chronic Illnesses (we're also on Facebook, Instagram, and Twitter with a HUGE social media presence). I also have Late-Stage Neurological Lyme Disease and it took nearly 20 years for a diagnosis. It then took 4 years of aggressive treatment for me to go into remission (I got really ill after my required vaccinations for college due to my immunocompromised system). Then, 2 years ago, I relapsed after another mandatory vaccination. I'm just reaching remission (weaning off of IV antibiotics) and it's been a really rough road. Thank you for sharing you story and please let me know if you're interesting in writing for the blog (www.laughoutlyme.com/lol-blog). And check out our Facebook page (www.facebook.com/laughoutlyme) for some excellent laughs. Sometimes laughter really is the best medicine. Especially mentally. Thank you again. Keep fighting!

June 26, 2016 at 10:40 am Reply

Naira Turchin

TINNITUS anyone?
Thank you, EVERYONE, for sharing your stories and strategies.
I have a sister who has suffered fro Lyme for 29 years. Very complicated scenario that includes mold and lung issues. She is now 60 years old, so half of her life has been about Lyme. She needs financial support to be able to treat and for regular living expenses, and that is a bigger issue today.
I also have a daughter who IS 29 years old, diagnosed with chronic Lyme 3 years ago. Apparently, she has had it for 10-15 years. The heavy meds we tried in the beginning of treatment gave her tinnitus. She has to sleep with different contraptions around her head and room to be able to sleep. Insomnia and digestive problems plus deep fatigue are the major other issues. I could tell you details of emergency room visits, porphyria, acid reflux, migraines, joint pain, etc. but I will leave it at this for now.

Does anyone know anything about tinnitus getting reduced or cured and how? We have done research – we do know the basics and she does all she can as far as meditation, and other strategies to learn to live with that. I just wonder about personal experiences – and yes, as Alexis pointed out and we all know, this is also again case by case. But thought I would try, I don't want to loose hope.

A big, comforting virtual hug to everyone. Let's do all we can to make more doctors and people Lyme Literate!!! Thanks Alexis for starting this chain and thank you everyone.

Neise

Reply

June 26, 2016 at 5:37 pm

Corinne Malone

Neise,
We do have one client who has seen results with tenitus. He utilized a 1:1 (CBD to THC) formulation in tincture form. You

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are correct in that
each person
responds differently.
If you would like to
discus this further,
feel free to call our
offices at 415-524-
8099.
Best,
Brent

Neise Turchin July 5, 2016 at 4:32 pm Reply

Thank you! I may call. Just so busy at the moment, but will come back.
I may have missed a previous post from you. Are you from United Patients Group?
Best wishes and Good Health for all.
Neise

Reply
July 6, 2016 at 1:56 pm
Corinne Malone

Noise,
Yes, you are
commenting on the

United Patients Group site. We are happy to chat when you feel the time is right.

Best,

Beth

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#5

DISCHARGE SUMMARY

PATIENT NAME: [redacted] [redacted]

ADMITTED: [redacted]/90 [redacted] DISCHARGED: [redacted]/90

1991

ATTENDING PHYSICIAN: DR. SIOSS

FINAL DIAGNOSIS: LATE STAGE LYME DISEASE.

HISTORY OF PRESENT ILLNESS: The patient was admitted with a chief complaint of persistent fatigue and joint pains. This was the first CentraState Medical Center admission for this 22-year-old female who was seen in [redacted] [redacted] of 1990 with a two month history of weakness, mild shortness of breath and occasional sharp chest pain. This was followed by waking one morning with right sided body paresthesias to whom she consulted a chiropractor. Allegedly after adjustment there was some improvement. Of note was that these paresthesias initially presented in the right upper extremity and hand followed by the right toes and the right ear and face. Thereafter she noted persisted headache occurring over the vertex and lasting seconds to minutes. Over the ensueing months she noted increasing fatigue. There was no known tick bite. She was on no medications or vitamins. There was no history of nausea, vomiting, weight loss, night sweats, visual changes, weakness per se or facial asymmetry. There was no unusual food intake or travel outside the immediate area. There was a household dog in good health. No other family or close contacts have been ill. Laboratory studies included an SMA 25, thyroid profile, RPR, CBC, sed rate, ANA, B12 folate and Lyme on 9/19/90 were within normal limits except for a Lyme IGM of 0.68 and IGG of 1.15. She was therefore put on Suprax 400 mg daily for 30 days. I was informed that at the completion of the medication virtually symptoms had cleared, however, over the next 1-1/2 weeks there was recurrence of the fatigue and the new development of arthralgias of a diffuse nature without any joint redness or swelling, all of which crescendoed over the past several weeks. A repeat IGG had now increased to 1.34. Of note was that the CNS symptoms initially noted had not recurred. She was therefore admitted for initiation of IV therapy.

ALLERGIES: She had no known drug allergies.

SOCIAL HISTORY: Nonsmoker, nondrinker.

PAST HISTORY: No prior surgery or hospitalizations.

REVIEW OF SYSTEMS: Negative except for occasional urinary tract infections and a history of mitral valve prolapse that caused occasional sharp chest pain that was nonexertional.

PHYSICAL EXAMINATION: On examination the patient was a well-developed, well-nourished female in no acute distress with a blood pressure of 112/78, respiratory rate 12, pulse 88 and regular. She was afebrile. The HEENT examination was entirely within normal limits. Cranial nerves II-XII were intact. Neck was supple. Thyroid was within normal limits.

continued

There was no significant lymphadenopathy. The lungs were clear to percussion and auscultation. The heart revealed a regular rate and rhythm with a late systolic click murmur noted. There was no S3 or S4. The abdomen revealed normoactive bowel sounds. The abdomen was soft, no hepatosplenomegaly or mass noted. Extremities revealed no clubbing, cyanosis or edema.

LABORATORY DATA: Electrocardiogram revealed sinus bradycardia, was within normal limits. CBC revealed a white count of 5.86 with a normal differential. Hemoglobin was 12.5, hematocrit 38.1 with normal red blood cell indices. Platelet count was normal at 251,000. Sed rate was 8. PT and PTT were within normal limits. SMA 18 was entirely within normal limits as was the urinalysis, thyroid profile and C. reactive protein. Of note was that a Lyme test done at this hospital was reported negative with a level of 0.18.

HOSPITAL COURSE: The patient was begun on Rocephin at a dose of 2 grams IV piggyback daily and was also given Motrin for mild headache that she was having which coincided with the onset of her menses. The only problem with the Rocephin infusion was some discomfort at the infusion site so that subsequent amounts of medication were diluted in a higher amount of fluid. In light of no problems with the second dose of Rocephin she was discharged on [redacted]/90 to begin a 6 week course of Rocephin at home at a dose of 2 grams a day for 6 weeks. She is to follow-up with some blood work every 3-4 weeks and was to be seen in my office approximately one week following the discontinuation of the therapy.

PROGNOSIS: The patient's prognosis remains very good.

[redacted]

ROBERT G. SIOSS, M.D.

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IENT
[redacted]

ACCESSION NO.
[redacted]

REQUESTED BY
DRS. WEINSTEIN & SIOSS
224 TAYLORS MILLS RD
MANALAPAN, NJ 07726

COLL-TIME: 300P

AGE	SEX	COLLECTION DATE	ACCESSION DATE	REPORT DATE	ACCOUNT NO.	FRAME	ROUTE
NI	F	[redacted]/91	[redacted]/91	[redacted]/91	[redacted]	[redacted]	975

TEST NAME	PATIENT'S RESULTS WITHIN RANGE	PATIENT'S RESULTS OUTSIDE RANGE	REFERENCE RANGE	UNITS
TESTS ORDERED: LYME DISEASE AB, LYME DISEASE AB.WEST BLOT				
LYME DISEASE AB				
LYME AB	0.460		<0.800	EIA INDEX

INDEX	INTERP.
<0.800	NEGATIVE
0.800-0.999	EQUIVOCAL
1.000-1.300	LOW POSITIVE
1.300-1.700	MID POSITIVE
>1.700	HIGH POSITIVE

SERUM SPECIMENS FROM PATIENTS WITH OTHER SPIROCHETAL DISEASES (SYPHILIS, YAWS, PINTA,LEPTOSPIROSIS AND RELAPSING FEVER) OR INFECTIOUS MONONUCLEOSIS AND AUTOIMMUNE DISEASES MAY CROSS-REACT IN THE ASSAY. ALL LABORATORY DATA SHOULD BE INTERPRETED IN CONJUNCTION WITH CLINICAL SYMTOMS OF DISEASE, EPIDEMIOLOGIC DATA AND EXPOSURE IN ENDEMIC AREAS.

LYME DISEASE AB.WEST BLOT
LYME WB (IGG) NEGATIVE
BANDS PRESENT P41,P58,P75 AND STRAY BAND

INTERPRETATION	BANDS PRESENT
POSITIVE	p41 BAND AND AT LEAST TWO OF THE FOLLOWING: p30, p31, p34, p39, p66
NEGATIVE	ANY BAND PATTERN WHICH DOES NOT MEET THE POSITIVE CRITERIA

COMMENTS:
THE MAJOR BORRELIA BURGDORFERI SPECIFIC BANDS ARE: p18, p21, p30, p31, p34, p39, p41, p66, AND p88. HIGHLY CROSS REACTIVE BANDS ARE p15, p41, p54, p56, p58, AND p75, AND MAY APPEAR ON NEGATIVE SPECIMENS. A NEGATIVE WESTERN BLOT DOES NOT EXCLUDE THE POSSIBILITY OF LYME BORRELIOSIS. SPECIMENS FROM OTHER PATIENTS WITH OTHER SPIROCHETAL DISEASES INCLUDING SYPHILIS, RELAPSING FEVER, AND LEPTOSPIROSIS MAY PRODUCE ANTIBODIES WHICH CROSS REACT WITH B. BURGDORFERI ANTIGENS. THE DIAGNOSIS OF LYME DISEASE SHOULD CONSIDER THE CORRELATION OF LABORATORY STUDIES WITH CLINICAL SYMPTOMS AND APPROPRIATE HISTORY.

FOR RESEARCH USE ONLY.

Thomas J. Liddy MD
THOMAS J. LIDDY, M.D.
LABORATORY DIRECTOR

NOTE: Stated ranges and flagging of results represent only *nominal* normal values. Interpretation of test results should be considered in the light of patient age and sex together with any medications the patient is using. See also important information on reverse side.

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24	F	[redacted]/92	[redacted]/92	[redacted]/92	[redacted]	[redacted]	975

TEST NAME	PATIENT'S RESULTS WITHIN RANGE	PATIENT'S RESULTS OUTSIDE RANGE	REFERENCE RANGE	UNITS
LYME WB (IGM)	NEGATIVE			
BANDS PRESENT	P66,P75			

INTERPRETATION	BANDS PRESENT
POSITIVE	p41 BAND AND AT LEAST ONE OF THE FOLLOWING: p30, p34, p39, p66
NEGATIVE	ANY BAND PATTERN WHICH DOES NOT MEET THE POSITIVE CRITERIA

THE MAJOR BORRELIA BURGDORFERI SPECIFIC BANDS ARE: p18, p21, p30, p31, p34, p39, p41, p66 and p88. HIGHLY CROSS REACTIVE BANDS ARE p15, p41, p54, p56, p58, and p75, AND MAY APPEAR ON NEGATIVE SPECIMENS. A NEGATIVE WESTERN BLOT DOES NOT EXCLUDE THE POSSIBILITY OF LYME BORRELIOSIS. SPECIMENS FROM OTHER PATIENTS WITH OTHER SPIROCHETAL DISEASES INCLUDING SYPHILIS, RELAPSING FEVER, AND LEPTOSPIROSIS MAY PRODUCE ANTIBODIES WHICH CROSS REACT WITH B. BURGDORFERI ANTIGENS. THE DIAGNOSIS OF LYME DISEASE SHOULD CONSIDER THE CORRELATION OF LABORATORY STUDIES WITH CLINICAL SYMPTOMS AND APPROPRIATE HISTORY.
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NASHVILLE,TENNESSEE 37217

*** FINAL ***

f [redacted] [redacted] [redacted] [redacted] [redacted]

Thomas J. Liddy MD
THOMAS J. LIDDY, M.D.
LABORATORY DIRECTOR

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AGE	SEX	COLLECTION DATE	ACCESSION DATE	REPORT DATE	ACCOUNT NO.	FRAME	ROUTE
24	F	[redacted]/92	[redacted]/92	[redacted]/92	[redacted]	[redacted]	975

```
TEST NAME              PATIENT'S RESULTS              REFERENCE RANGE        UNITS
                       WITHIN RANGE  OUTSIDE RANGE

ESTS ORDERED: LYME DISEASE AB, LYME DISEASE AB.WEST BLOT

YME DISEASE AB
 LYME AB                 0.370                    <0.800                EIA INDEX
   INDEX           INTERPRETATION
   ======          ==============
   <0.800            NEGATIVE
   0.800-0.999       EQUIVOCAL
   1.000-1.300       LOW POSITIVE
   1.300-1.700       MID POSITIVE
   >1.700            HIGH POSITIVE

     SERUM SPECIMENS FROM PATIENTS WITH OTHER SPIROCHETAL
   DISEASES (SYPHILIS, YAWS, PINTA, LEPTOSPIROSIS AND RELAPSING
   FEVER) OR INFECTIOUS MONONUCLEOSIS AND AUTOIMMUNE DISEASES
   MAY CROSS-REACT IN THE ASSAY. ALL LABORATORY DATA SHOULD
   BE INTERPRETED IN CONJUNCTION WITH CLINICAL SYMPTOMS OF
   DISEASE, EPIDEMIOLOGIC DATA AND EXPOSURE IN ENDEMIC AREAS.

YME DISEASE AB.WEST BLOT
 LYME WB (IGG)               NEGATIVE
 BANDS PRESENT             P41,P58,P66,P75

       INTERPRETATION              BANDS PRESENT
       --------------              -------------
       POSITIVE                    p41 BAND AND AT LEAST TWO OF THE
                                   FOLLOWING: p30, p31, p34, p39, p66

       NEGATIVE                    ANY BAND PATTERN WHICH DOES NOT
                                   MEET THE POSITIVE CRITERIA
   THE MAJOR BORRELIA BURGDORFERI SPECIFIC BANDS ARE: p18, p21,
   p30, p31, p34, p39, p41, p66 and p88. HIGHLY CROSS REACTIVE
   BANDS ARE p15, p41, p54, p56, p58, and p75, AND MAY APPEAR
   ON NEGATIVE SPECIMENS. A NEGATIVE WESTERN BLOT DOES NOT
   EXCLUDE THE POSSIBILITY OF LYME BORRELIOSIS. SPECIMENS FROM
   OTHER PATIENTS WITH OTHER SPIROCHETAL DISEASES INCLUDING
   SYPHILIS, RELAPSING FEVER, AND LEPTOSPIROSIS MAY PRODUCE
   ANTIBODIES WHICH CROSS REACT WITH B. BURGDORFERI ANTIGENS.
   THE DIAGNOSIS OF LYME DISEASE SHOULD CONSIDER THE
   CORRELATION OF LABORATORY STUDIES WITH CLINICAL SYMPTOMS
   AND APPROPRIATE HISTORY.
   FOR RESEARCH USE ONLY. NOT FOR USE IN DIAGNOSTIC PROCEDURES.
```

Thomas J. Liddy MD

THOMAS J. LIDDY, M.D.
LABORATORY DIRECTOR

NOTE: Stated ranges and flagging of results represent only *nominal* normal values. Interpretation of test results should be considered in the light of patient age and sex together with any medications the patient is using. See also important information on reverse side.

[redacted]

ATRIUM IMAGING ASSOCIATES, P.A.

224 Taylors Mills Road • Suite 108
Manalapan, New Jersey 07726
(800) 994-SCAN • (732) 431-7600 • Fax (732) 431-1606

MRI • CT SCAN • MAMMOGRAPHY • ULTRASOUND • DIAGNOSTIC RADIOLOGY

[redacted] [redacted], 2003

Hisham El-Kadi, MD
219 Taylors Mills Road
Manalapan, NJ 07726

RE: [redacted]
THORACIC SPINE

Dear Dr. El-Kadi:

There is evidence of a mildly scoliotic spine. Bony mineralization appears normal. There is mild degenerative disk disease in the mid thoracic spine with some small osteophytes seen. There is no fracture or compression deformity or focal bony abnormality appreciated. The pedicles appear intact.

Thank you for your kind referral.

Sincerely,

Frederick J. Zito, MD

FJZ/dmc

ATRIUM IMAGING ASSOCIATES, P.A.
224 Taylors Mills Road • Suite 108
Manalapan, New Jersey 07726
(800) 994-SCAN • (732) 431-7600 • Fax (732) 431-1606

MRI • CT SCAN • MAMMOGRAPHY • ULTRASOUND • DIAGNOSTIC RADIOLOGY

FAXED 9-22-03

[redacted], 2003

Hisham El-Kadi, MD
219 Taylors Mills Road
Manalapan, NJ 07726

RE: [redacted]

CERVICAL SPINE

Dear Dr. El-Kadi:

Bony mineralization is normal. There is no fracture or compression deformity or subluxation. There is no prevertebral edema. There are mild degenerative changes from C5-C6 through C7-T1 where there is some mild degenerative disease and some small osteophytes. No other abnormality is appreciated.

Thank you for your kind referral.

Sincerely,
F. Zito
Frederick J. Zito, MD

FJZ/dmc

[redacted]

ATRIUM IMAGING ASSOCIATES, P.A.

224 Taylors Mills Road • Suite 108
Manalapan, New Jersey 07726
(800) 994-SCAN • (732) 431-7600 • Fax (732) 431-1606

MRI • CT SCAN • MAMMOGRAPHY • ULTRASOUND • DIAGNOSTIC RADIOLOGY

[redacted], 2003

Hisham El-Kadi, MD
219 Taylors Mills Road
Manalapan, NJ 07726

RE: [redacted]

LUMBAR SPINE

Dear Dr. El-Kadi:

Bony mineralization is normal. There is no fracture or subluxation. There is mild to moderate degenerative disk disease at L5-S1. There are some degenerative changes in the sacroiliac joints bilaterally which are also mild. There is no fracture seen. The pedicles are intact. There is some deformity of the L1 left transverse process but this is felt to be artifactual. No other abnormality is demonstrated.

Thank you for your kind referral.

Sincerely,

F. Zito

Frederick J. Zito, MD

FJZ/dmc

facsimile transmittal

To:	DR. KROLL & BARBARA	**Fax:**	732 591-2822
From:	[redacted]	**Date:**	[redacted]/2003
Re:	MEDICAL UPDATE	**Pages:**	6
CC:	[Click here and type name]		

☐ **Urgent** X **For Review** ☐ **Please Comment** X **Please Reply** ☐ **Please Recycle**

Notes: DR. EL-KADI RETESTED THE THYROID AND HAD ME GO FOR AN X-RAY OF THE NECK AND BACK. I WENT OFF THE BCP ON [redacted].03 DUE TO HIS SUGGESTION. HE FELT THAT THE THYROID FLUCTUATIONS WERE DUE TO THE BCP. PLEASE SEE ATTACHED TEST RESULTS. I AM STILL HAVING HIP, BACK, NECK PAIN, AND HEADACHES AS WELL AS SWOLLEN LYMPH NODES IN THE ARMPIT ON AND OFF. I AM TAKING BEXTRA 10MG PER DAY AND ULTRAM TID.

[redacted]

AMI #: [redacted] EXAM DATE: [redacted] 2004

PATIENT: [redacted] : [redacted]

REFERRED BY: HISHAM EL-KADI MD
219 TAYLOR MILL RD
MANALAPAN, NJ 07726

EXAM: MRI OF THE LUMBAR SPINE

HISTORY: PAIN.

TECHNIQUE: sagittal SE 400/08, FSE 1266/13-91; axial FSE 6000/10-90 from L3 through S1 with additional slices through the disc spaces from T11 through L3.

FINDINGS: The conus appears at the L1 position. There is no visualized cord compression.

T11-12: There is a mild diffuse disc bulge. There is mild posterior element spondylosis. There is no central canal, subarticular or foraminal zone stenosis seen.

T12-L1: There is no significant disc bulge or herniation. There is no central canal, subarticular or foraminal zone stenosis.

L1-2: There is a minimal diffuse disc bulge. There is no central canal, subarticular or foraminal zone stenosis seen.

L2-3: There is a mild diffuse disc bulge. There is a small posterocentrally directed annular tear associated with a small herniation. There is no central canal, subarticular or foraminal zone stenosis seen.

L3-4: There is a small broad based posterocentrally directed herniation (protrusion). There is mild posterior element spondylosis. There is mild central canal and subarticular zone stenosis. There is no foraminal zone stenosis.

L4-5: There is a mild, somewhat posterocentrally directed disc bulge. There is mild posterior element spondylosis. There is mild central canal and moderate subarticular zone stenosis. There is inferior foraminal encroachment.

L5-S1: There is a mild diffuse disc bulge. There is a small associated posterocentrally directed herniation (protrusion). There is crowding of the thecal sac and S1 roots. There is mild posterior element spondylosis. There is no subarticular or foraminal zone stenosis.

IMPRESSION: HERNIATIONS FROM L3 THROUGH S1. DISC BULGING WITH POSTERIOR ELEMENT SPONDYLOSIS CAUSING SPINAL CANAL ENCROACHMENT AS DESCRIBED ABOVE. DEGENERATIVE DISC DISEASE. NO EVIDENCE OF CORD COMPRESSION.

[redacted]

AMI #: [redacted] EXAM DATE: [redacted]/2004

PATIENT: [redacted] BD: [redacted]

REFERRED BY: HISHAM EL-KADI MD
219 TAYLOR MILL RD
MANALAPAN, NJ 07726

EXAM: MRI OF THE LUMBAR SPINE

HISTORY: PAIN.

TECHNIQUE: sagittal SE 400/08, FSE 1266/13-91; axial FSE 6000/10-90 from L3 through S1 with additional slices through the disc spaces from T11 through L3.

FINDINGS: The conus appears at the L1 position. There is no visualized cord compression.

T11-12: There is a mild diffuse disc bulge. There is mild posterior element spondylosis. There is no central canal, subarticular or foraminal zone stenosis seen.

T12-L1: There is no significant disc bulge or herniation. There is no central canal, subarticular or foraminal zone stenosis.

L1-2: There is a minimal diffuse disc bulge. There is no central canal, subarticular or foraminal zone stenosis seen.

L2-3: There is a mild diffuse disc bulge. There is a small posterocentrally directed annular tear associated with a small herniation. There is no central canal, subarticular or foraminal zone stenosis seen.

L3-4: There is a small broad based posterocentrally directed herniation (protrusion). There is mild posterior element spondylosis. There is mild central canal and subarticular zone stenosis. There is no foraminal zone stenosis.

............continued

[redacted]

L4-5: There is a mild, somewhat posterocentrally directed disc bulge. There is mild posterior element spondylosis. There is mild central canal and moderate subarticular zone stenosis. There is inferior foraminal encroachment.

L5-S1: There is a mild diffuse disc bulge. There is a small associated posterocentrally directed herniation (protrusion). There is crowding of the thecal sac and S1 roots. There is mild posterior element spondylosis. There is no subarticular or foraminal zone stenosis.

IMPRESSION: HERNIATIONS FROM L3 THROUGH S1. DISC BULGING WITH POSTERIOR ELEMENT SPONDYLOSIS CAUSING SPINAL CANAL ENCROACHMENT AS DESCRIBED ABOVE. DEGENERATIVE DISC DISEASE. NO EVIDENCE OF CORD COMPRESSION.

THANK YOU FOR THIS REFERRAL.

LAWRENCE N TANENBAUM, MD FACR
LNT/sv

Patient Name: [redacted]

Bruce J. Frankel, D.P.M.

PSSD Report Page 1

Patient ID: [redacted]

Visit Date: [redacted]/2004

Visit No: 1

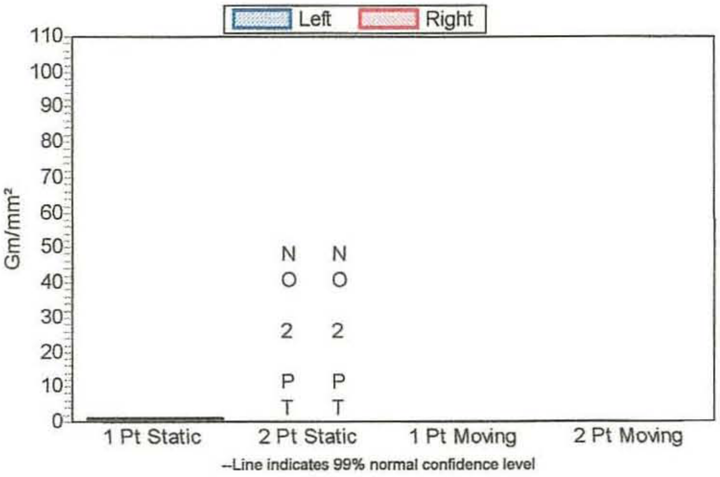
Date of Birth: [redacted]

NOTE: Underline Indicates abnormal Pressure Threshold

*** Indicates abnormal spacing**

Dorsal Web Space 1/2

	Left Gm/mm²	Spacing mm	Right Gm/mm²	Spacing mm
1 Pt Static	.4		.7	
2 Pt Static	105.8	14.3 *	107.3	14.3 *
1 Pt Moving				
2 Pt Moving				



--Line indicates 99% normal confidence level

	1 Pt Static	2 Pt Static	1 Pt Moving	2 Pt Moving
Gm/mm²	1.0	8.1	1.0	5.9
mm		5.2		3.7

The Bilateral sensory abnormality documented above is consistent with the following clinical conditions:

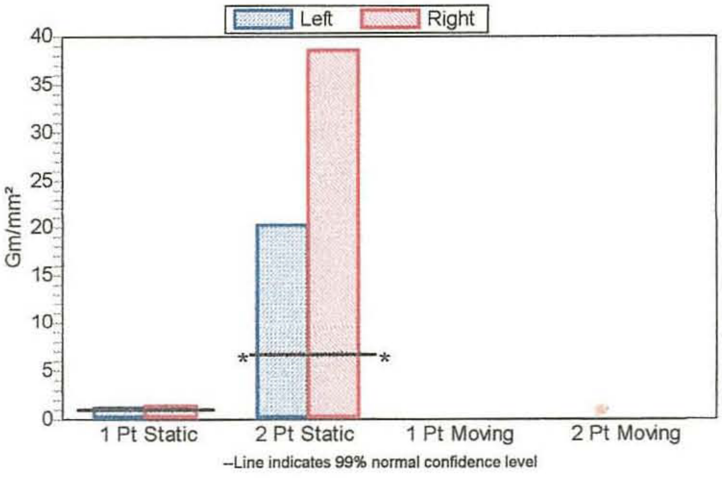
1. A peripheral neuropathy
2. Bilateral common peroneal nerve entrapment
3. Bilateral foot injuries
4. Injury to the L5 nerve roots
5. Bilateral involvement of more than one nerve in any extremity suggests a peripheral neuropathy
6. Severe loss of two point discrimination is consistent with axonal loss

Clinical assessment is required in order to arrive at a diagnosis compatible with the above documented sensory loss

---

Great Toe Pulp

	Left Gm/mm²	Spacing mm	Right Gm/mm²	Spacing mm
1 Pt Static	1.2		1.3	
2 Pt Static	20.3	6.0 *	38.5	6.1 *
1 Pt Moving				
2 Pt Moving				



--Line indicates 99% normal confidence level

	1 Pt Static	2 Pt Static	1 Pt Moving	2 Pt Moving
Gm/mm²	1.0	6.7	1.0	4.7
mm		4.5		3.8

The Bilateral sensory abnormality documented above is consistent with the following clinical conditions:

1. Bilateral tarsal tunnel syndrome
2. Injury at the L4/L5 disk level or L4 or L5 nerve roots
3. Bilateral involvement of more than one nerve in any extremity suggests a peripheral neuropathy
4. Severe loss of two point discrimination is consistent with axonal loss

Clinical assessment is required in order to arrive at a diagnosis compatible with the above documented sensory loss

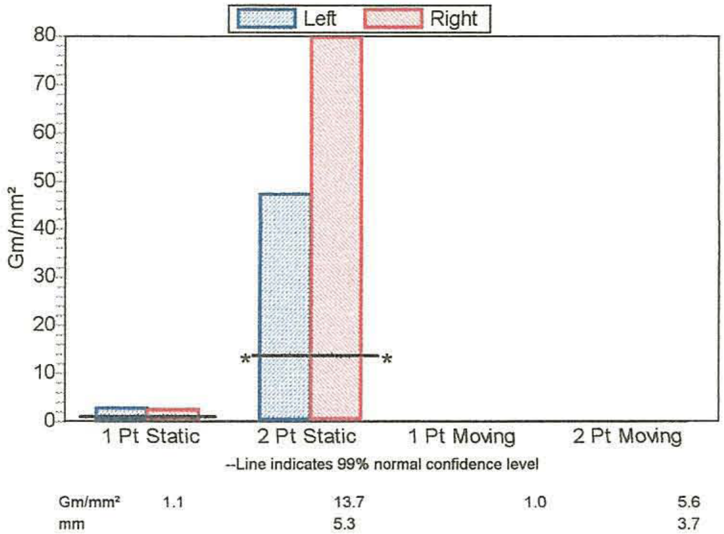
Patient Name: [redacted]

Patient ID: [redacted] Visit Date: [redacted]/2004 Visit No: 1 Date of Birth: [redacted]

NOTE: Underline Indicates abnormal Pressure Threshold *** Indicates abnormal spacing**

Heel (Medial)

	Left Gm/mm²	Spacing mm	Right Gm/mm²	Spacing mm
1 Pt Static	2.5		2.4	
2 Pt Static	47.2	7.9*	79.8	7.7*
1 Pt Moving				
2 Pt Moving				



The Bilateral sensory abnormality documented above is consistent with the following clinical conditions:

1. Bilateral tarsal tunnel syndrome
2. Injury to the S1 nerve roots
3. Bilateral involvement of more than one nerve in any extremity suggests a peripheral neuropathy
4. Severe loss of two point discrimination is consistent with axonal loss

Clinical assessment is required in order to arrive at a diagnosis compatible with the above documented sensory loss

AMI #: [redacted] EXAM DATE: [redacted]2004

PATIENT: [redacted] BD: [redacted]

REFERRED BY: HISHAM EL-KADI MD
219 TAYLOR MILL RD
MANALAPAN, NJ 07726

EXAM: MRI OF THE CERVICAL SPINE

HISTORY: CHRONIC NECK PAIN. LYME DISEASE.

TECHNIQUE: sagittal SE 300/08; FSE 3016/39-104; magnetization transfer suppressed volumetric GE axial 37.2.6/5, volumetric FSE 2616/117.

FINDINGS: There is no evidence of abnormal bone marrow signal replacement. There is mild loss of disc height and signal intensity at C5-6 and 6-7 consistent with mild degenerative disc disease.

C2-3: There is minimal prominence of the posterior longitudinal ligament without evidence of focal herniation or foraminal compromise.

C3-4: There is no significant disc bulge or herniation. There is no central canal, subarticular or foraminal zone stenosis.

C4-5: There is minimal posterior ridging which is slightly asymmetric to the right with an associated minimal bulge of the disc. There is no evidence of focal herniation or foraminal compromise.

C5-6: There is posterior ridging and a diffuse mild underlying bulge with mild bilateral uncovertebral joint spurring and resultant mild left sided foraminal narrowing.

C6-7: There is diffuse disc bulge which is asymmetric to the right as well as a right proximal foraminal herniation which narrows the right neural foramen mildly. There is no evidence of left sided foraminal narrowing.

C7-T1: There is no significant disc bulge or herniation. There is no central canal, subarticular or foraminal zone stenosis.

There is no evidence of abnormal signal within the cord. Cerebellar tonsils are within normal limits. No paravertebral mass is identified.

IMPRESSION: MINIMAL RIDGING AND BULGE AT C4-5.

POSTERIOR RIDGING AND DISC BULGING AT C5-6 AND DIFFUSE BULGE AND

[redacted]

C6-7: There is diffuse disc bulge which is asymmetric to the right as well as a right proximal foraminal herniation which narrows the right neural foramen mildly. There is no evidence of left sided foraminal narrowing.

C7-T1: There is no significant disc bulge or herniation. There is no central canal, subarticular or foraminal zone stenosis.

There is no evidence of abnormal signal within the cord. Cerebellar tonsils are within normal limits. No paravertebral mass is identified.

IMPRESSION: MINIMAL RIDGING AND BULGE AT C4-5.

POSTERIOR RIDGING AND DISC BULGING AT C5-6 AND DIFFUSE BULGE AND RIGHT SIDED HERNIATION AT C6-7.

THANK YOU FOR THIS REFERRAL.

JILL H KINGSLY, MD
JHK/sv

AT ATRIUM IMAGING ASSOCIATES, P.A.

• CT SCAN • ULTRASOUND • MAMMOGRAPHY • DIAGNOSTIC RADIOLOGY • BONE DENSITOMETRY

[redacted], 2005

Alexander Goldberg, MD
224 Taylors Mills Road
Suite 112
Manalapan, NJ 07726

RE: [redacted]
CHEST

Dear Dr. Goldberg:

PA and lateral views of the chest were performed without prior films available for comparison.

The cardiomediastinum is centrally located. The heart is not enlarged. The hila and pleura are unremarkable. There are no focal consolidations or pleural effusions.

There are mild increased interstitial markings especially at the lung bases. There is mild curvature of the thoracic spine with convexity to the left. There are degenerative changes of the thoracic spine.

IMPRESSION: No active lung infiltrates.

Sincerely,

Lawrence Seltzer, MD

LS/dmc
DD: [redacted]/05
DT: [redacted]/05

224 TAYLORS MILLS ROAD, SUITE 108, MANALAPAN, NEW JERSEY 07726
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Appointments Call Direct 1-800-985-SCAN

UIC

Union Imaging Associates, PA
445 Chestnut St, Union, NJ 07083
Phone (800) SCAN777 Fax (908) 688-1131

[redacted] 2007

ALEXANDER GOLDBERG, MD
224 TAYLORS MILLS ROAD
SUITE 112
MANALPAN, NJ 07728

RE: [redacted]
CT RIGHT HIP W/COMPUTER
REFORMATTING

Dear Dr. Goldberg:

INDICATION: Abnormal signal findings at the right acetabulum seen on MRI of the pelvis, [redacted]/07 at Perth Amboy Diagnostic Imaging.

TECHNIQUE: Study was carried out using the LightSpeed 16 Extreme multidetector CT scanner. Axial images were obtained through the pelvis and right hip. Sagittal and coronal computer reformatted images were generated. Images were viewed with bone and soft tissue windows.

A bony lesion is seen to involve the right acetabulum anteriorly, which corresponds to the location of the lesion seen on MRI. The lesion, which is decreased in bony density without a mineralized matrix measures 1.6cm x 1.7cm transaxially and 1.7cm in height. It does appear to communicate with the right hip joint in a small linear tract. Additional findings are subchondral lucencies with sclerotic margins seen just medial and inferior to this area. There is also some sclerosis seen at the right anteroinferior iliac spine. Some marginal spurring is also seen laterally at the right hip joint, but no narrowing is demonstrated. The femoral head outlines normally. No bony spurring is seen to involve the femoral head. Enthesopathy is seen to involve the greater trochanter in conjunction with the gluteus minimus muscle. Enthesopathy is seen at the level of the right hamstring muscle group medially.

IMPRESSION:

1. Findings involving the right acetabulum consistent with underlying arthritic change with probable granulation tissue in the region of the right acetabulum and secondary degenerative spurring. Patient does give a history of prior Lyme disease and this may explain the finding. There are no findings to suggest femoral acetabular impingement. Labral tear to be considered

PATIENT: [redacted] DOB: [redacted]

and MR Arthrogram of the right hip advised,

2. No findings to suggest metastatic disease. There is some enthesopathy of the gluteal muscles and also seen at the level of the right hamstring muscle group.

Thank you for your kind referral.

Very truly yours,

Howard Kessler, MD

HK / rg
Dx. Code: 793.7
DD: [redacted]/07
DT: [redacted]/07

Electronically signed by Howard Kessler, MD [redacted]/2007

607 Amboy Avenue
Perth Amboy, NJ 08861
Tel 732.442.5444
Fax 732.442.2626

PERTH AMBOY
DIAGNOSTIC IMAGING

[redacted], 2007

Scott Metzger, M.D.
160 Avenue At The Common
Shrewsbury, NJ 07702

RE: [redacted]
MRI OF THE THORACIC SPINE

Dear Dr. Metzger:

INDICATION: Back pain.
TECHNIQUE: Sagittal T1 and FSE T2 weighted pulse sequences were supplemented by T1 weighted axial images.
FINDINGS: The thoracic spinal cord and conus medullaris have a normal configuration, placement, and signal characteristics. At T10-T11 and T11-T12, there are endplate reactive changes with reciprocal Schmorl's nodes with Schmorl's nodes also seen at T12-L1 and L1-L2. Mild disc bulging at T10-T11 and T11-T12 is also seen. Disc bulging at T8-T9 and T9-T10 is also seen with partial effacement of the ventral CSF space. At T7-T8, there is a right paracentral disc herniation indenting the thecal sac. At all levels, the neural foramina are patent. The facet joints show no abnormality. No intra- or extradural or prevertebral lesions are identified. Cervical disc bulges at C3-C4, C4-C5, C5-C6 and C6-C7 are seen on the cervical localizer in the sagittal plane.

IMPRESSION:

Disc herniation, T7-T8, right paracentrally indenting the thecal sac. Multiple thoracic disc bulges partially effacing the ventral CSF space seen in association with Schmorl's nodes as described. Additional disc bulges are seen in the cervical region.

Thank you for your kind referral.

Very truly yours,

Howard Kessler

Howard Kessler, M.D.

HK: dep
DD: [redacted]/2007
DT: [redacted]/2007

Advanced
Medical Imaging
of Old Bridge

3548 Route 9 South
Old Bridge, NJ 08857
(732) 970-0420

SCOTT METZGER M.D.
160 AVENUE AT THE COMMONS

SHREWSBURY, NJ 07702

Patient Name: [redacted]
DOB: [redacted] **MRN:** [redacted] **E#:** [redacted]
Exam Completed: [redacted], 2006 08:27:00
Dictated by: MARY ANN PETERSON M.D.
Approved Dt: [redacted]/2006 **Print Date/Time:** [redacted] 2007 13:04:32

Exam(s):
LUMBAR SP 8CH 1.5 MRI

HISTORY: LOW BACK PAIN.

PRIOR EXAM: [redacted]/04.

TECHNIQUE: Sagittal FSE, T1 FLAIR; axial FSE from L3 through S1 with additional slices through the disc spaces from T11 through L3.

FINDINGS: The conus remains intrinsically normal located at the L1 level. There is no cord compression. There is no significant change. There are mild old benign anterior wedge compression deformities of T11 and T12 with a mild acute angle kyphosis. This is also not significantly changed.

T11-12: There is disc desiccation with a slight disc bulge. There is no central canal, lateral recess or neural foraminal stenosis.

T12-L1: There is no disc bulge or herniation. There is no significant interval change. No central canal, lateral recess or neural foraminal stenosis is seen.

L1-2: There is no significant disc bulge or herniation. No central canal, lateral recess or neural foraminal stenosis is seen.

L2-3: There is a mild disc bulge. There is a small annular tear posterocentrally associated with a small disc herniation which is unchanged. No central canal, lateral recess or neural foraminal stenosis is seen. There is posterior element spondylosis.

L3-4: There is a mild disc bulge. The previously noted broad based disc herniation has decreased in size with a small residual annular tear posterocentrally. There is posterior element spondylosis with mild central canal and lateral recess encroachment. No neural foraminal stenosis is seen.

L4-5: There is a slight disc bulge unchanged from the previous study. There is posterior element spondylosis with mild lateral recess encroachment. No central canal or neural foraminal stenosis is seen.

L5-S1: There is a diffuse disc bulge with a superimposed disc herniation posterocentrally with cephalad and smaller caudally migrated component. This is better visualized on the present exam secondary to decreased motion artifact. However, there is no significant interval change. This is associated with a diffuse disc bulge. There is posterior element spondylosis. No central canal, lateral recess or neural

RADIOLOGY CONSULTATION REPORT (CONT)
OFFICE VISIT

SCOTT METZGER M.D.
160 AVENUE AT THE COMMONS

SHREWSBURY, NJ 07702

Patient Name: [redacted]
DOB: [redacted] **MRN:** [redacted] **E#:** [redacted]
Exam Completed: [redacted] 2006 08:27:00
Dictated by: MARY ANN PETERSON M.D.
Approved Dt: [redacted]/2006 **Print Date/Time:** [redacted] 2007 13:04:32

foraminal stenosis is seen.

IMPRESSION: DISC BULGES AND HERNIATIONS AS DESCRIBED WITH NO NEW DISC HERNIATION SEEN. NO INTERVAL PROGRESSION OF DISEASE. PLEASE SEE ABOVE COMMENTS.

THANK YOU FOR THE COURTESY OF THIS REFERRAL.

Dictated by: MARY ANN PETERSON M.D.
Electronically signed by: MARY ANN PETERSON M.D.
Transcriptionist: SVARACALLI
Transcribed Dt/Time: [redacted]/06 10:40

Transcriber: SVARACALLI
Transcription Date/Time: [redacted], 2006 10:40:19

UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM

Department of Medicine
K. Rajender Reddy, M.D.
Professor of Medicine and Surgery
Director of Hepatology
Medical Director of Liver Transplantation

[redacted], 2008

Howard Kessler, M.D.
Union Imaging Associates, PA
445 Chestnut St.
Union, NJ 07083

RE: [redacted]
MRN:
DOB:

Dear Dr. Kessler:

I had the pleasure of seeing [redacted] again in followup the Liver Clinic. You and I have been following her, along with Dr. Goldberg. She has multiple lesions within the liver that have been radiologically characterized as hepatic adenomas. One measured around 6 cms. We talked about possibilities with regard to management. We elected to follow her in the hope that they would shrink off of oral contraceptive steroids. She had a followup MRI of the abdomen done by you in January of this year, and they show stability of multiple early arterially enhancing hepatic lesions. She had underlying fatty liver infiltration and this was related to her obesity. Ms. Plotka indicates that she is trying to lose some weight and apparently has lost about 10 lbs weight.

Additionally, she is on Lipitor for hypercholesterolemia and apparently her lipid panel is better. She has not had any adverse illness related to it. Additionally apparently she had a CT scan of the brain and the neck, and there might be a parathyroid benign lesion, and she had seen an ENT surgeon and is being followed up for it.

The rest of her past medical and surgical history is unchanged.

Medications include Lipitor 20 mg a day, Soma 350 mg p.r.n., Ultracet 37.5/325 mg one tablet three times a day p.r.n., Xanax 0.25 mg p.r.n. For recent fluid accumulation of her legs after a long trip to Las Vegas, she was placed on Hydrodiuril 50 mg a day, p.r.n.

On examination, her blood pressure was 120/80, pulse 86, temperature 98, weight 210 lbs, height 5'1". Her body mass index was 39.68 which is close to border on morbid obesity.

Laboratory data on [redacted]/2007 noted an AST of 35, ALT of 47. Cholesterol 236. Triglycerides 336. In [redacted] her ALT was 49 with a triglycerides of 223. Hemoglobin was 13.6 with a white count of 8,300, platelet count of 344,000. AST was normal at 30.

Assessment and Recommendations: I am pleased to note that the probable hepatic adenomas within the liver have not changed in size, and that they have not grown bigger. They have notshrunk off of oral contraceptive steroids. Given that there has not been any decrease in the size after a year of being off of oral contraceptive steroids, it is less likely that they will regress hereafter. I indicated,the options would be of only followup versus intervening by way of embolization of the larger lesion, and this can be done by Interventional Radiology. Given that she has underlying hepatic steatosis and the possibility of liver dysfunction after such procedure, we elected to follow her and have another MRI of the liver done in six months. I have emphasized, in no uncertain terms, that she has to make every effort to lose weight, as the only specific treatment of fatty liver disease/steatohepatitis is weight loss. I have indicated that I do not see a contraindication to the continuing use of Lipitor, given that her transaminases are well within acceptable limits.

I will see her back in six months. With best wishes, I remain

Sincerely yours,

Electronically signed by K. Rajender Reddy, MD at [redacted]2008 08:27:29

K. Rajender Reddy, MD
Professor of Medicine and Surgery
Director of Hepatology
Medical Director of Liver Transplantation

KRR / nn / JobNo: [redacted]

cc: Alexander Goldberg, M.D.
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Manalapan, NJ 07728

[redacted]

Addendum: Imaging was reviewed at weekly Hepatobiliary Tumor Conference [redacted]/08. Lesions remain stable, no evidence of hemorrhage. Diffuse steatosis noted. Reimage in 6 months per plan outlined above. AB, PA-C