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AMAZING SPECIAL DARKFIELD IMAGES OF TICK DISEASE USING FLUORESCENT ANTIBODIES

I have been curious about the ability to see Lyme and Babesia from blood testing. I found it very curious that this research lab, run by a doctor's doctor with more experience than 20 physicians, finds positives which are then confirmed by **actually growing the organism!** Dr. Mattman, a prominent microbiologist, was nominated for a Nobel Prize for her work on stealth pathogens in 1997. *Borrelia burgdorferi* (Lyme) is a stealth pathogen. Dr. Mattman is one of the few scientists who have been able to successfully *culture* the Lyme bacteria from its

cell wall deficient form, (cystic or L-Form) to spirochetes in a laboratory.

I would like to thank the Bowen Research & Training Institute, Inc., located in Palm Harbor, Florida for the material below, and especially Dr. JoAnne Whitaker, Sandi Lanford, and Dr. Whitaker's kind assistant, Phillip Ruer.

Also, I want to thank Sandi Lanford for her work and service to Florida citizens as an advocate for Lyme education. She can be reached at LIFE Lyme - North Florida Lyme Support Group (Email: lifelyme@yahoo.com).

On another page we offer some photo's from Bowen actually showing interesting pictures of Tick Borne Infections. Link to: [**SPECIAL IMAGES OF LYME AND BABESIA**](#)

LYME TESTING

At Bowen Research & Training Institute, Inc., located in Palm Harbor, Florida, ongoing research is being conducted using the Bowen Q-RIBb (Quantitative Rapid Identification of *Borrelia burgdorferi*) test developed by Dr. JoAnne Whitaker. Originally a CLIA approved lab until April of 2003, the institute, lacking in vital grant funding, changed its status from that of a clinical lab to a research facility under the State of Florida Health Department. Since its inception, the main focus at the institute has been the development of an accurate test for the *Borrelia burgdorferi* (Bb) antigen, the causative agent of Lyme disease.

Bb is difficult to detect by most laboratory methods in use today, and a little known fact is that there isn't currently a test approved by the FDA for Lyme Disease. According to a clinical study presented at a Lyme Disease Association Conference in 2003, of the tests available, the PCR is only 35% accurate for blood testing, and the Western Blot is only 50 - 60% accurate for blood testing. Other Lyme tests like the LUAT and ELISA fall below these levels of accuracy when testing for Lyme disease. These tests were originally "... devised to track a narrow band of cases for epidemiologic change and were never set up to be used as diagnostic criteria nor were they meant to define the entire scope of Lyme disease." This is stated in the 3/25/91 NIH report. Recently, Dr. Whitaker developed the titration serial dilution method for quantitating the amount of Bb antigen in the blood. This may help to differentiate the carriers from the patients with serious disease by comparing persistence of fluorescing structures. In this part of the test, whole blood is diluted and fluorescent antibody added. The solution containing the antigen is progressively diluted down until a count of the antigen in that particular blood sample remains. Bowen research has found the Bb antigen in whole blood, breast milk, urine, placental tissue, semen, eye fluid, teeth, foot nodules, shoulder fluid, spinal fluid, finger joint fluid, and African dust. Findings are documented with digital photography using Darkfield microscopy. The Bowen Lab receives blood specimens for *Borrelia burgdorferi* (Bb) from forty-six states, including Alaska and Hawaii. In addition, the Bowen lab receives blood from doctors ordering the test from Canada, Brazil, Denmark, Scotland, The Netherlands, Ireland, England, France, Spain, Germany, Switzerland, and the Canary Islands. The recent database numbers for those tested is approximately 6,000. According to a recent poll of patients clinically diagnosed with Lyme disease whose physicians had ordered the Bowen Q-RIBb test, 100% of those patients tested with the Bowen reported their tests were positive for Bb.

Outside critics of the test believe the Bowen has "too many positives." Not so, if you consider that the people taking the Bowen Q-RiBb test could be 'clinically diagnosed' with Lyme just by evaluating their symptoms.

Most had received negative or equivocal test results with the other Lyme tests ordered by their physicians. When negative or equivocal test results are interpreted by their physicians, it is determined that it is unlikely that their patients are infected with the Lyme bacteria. Physicians are hesitant to 'clinically' diagnose Lyme based on the symptoms alone. Patients pro-actively seeking an answer to their continued symptoms and suffering eventually learn about the Bowen Q-RiBb test. A positive result with the Bowen test helps these people finally get a proper diagnosis and get properly treated for Lyme disease and co-infections. The Bowen Q-RiBb test just recently received its preliminary US Patent approval. Although the Bowen Q-RiBb Test is not presently approved by the FDA for Lyme disease; an application for FDA approval is now pending.

Before the Bowen Research project offering the Bowen Q-RiBb test to protocol physicians was approved, the Bowen Q-RiBb test had to be duplicated by two outside FDA approved laboratories. Dr. Lida Mattman's lab in Michigan did one of the duplications. Mattman, a prominent microbiologist, was nominated for a Nobel Prize for her work on stealth pathogens in 1997. *Borrelia burgdorferi* is a stealth pathogen. Dr. Mattman is one of the few scientists who have been able to successfully *culture* the Lyme bacteria from its *cell wall deficient form, (L-Form)* to spirochetes in a laboratory. In the duplication of the Bowen Q-RiBb test, Dr. Mattman used her culturing method which has been considered the 'gold standard' for testing. From the Bowen literature the Bowen lab statement is ..." Of 316 same draw blood samples, 316 cultured specimens grew out the organism Bb, and our Bowen Q-RiBb test was positive on all 316. The culture method is considered the 'gold standard' for making a definitive diagnosis of an infectious disease."

As stated in the third edition of Dr. Lida Mattman's book, *Stealth Pathogens*, the Lyme bacteria, *Borrelia burgdorferi*, is a pleomorphic bacteria, and it can change form from a spirochete to a cell wall deficient form and back again. By doing so, it can evade the immune system. The immune system doesn't always produce antibodies against the bacteria, and therefore, Lyme testing for antibodies can produce False-Negative results. The Bowen Q-RiBb isn't looking for antibodies; it detects the actual antigen - the L-Form (cell wall deficient form) of the bacteria in the blood. The Bowen Q-RiBb accomplishes this with the use of fluorescent staining specific for detecting Bb that attaches to the protein in the L-Form. They use green in the stain because the eye is more sensitive to green and it can easily be seen under the Darkfield microscope. The Darkfield microscope is a high magnification microscope with a special lighting feature which allows for greater observation of the blood samples. Fluorescent staining for specific bacteria has been around for over fifty years. It is used to detect many pathogens in many diseases. To discount the procedure one would have to discount all tests done in the last fifty years using this technique. It would mean hundreds of tests used everyday for detecting diseases like e-coli would have to be considered invalid.

Dr. Whitaker is an internationally recognized research and teaching physician and author of over seventy scholarly publications who has accumulated numerous awards and citations throughout her career. Dr. Whitaker has had numerous fellowship programs in pediatrics, hematology, oncology, nutrition and psychiatry. She taught in seven different medical schools and retired as a full professor of pediatrics. She spent nine years in Southeast Asia, starting a new medical school and nutritional laboratory in Thailand and a post-graduate program in Vietnam during the war. After returning from Vietnam, she was director of the Florida Mental Health Center in Tampa. She helped start and developed the first hospice in Florida and initiated the Little Kids Program for Abused Children at the Chi Chi Rodriguez Children's Program. Dr. JoAnne Whitaker's curriculum vitae can be viewed at www.bowen.org/dr_whitaker's_cv.htm

Of over seventy published research papers Dr. Whitaker has written, several are listed below that clearly show how drawing from her experience as a scientist and physician Dr. Whitaker was able to develop the

Bowen Q-RIBb test for Lyme disease.

Whitaker, J. A., Page, R. H., Stulbert, C. S., & Zuezer, W. W. (1958). Rapid Identification of Enteropathogenic Escharlchia Coli 0127: BB by the Fluorescent Antibody Technique. *AMA Diseases of Children*, 95, 1-8.

Whitaker, J. A., Zueler, W. W., Robinson, A. R., & Evans, H. (1958). The Use of Fluorescent Antibody Techniques for Demonstration of Erythrocyte Antigens. *Journal of Laboratory and Clinical Medicine*: 54

Donaldson, P., & Whitaker, J. A. (1960). Diagnosis of Pertussis by Fluorescent Antibody Staining of Nasopharyngeal Smears. *AMA Journal of Disease of Children*, 99, 423-427.

Whitaker, J. A., Nelson, J. D., and Fink, C. W. (1960) Rapid identification of Toxogenic Diphtheriae. *Texas Reports on Biology and Medicine*, 18 (3)

Whitaker, J. A., Nelson J.D., & Fink, C. W. (1960) Rapid identification of Corynebacterium Diphtheriae. *AMA Journal of Children*, 100 (4), 130-131.

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Nelson, J.D., & Whitaker, J.A. (1961). Diagnosis of Enteropathogenic E. Coli Diarrhea by Fluorescent Labeled Antibodies. *Pediatrics* 27.

Whitaker, J.A., Nelson, J.D., & Fink, C. W. (1961). The Fluorescent Antitoxin Test for the Immediate Diagnosis of Diphtheria. *Pediatrics* 27, (2).

Nelson, J.D., Whitaker, J.A., Hempstead, B., & Harris, M. (1961). Epidemiological Application of the Fluorescent Antibody Technique: Study of Diarrhea Outbreak in a Premature Nursery. *JAMA*, 176, 26-30.

Whitaker, J.A., & Vietti, T., (1959). A rapid Test for the Diagnosis of Lead Poisoning. The Society for Pediatric Research [Abstract].

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Whitaker, J.A., Donaldson, P., & Nelson, J.D. (1960). Diagnosis of Pertussis By Fluorescent Antibody Staining of Pharyngeal Smears. American Pediatric Society. [Abstract]

Nelson, J., & Whitaker, J.A., (1961). Experiences with Fluorescent Antibody Clinical Laboratory. American Pediatric Society [Abstract]

Whitaker, J.A., Fort, E., Mattman, L, Hockstra, P. (2001) A New Whole Blood Method to Identify *Borrelia burgdorferi*, the causative agent of Lyme disease. Manuscript presented for Publication: *Laboratory Medicine*.

According to ILADS, the International Lyme and Associated Diseases Society, Lyme disease is a very serious illness worldwide. For more information, go to ILADS website www.ILADS.org and Bowen Research & Training Institute, Inc. at www.bowen.org.

For More information link to: www.bowen.org/information.htm

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