# Lyme disease:
# A Look Beyond Antibiotics

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# The Symptoms of Lyme Disease Are Non-specific

- Fatigue
- Fibromyalgia
- Multiple chemical sensitivity
- Immune deficiency
- Strange neurological symptoms (buzzing, fasciculations, tinnitus)
- Low grade depression to severe psychiatric presentations
- GERD
- Low exercise tolerance

# Differential Diagnosis

- Heavy metal toxicity
- Environmental illness (toxicity and allergy)
- Mold / Mycotoxin exposure
- Lyme disease, co- infection or other infection

# Three Pathogenic Types of Borrelia Spirochetes

- Borrelia garinii
- Borrelia afzelii
- Borrelia burgdorferi (Bb)

*Borrelia burgdorferi group: in-vitro antibiotic sensitivity: Orv Hetil, 2002 May 26; 143(21): 1195-8 (article in Hungarian), JP Henneberg, U Neubert – department of dermatology, Ludwig-Maximillian University, Munich, Germany*

# IMMUNOSCIENCES LAB., INC.

8693 Wilshire Blvd., Beverley Hills, CA 90211
Tel: 310-657-1077 Fax: 310-657-1053

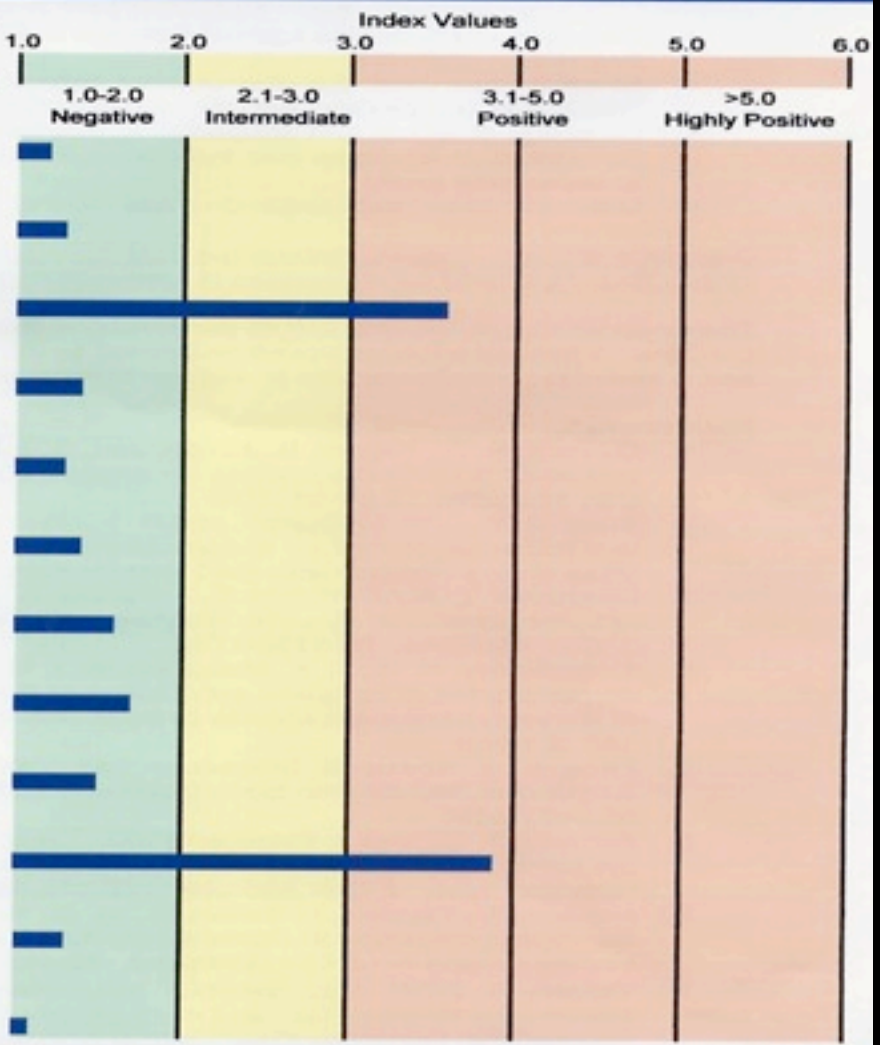

Patient Name: **Klinghardt, Dietrich**
Report Number: **175056**
Blood Drawn: **12/21/2004**
Date Reported: **1/14/2005**

Clinic:

**Klinghardt, Dietrich**
**1200-112th Avenue, NE, Suite a-100**
**Bellevue WA 98104 USA**

## IgM Antibodies to Borrelia burgdorferi and Cross Reactive Antigens:

| Antigen | Index Value Normal | Abnormal |
|---|---|---|
| Unrelated Spirochete IgM | 1.2 | |
| Borrelia Lysate IgM | 1.3 | |
| OSPA IgM | | 3.6 |
| OSPE 1+2 IgM | 1.4 | |
| LFA IgM | 1.3 | |
| C2 + C6 IgM | 1.4 | |
| VR1+VR2 IgM | 1.6 | |
| B.B. Sensu Stricto IgM | 1.7 | |
| B. Garinii IgM | 1.5 | |
| B. Afzeli IgM | | 3.9 |
| Babesia IgM | 1.3 | |
| Ehrlichia IgM | 1.1 | |



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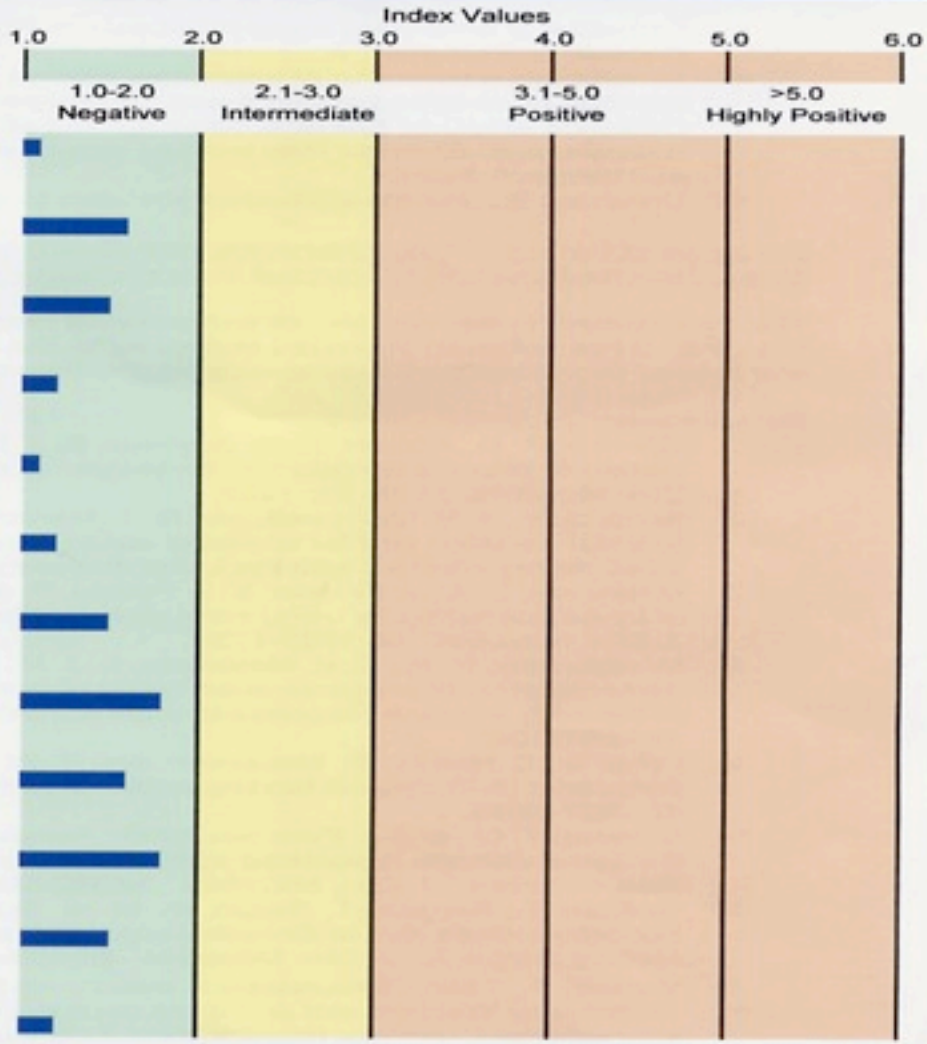
## IgG Antibodies to Borrelia burgdorferi and Cross Reactive Antigens:

| Antigen | Index Value Normal | Abnormal |
|---|---|---|
| Unrelated Spirochete IgM | 1.1 | |
| Borrelia Lysate IgM | 1.6 | |
| OSPA IgM | 1.5 | |
| OSPE 1+2 IgM | 1.2 | |
| LFA IgM | 1.1 | |
| C2 + C6 IgM | 1.2 | |
| VR1+VR2 IgM | 1.5 | |
| B.B. Sensu Stricto IgM | 1.8 | |
| B. Garinii IgM | 1.6 | |
| B. Afzeli IgM | 1.8 | |
| Babesia IgM | 1.5 | |
| Ehrlichia IgM | 1.2 | |



# Borrelia afzelii

- Borrelia afzelii is endemic in the German blackforest area. Reports about clinical cases similar to Bb were published at least as early as 1966

  *Erythema chronicum migrans (Afzelii) associated with mosquito bite: acta Derm Venereol (Stockholm) 46, 473-476 (1966)*

- Borrelia afzelii is highly adaptive to different environments. Neurologist Prof. Faust of the University Clinic in Freiburg, Germany was able to predict in the early 70s which valley in the black forest a borrelia-affected patient was from - based on their neurological presentation alone

# Making the diagnosis

- Direct microscopy (*www.Bowen.org, www.BradfordResearchInst.org)*
- Detection of antibodies (ELISA, Western Blot)
- Lymphocyte proliferation tests (MELISA)
- Symptoms and history
- Neurological/physical findings
- ART testing (*www.neuraltherapy.com)*
- Indirect tests (FACT, different lab parameters)
- History of an insect bite

# The Diagnostic Paradoxes

- **First You Have to Treat,**
  **Then You Can Make the Diagnosis**

  The cells of the immune system responsible for making antibodies are sick and cannot produce antibodies. The Western Blot becomes positive, as soon as an effective treatment has been given.

# The Diagnostic Paradoxes

- Making the diagnosis dependent on the history of a tick bite represents poor logic: 22% of horse flies, deer flies and mosquitoes are infected with Borrelia and co-infections in endemic areas

  The etiologic agent of Lyme disease in deer flies, horse flies and mosquitoes, J Infect Dis 154 (1986), 355-358, LA Magnarelli, JF Anderson, AG Barbour,

  Klinik der Lyme-Borreliose: Hans Huber Verlag, Bern, CH (2002). 39-40, Norbert Satz

- Spirochetes can assume a cystic form which can lay dormant in tissues and escape detection from any of the above diagnostic methods

  *Lyme disease, potential plague of the 21st century: R Bradford and H Allen, Townsend Letter for Doctors and Patients, Jan 2005, 70-79*

# Helpful Tips From the Laboratory

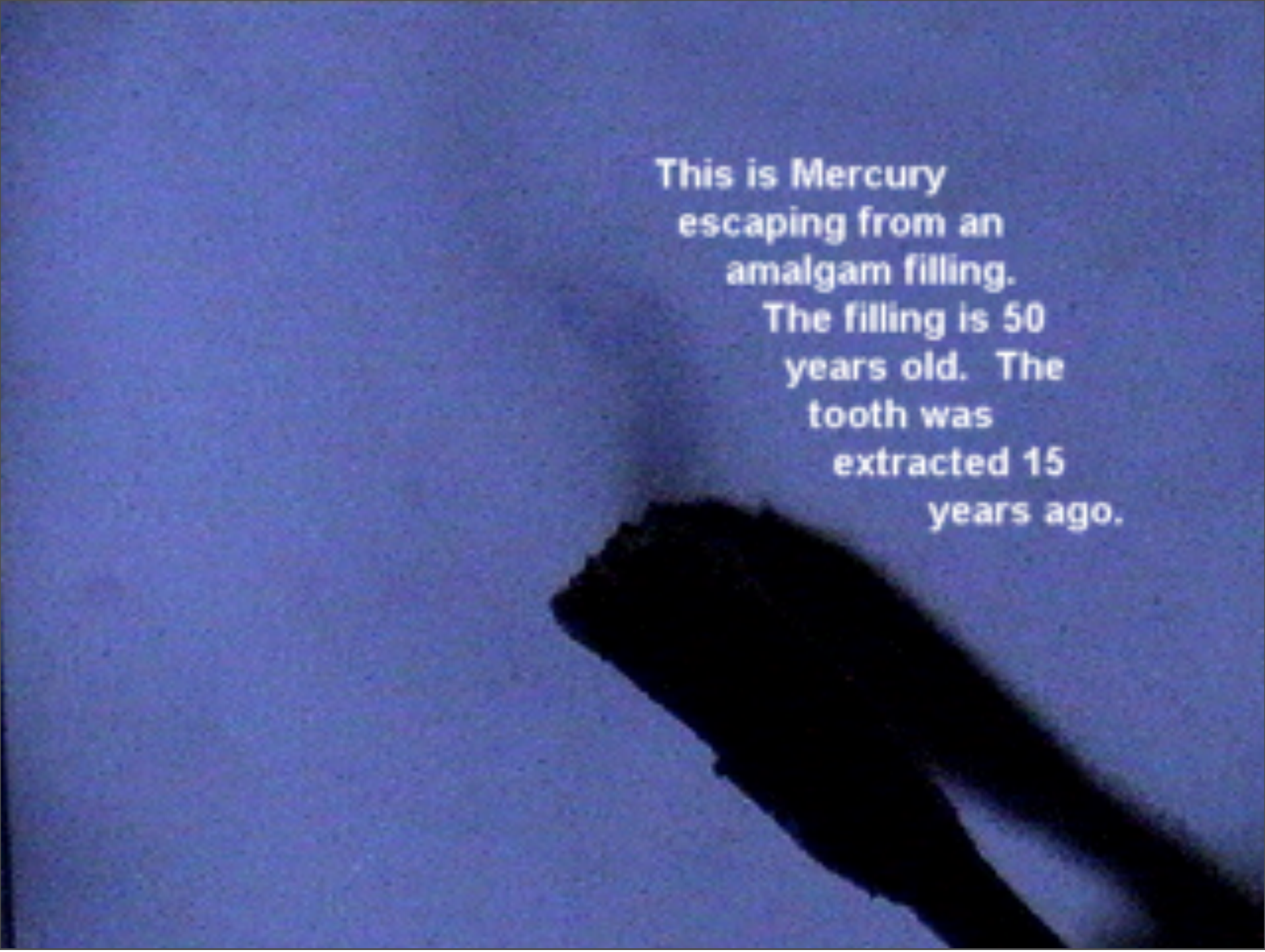
- Abnormal lipid profile (moderate cholesterol elevation with significant LDL elevation)
- Insulin resistance
- Borderline low wbc, normal SED rate and CRP
- Low-normal thryroid hormone tests but positive Barnes test and excellent response to giving T3
- Phase 2 adrenal failure (high cortisol, low DHEA and testosterone)
- Low alkaline phosphatase (indicating low zinc levels, usually from lyme associated kryptopyrole disorder)
- Decreased urine concentration (low specific gravity)

# I see 3 types of patients in my office

- Patients who are not infected with Borrelia (20%)
- Patients who are carriers of Borrelia or co-infections, but their illness is unrelated to the presence of the microbes (50%)
- Patients who are carriers of Borrelia and their symptoms are actually caused by the microbes(30%)

# Co-factors That May Make a Borrelia Carrier Symptomatic:

- Poor genetics (gene defects coding for the glutathione-S-transferases, enzymes responsible for acetylation, methylation and others)
- Occlusal bite problems (compromising lymph drainage from brain and neurotoxin build-up in head)
- Unhealed emotional and ancestral trauma
- Food allergies
- Heavy metal toxicity (often from dental fillings)


This is Mercury
escaping from an
amalgam filling.
The filling is 50
years old. The
tooth was
extracted 15
years ago.

# Co-factors That May Make a Borrelia Carrier Symptomatic cont:

- Thioether toxicity from jaw infections
- Intestinal worms
- Toxicity from root filled teeth
- Electrosmog exposure (Lyme patients are electro-sensitive)
- Poor diet
- Scar and ganglion interference fields

# The 3 Components of Lyme Disease

- The presence of the infections
- The detrimental effect of neurotoxins
- Allergic host  responses

# Component 1:
# The Presence of the Infection Itself

Result:

- Metabolic waste
- Tissue changes
- Changes in membrane permeability
- Lowering of pH
- Physical obstruction of body tissues and pathways

# Treatment:

- Pulsed electro-magnetic fields with specific microbial inhibition frequencies ( Klinghardt Matrix Therapy KMT)
- Herbs: TOS- free samento tincture in Matrix electrolyte;  teasel root tincture; artemisinin
- Vitamins: Niacin in high doses, *www.vorsoft.com/medical/niacin/index.htm*
- Minerals: magnesium, copper, iodine, selenium

# Treatments Cont.

- Bee-venom injections ,

  *Bee Venom Therapy for Chronic Pain: D Klinghardt, J. of Neurol and Orthop. Med and Surg., Vol. 11, Issue 9, Oct 1990, pp. 195-197*

  *www.mercola.com : The Treatment of Lyme Disease with Bee Venom: D Klinghardt, M.D., Ph.D., 1999*

  *Bee Stings as Lyme Inhibitor: L. L. Lubke and C. F. Garon, J. Clin. Infect. Diseases, July 1997, 25 Suppl. 1, pp. 48-51*

- Antibiotics : *www.lymenet.org*

- Benicar : marshallprotocoll@yahoogroups.com

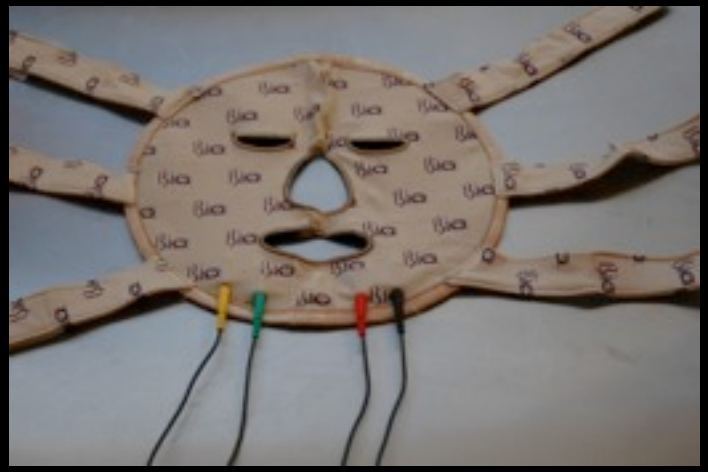
# KMT Microbial Inhibition Technique

- Inhibits microbial DNA/ RNA transcription
- Inhibits assembly of microbial cell wall
- uncovers molecular mimicry
- Lymphocyte entrainment
- Increases lymphatic drainage
- Increases ATP

# Microbial Inhibition and Detox

- Using any pan you can apply a variety of programs to help combat stress as you are on the computer or just relaxing
- I like to add baking soda and salt or vinegar to my water

# Treatments for the brain and sinus cavities



# Component 2:
# Microbial Endo- and Exotoxins

Result:

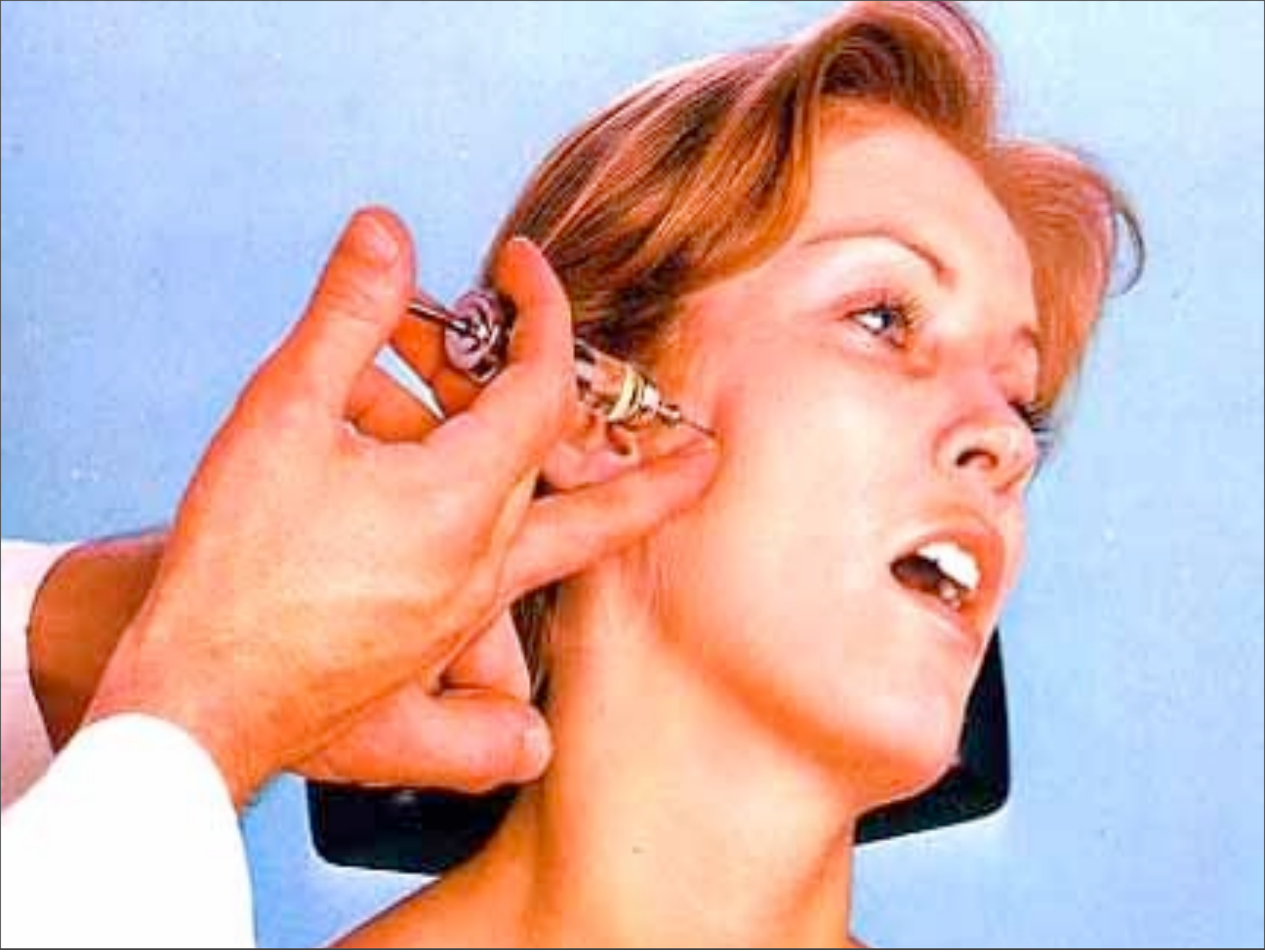
- enzyme inhibition
- causing major metabolic changes
- emotional problems
- psychiatric presentation
- neurotransmitter depletion
- mineral wasting and much more

# Treatment: Reducing Exposure to Neurotoxins:

- Remove silver amalgam fillings and root filled teeth
- Have home checked for mold and VOCs – fix problem or move
- Eat organic food- follow the rules
- Buy used cars only to avoid out-gasing phase
- Have home checked for high electromagnetic fields – change bed location

# Triggering release of neurotoxins from binding sites

- Neural therapy is the single most effective treatment to trigger neurotoxin release from specific tissues. Often the targeted injection of a mobilizing agent into the autonomic ganglia is necessary (*www.neuraltherapy.com*)
- High dose T3 (Wilson protocol) competes with toxins blocking the T-3 receptor
- Forskolin clears the cortisol receptor
- Cilantro clears toxic metals from binding sites



# Triggering Release of Neurotoxins From Binding Sites Cont.

- KMT micro-current therapy is designed to trigger both intra- and extracellular neurotoxin release. The lymphatic aspect of the KMT Matrix therapy moves toxins mechanically out of the lymphatic channels
- Oral phospholipids with EDTA and lipoic acid mobilize metals and neurotoxins in the CNS very effectively ("phospholipid exchange" from BioPure)
- Most effective is MFT (mental-field-therapy), a brief psychotherapeutic intervention

# Triggering Release of Neurotoxins From Binding Sites

- Alpha-lipoic acid helps glutathione bound toxins out of the liver cell into the bile
- Dandelion and cilantro stimulate neurotoxin excretion into the bile
- DMPS and i.v. Vit C help to mobilize neurotoxins in the extracellular space
- I.v. glutathion and phospholipids mobilize intracellular toxins in some tissues

# Binding Mobilized Neurotoxins to Prevent Intestinal Re-absorbtion

- Mucuna bean powder
- Chlorella-growth factor and CVE
- Beta sitosterol
- Cholestyramin
- Propolis powder
- Apple pectin
- Fiber rich food
- Activated charcoal
- Clay

# Component 3: Allergic Reactions

There are 3 subtypes:

- **Anergy**
- **Allergy**
- **Autoimmunity**

# **Anergy:** absence of reaction due to a multitude of possibilities

- Lab: Helper/suppressor ratio less then 1
- Molecular mimicry - multitude of mechanisms. Example: myelin contains the same surface molecules as the spirochete cell wall
- Treatment: KMT microbial recognition entrainment
- Haptens from Pleomorphic–Sanum or homeopathic nosodes
- Hypercoagulation treatment: Rechtsregulat or s.c Heparin, lumbrokinase
- Neural therapy can be dramatically successful *www.neuraltherapy.com*
- Nattokinase has disappointed

# **Allergy**: excessive reaction to the presence of the microbes or their metabolic products, messenger molecules or toxins

- Lab: helper/suppressor ratio greater then 1
- Treatment: KMT entrainment.
- Auto-urine therapy: Urine contains the microbial antigens. By injecting filtered urine the cellular immune system is down-regulated and at the same time entrained to recognize the invaders.
- APN is a powerful psychological intervention with a multitude of regulating effects on the immune system

# Autoimmunity:

When the microbes or their toxins hide in the host tissues, the immune system often mounts an attack on it's own tissues

- Lab: auto-antibodies
- Treatment: neural therapy
- KMT
- Auto-urine therapy
- APN

# Minerals

- The macrophages use the copper rich enzyme SOD to kill invaders. Oxidized **copper** gets displaced into the skin, urine and hair when the patient is anti-oxidant depleted.
- Treatment: give homeopathic copper to aid redistribution and antioxidants to make used-up copper bio-available again
- Lyme patients are almost always low on all trace minerals and benefit from **magnesium** substitution. Best is a Meyer's cocktail twice weekly

# Minerals

- Almost all Lymies are **iodine** deficient. Use Iodoral.
- In hormone deficient Lymies check both blood and urine for hormone levels: excessive renal hormone excretion in the hormone deficient patient reflects a **cobalt** deficiency
- **Lithium** is neuro-protective in low doses (15 mg/day)

# Sequencing Treatment: the Lyme ABC

- There is an inherent order in which the microbes should be treated. If the order is correct, gentle methods work. Treatment should always combine electromagnetic interventions, using specific microbial inhibition frequencies (KMT technology) with the appropriate herb, antibiotic or other antimicrobial strategy. It should also always be combined with a toxin elimination program, good psychotherapy and general life style hygiene (all the stuff, that alternative Medicine stands for).

- Principle: start with the large opportunistic invaders. Go from large to small. Treat Borrelia last

# A. Worms: (Ascaris, Taenia, Threadworms)

- Lab: hopeless in the US, possibly Metagenix PCR based parasite test
- Treat by therapeutic trial.
- KMT parasite program is very effective. Salt (12 grams/day) and Vit C is next best *www.lymephotos.com*
- Alternatives: Arise and Shine program, Sputnik, Alinia, Biltricide and Albenza

# B. Gardia, Amoebas and Trichomonas

- Rizol Gamma
- Organic freeze dried
- Tinidazole
- Alinia
- Freeze dried garlic

# C.
# Strep infections (often behind some mental symptoms)

- Enderlein remedies (Pleo Not, Pleo SanPseu. Pleo Art A)
- Conventional tonsilectomy
- Neural therapy injections with procaine and ozone (tonsil program)
- MMS or Rizol Gamma gargle/mouth wash
- Regenerative Cryotherapy
  *www.kryopraxis.com*

# D. Babesia:

- Program #2 of KMT instruments is very effective
- Rizol Gamma
- Artemisinin
- MMS (acidified sodium chlorite)
- Mepron
- Riamet (Novartis)
- Rizol Gamma

# E. The herpes family:

- Rizol Zeta
- Freeze dried garlic
- Andrographis
- St John's Wort and olive leaf
- KMT-micro-current deactivation
- Alternatives: thymus extracts (ProBoost)
- mushroom extracts
- Ayurvedic herbs (Indian Gooseberry,Chebulic and Beleric myrobalan)
- Chapparal extracts
- Valtrex and Valcyte

# F. Yeast:

- freeze dried organic garlic
- KMT  micro-current desensitization
- Rizol Alpha and Gamma
- Nystatin, Amphotericin B, Itra- and Voriconazole
- Eliminate food allergies/no grain diet

# G. Mycoplasma:

- KMT microcurrent microbial inhibition frequencies
- Rizol Gamma, Epsilon and My
- APN desensitization
- Enzymes
- Alternative: antibiotics

# H. Borrelia, Rickettsia, Bartonella, Brucella, Ehrlichiosis

- Rizols (Borrelia: Epsilon, Lambda and Gamma, Bartonella: My (effective in ALS)
- KMT microbial inhibition frequencies program 1
- Herbs: Andrographis, Stephania Root, Japanese Knot Weed, Smilax, Red Root, Teasel root (body pain)
- Homeopthic Lyme co-infection nosode (BioPure)
- Bee-venom, niacin and magnesium
- MFT (mental field therapy) and APN
- Alternatives: J.Burrascano M.D. antibiotic protocols, ozone therapy, UV-B

# H. Borrelia, Rickettsia, Bartonella, Brucella, Ehrlichiosis Cont.

Marshall protocol: measure 25-OH Vit D and 1.25 di-OH Vit D. If 1.25 is over 45 ng/ml and elevated compared to 25-OH, the patient has sarcoidosis-Borrelia infected lymph nodes.

*Borrelia Burgdorferi infection may be the cause of sarcoidosis, Hua B, Li QD: Chin Med J (Engl) 1992 Jul; 105(7): 560-3*

The need for Vit D (anti-cancer effect) has to be carefully evaluated against the restriction recommended by Marshall (facilitates Borrelia growth)

- Treatment: olmesartan (Benicar) – an angiotensin II receptor blocker together with antibiotics or antibiotic herbs
- Disappointed: hyperthermia, ICHT, HBO