

# Treating Lyme

## Part 2: Specific Lyme Treatment

*If you have a more serious or a chronic health issue you may have to continue and specifically address the following issues: HPU/KPU, detoxification and treatment of specific infections.*

### HPU and Methylation:

Methylation blocks lead to DNA demethylation and viral outbreaks, decreased production of glutathion, neurotransmitters and peroxinitrite (intracellular oxidation and microglial activation). Most common is a block of the enzyme methionine synthase by lead or vaccine related mercury. To resolve the resulting issues either short medical trials or good energetic testing are required. Often supplementing the HPU formula Core (BioPure) will be enough to address the issue.

### Prepare for Detox:

The next important step before starting the actual detox protocol is clearing the exit routes, first of all the tonsils. Congestion in this area due to chronic infection is common and leads to back-up of lymph flow and detox out of the brain, thus contributing to brain inflammation, autism and autoimmunity issues. Conventional medicine knows a condition called PANDAS: strep related brain autoimmunity symptoms that are often found in autistic children and include verbal stims, repetitive, ritualistic and obsessive-compulsive behaviour. Degenerated tonsils often house multiple bacterial and viral colonies and produce potent brain neurotoxins. Use Quintessence (BioPure) and neuraltherapy, consider regenerative kryotherapy (Sergei Dorochoy) and in serious cases even a tonsillectomy. Be prepared that currently ENT doctors often do not believe that tonsil infections are problematic and resist performing a tonsillectomy.



The other exit routes are liver and colon, kidneys and skin. The kidneys become easily infected and/or stuck with unprocessed toxins and significant oxidative damage to the renal tubuli. Here we use Matrix-Electrolytes or the Rehydration Cocktail and homeopathic kidney drainage remedies like Berberis, Apis and Unda 234. In a healthy person biotoxins are eliminated via liver and gallbladder, not via the kidneys. Often the detox pathways in the liver get stuck. We use MicroSilica, Chlorella, coffe enemas, castor oil packs, herbal and homeopathic liver and kidney drainage remedies and the liver/gallbladder flush both as preventive measures and as treatment. To enhance the toxin excretion via the skin consider dry brushing and sauna therapy.

### Toxin Elimination:

Once the exit routes are open you can start the actual toxin elimination protocol. Continue to bind metals and other mobilized toxins with MicroSilica, Chlorella clay, fiber, charcoal apple pectin and beta-Sitosterol as before while starting gentle metal



elimination with chelating, not complexing agents like:

- Phospholipid Exchange: ½ – 1 tsp/year of age for children, adults: 1 tbsp 1-2 times per day.
- Cilantro tincture: age times 2 = number of drops for children, 1-2 dropperfull for adults, given 3 times per day before meals during active detox in hot water (mobilizes toxic metals)
- CVE: 1 cap/year of age for children, 6 caps per day for adults (helps dental and facial development, detoxes and binds lead, good anti-microbial)
- Ca-EDTA suppositories: 375mg for children, 750-1.500mg for adults 3 times per week at bedtime (use as a later option)
- When those are firmly established, working and tolerated, continue on this protocol. If needed – and only then – bring in the sulfhydryl affinitive complexing agents:

- DMSA: oral capsules, 1-5 mg/kg/day at night, every other night; pause after 3-4 months, monitor with hair analysis or urine porphyrin test. Do not start until 6 month into the basic detox protocol!

- DMPS: i.m. or i.v. Injection, 3mg/kg/injection once a month

- OSR: grown up dose os up to 500mg (=5 scoops) per day in oil (late in the detox programme to remove mercury and lead from the CNS

- Alpha-Lipoic acid and glutathion (also NAC): helpful in eliminating mold toxins, but too weak to make a difference in metal detox

Other options include Chloralyte (osmotically

broken and enhanced liquid chlorella), Matrix Metals nanonized (spray, detachens and removes intracel-lulat toxins), colonics, greens and fiber, Vitamin C (use with caution in HPU), transdermal chelators or suppositories, Zeolite (cave: aluminum!), and many others. Always consider general detox support like Dr. Neubrandner's methylcobalamin s.c. injection protocol or nasal spray ([www.drneubrandner.com](http://www.drneubrandner.com)), exercise, lymph drainage and the like.

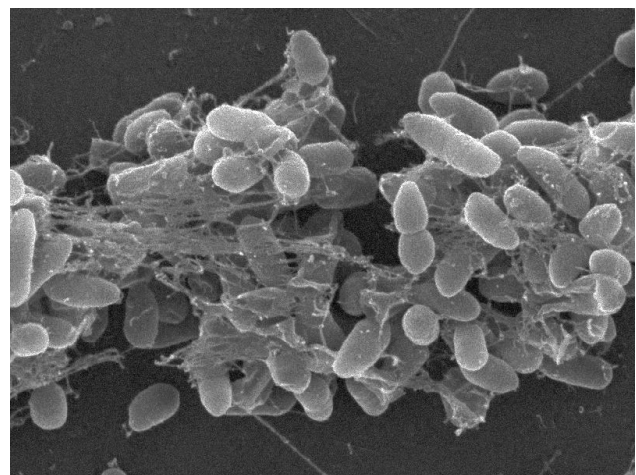
### Turning towards the immune system:

When detoxing keep in mind that heavy metals keep the microbe population under control – at least to a certain level – and also suppress the immune system. Once you start removing the metals the immune system will wake up and the microbes start dancing – which is why, at some point during the detox, the patient may start showing more

pronounced symptoms of infection and inflammation. This is when you may need to start adding anti-inflammatory agents. Natural anti-inflammatories should be considered at all times to decrease brain inflammation (use extra doses when kids become stimmy and agitated) and include:

- African Boswellia extract: most powerful anti-inflammatory to the brain, reduces TNF-alpha significantly
- Quercetin: improves cognitive deficits in rats with chronic cerebral ischemia and inhibits voltage-dependent sodium channels in the hippocampus
- Nanonized Curcumin: second most powerful brain anti-inflammatory
- Vitamin E (and Omega 3)
- others: Hesperidin, Bromelain, high dose vitamin C
- Hypercoagulation (“sticky blood”) is a sign of chronic infection/inflammation. You may see elevated or abnormal platelets, increased fibrinogen, high serum iron or ferritin, high RBC or Hgb/Hkt (best test: ISAC panel from Hemex Labs, Phoenix). There are several non-heparin supplements that can be used, all of them have to be taken away from food:
- Rechtsregulat: 2 tbsp twice daily for adults, 1tbsp twice daily for children (first choice)
- Boluoke/Nattokinase/Lumbrokinase: up to 3 daily
- Wobenzym N/Vitalzym X: start at 4 twice a day and increase
- Serrapeptase: see Dr. Cowden's presentation on [www.thriiive.com](http://www.thriiive.com)

### Biofilms:



Once you start treating the infections you face a significant problem: the biofilm issue. Biofilms are the hidey-holes of any microbe wanting to escape the immune system or any kind of anti-microbial drug. The dose of antibiotics needed to penetrate the biofilm in a sufficiently high dose to kill the bacteria living inside it would also kill the patient – no patient gets a high enough dose to kill off those hiding behind the biofilms. The conventional antibiotic



therapy treats mostly those microbes outside the biofilm colonies, while the ones staying "at home" just wait for the end of the antibiotic treatment and spend their time developing resistancy mechanisms. Therefore the very first issue to address in the treatment of a chronic infection is the biofilm. Biofilms of pathogens are often laced and held together with toxic heavy metals, which is why detoxing agents like Phospholipid Exchange, MicroSilica, Biosil and green clay are used here. We also use Interfase, a biofilm breaking enzyme (work up to 5 caps 3 times per day away from food), NAC, iodine and homeopathic Ipecac 12X.

#### Sequencing the anti-microbial treatment:

Once you get to the actual microbes, you need to be aware of the microbial food chain: parasites too are infected with bacteria, molds, yeasts and viruses, all of which they release into the host's body when they die, so it only makes sense to treat the parasites first – if you leave them til last, you may just have to restart treating the other microbes. Parasites are opportunistic and much more commonly causing symptoms than you would expect, living in a industrialized country. Some of the clinical symptoms are listed below:

- elevated eosinophils (only in about 10% of the cases)
- rashes on the chest or neck, pimples on the head within the hair
- lung and chest symptoms! fatigue
- Discoloration around the mouth
- boys: risky behaviour and insanity
- girls: docile behaviour and insanity
- children eat what is good for the parasite, not what is good for them
- aggravations around the full moon (bloating, irritation,...)
- In patients with symptoms of Autistic Spectrum Disorders we commonly find:
- roundworms: ascaris and Varestrongylus Klapovi (lungworm, has been related to CFIDS, FMS, neurodevelopmental problems)
- Protozoae: giardia, amoeba, toxoplasmosis
- Others: Bartonella (intracellular bacteria, from cats), micro-filariae (larval stages in the brain)

- Parasite treatment (adult dosages): After initiating the biofilm protocol, foundational protocol and all of the above start with:
- Rizol Gamma: work up to 60-90 drops per day
- if tolerated: Freeze Dried Garlic: 1 caps/25kg dissolved in water, 3-4 timesper day before/with meal
- after 6 weeks: Biltricide 600mg tablets, 2 tbl 3 times per day for 2 days only (clears out liver flukes and parasites that have migrated up the bile ducts)
- then: Alinia 500mg tablets, 2 tbl twice daily for 20 days (for children: syrup), if good improvement continue 2 tbl twice a week for several months
- you may want to consider giving 10mg Dexamethasone on day 3 of Alinia to prevent brain larvae related die-off effects (seizures, coma, etc.)



## Lyme & Co.:

Once you have done the ground work you can finally begin to address Lyme Disease and related chronic infections.

Typical co-infections (usually transmitted by the same insect bite):

- Babesia: chronic chest symptoms, cherry angiomas, fatigue, night sweats
- Bartonella (cat scratch disease): stretch marks, submandibular glandular swelling
- Ehrlichiosis: sharp shooting pains

Typical opportunistic infections (arrive/act up once Lyme has weakened the immune system):

- Herpes viruses: fatigue viruses = EBV, HHV-6; HSV-1 causes brain inflammation and neurofibrillar tangles
- Borna Virus: bipolar behaviour
- Mycoplasma: fatigue
- Parasites: worms, giardia, amoebas, toxoplasma
- Bacterial infections (strep, staph, etc.)
- Mold and yeast (often the first symptom to be recognized and treated)

The Lyme treatment for a 160 lbs or 70 kg person should include:

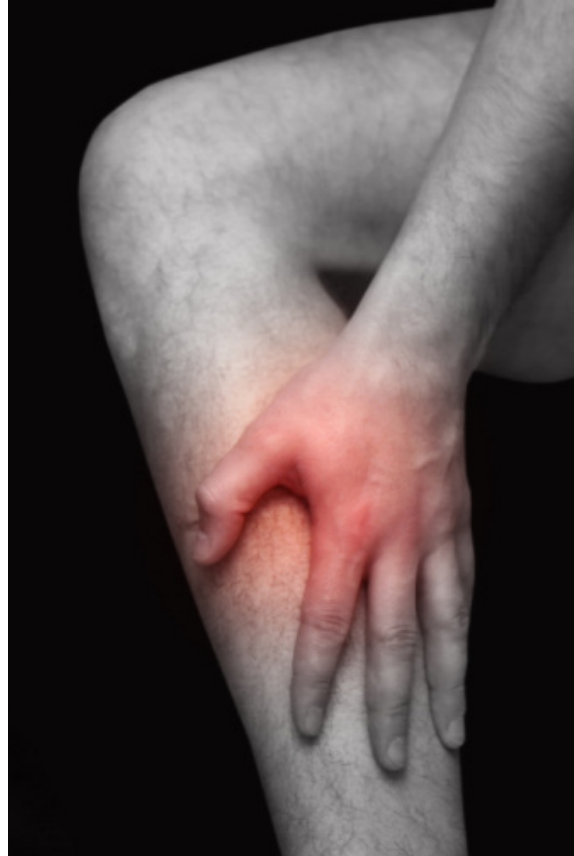
- Rizol Gamma and Zeta: 15-20 drops each 3 times per day (fill into AA capsules). Start slow, stay on full dose 3 months, then reduce. After 3 months replace Zeta with Epsilon
- Quintessence (BioPure): work up to 8 dropper-full 3 times per day
- Oxo: 1-2 caps 3 times per day after meals, 3 months on, 3 months off, several cycles (improves all aspects of liver function, melts Lyme cysts and biofilm; best in Bartonella)
- Artemisinin 100mg caps: for Babesia 5 caps 3 times per day, 2 days in a row each week with grapefruit juice, 3 weeks on 1 week off for 1 year; for EBV 2 caps twice per day for months
- If tolerated: Niacin 1.000 mg 3 times per day
- Lyme Nosode

You may also consider the ILADS protocols.

### Minerals needed in Lyme:

Many Lyme patients complain about muscle cramps because *Borrelia* steal away their magnesium (it will show up high in its oxidized form in hair analysis). There are several ways of replacing magnesium: orally (magnesium glycinate up to 800 mg in children, titrate to bowel tolerance), transdermally ([www.transdermalmagnesium.com](http://www.transdermalmagnesium.com), Epsom salt baths) and magnesium sulfate with procaine injections (mix 50:50 with 1% procaine, 1 ml of the mix per 10 kg body weight twice per week).

In some patients you may want to consider adding the neuroprotective Lithium aspartate or orotate (2 mg/kg body weight).



The opportunistic viruses, molds and fungi:

Rule #1 is to shield the patient meticulously from EMF during the night! Especially molds and fungi start excreting extremely potent neurotoxins under EMF exposure – better than detoxing those is not giving the molds and fungi any reason to produce them in the first place.

Most of the viruses respond reasonably well to the above protocols. Once in a while direct intervention may be needed. There are several anti-virals you can add to the patient's treatment: Valtrex (Valcyclovir) and Valcyte (Valgancyclovir), Monolaurin (coconut extract – especially if symptoms get worse after a cold or flu), St. John's Wort, Freeze Dried Garlic, Olive Leaf Extract, Lomadium dissectum (LDM-100), Selenium (best: selenomethionine, adults up to 2.000µg/day in acute, 1.000µg in chronic viral situations), Vitamins A, D3 and K.

When treating fungal or mold issues, start with the rizols and Quintessence. If the patient does not respond to that, consider:

- *Saccaromyces Boulardii* (Florastor Kids): up to 5 sachets/day; other probiotics
- Desensitize against mold allergies (end point titration or ART based procedures; weak alternative: homeopathic Sanum remedies)
- Month 2: Amphotericin B 250 mg twice per day for adults (only limited stress on kidneys and liver, scary info on the internet is based on IV use and special interest misinformation)
- Month 3: add Diflucan (Fluconazole) 100 mg twice per day for 1-3 months continuous (keep an eye on liver enzymes!!!)
- Month 5: replace both Ampho B and Diflucan with Itraconazole (Sporonox) 100 mg twice per day.

## The Klinghardt Lyme Cocktail (KLC):

I have developed the Klinghardt Lyme Cocktail as a basic protocol addressing most of the issues we have to deal with when treating Lyme disease including the anticipated die-off and detox reactions. Many of my patients have used it and reported back that their health improved dramatically on this protocol. I also use it to great success with my autistic patients. I recommend you use this as a basic formula and add later some of the suggestions above for specific issues. However, I strongly recommend that you either find a competent practitioner who has experience treating Lyme disease to oversee your treatment or learn Autonomic Response Testing so you're able to find out how to adjust the dosages in a crisis.

### Klinghardt Lyme Cocktail:

The dosages are for an adult of 150 lbs body weight and have to be adjusted accordingly.

- mix 200-400 mg Artemisinin, 100 mg OSR (glutathion), 10 ml Phospholipid Exchange in a blender at high speed to make liposomal artemisinin (detox, anti-viral, anti-Babesia, anti-Lyme, shuttle agent and biofilm breaker)

Then add:

- D-Galactise: 5 g (increases ATP dramatically)
- 10-20 drops 20% Propolis Tincture (anti-viral)
- Quintessence (Lyme, Ehrlichia, Bartonella)
- 15 ml Rechtsregulat (enzyme mix to break biofilm)
- MicroSilica 100 mg
- Co-curmin: 1 tsp + Pippli 2 caps (pepper to increase absorption in the gut)
- Vitamin C powder 2.000 mg
- Acai powder 1 tsp (anti-microbial, anti-oxidant)
- ½ glass grapefruit juice (important for artemisinin) + ½ glass water

Optional:

- Mucuna powder 1 tsp (increases L-Dopa, for language and motor development in autistic kids)
- GSE 10 drops (grapefruit seed extract, anti-microbial, anti-biofilm)
- Freeze Dried Garlic 1-4 capsules
- Energized Neem: 2 caps 3 times/day

Drink this amount twice daily, 5 days on, 2 days off, 3 weeks on, 1 week off. Most products are from BioPure.

### Repair:

And lastly there are strategies to repair some of the damage done: Stem cell therapy, live-cell therapy, Quantum Neurology, Craniosacral Therapy, OT/ Speech/Behavioural Therapies, Laser field restructuring, PhotonWave color therapy, BrainGym and Leap, rehab, physiotherapy, floor time, physiological regression therapy, MAPS, Tomatis therapy/listen-

ing programme, to name only a few of them. Or just have a vacation, sing and dance....



In the long run I would recommend you learn ART (Autonomic Response Testing) in order to be able to self manage your own and your family's treatment and keep an eye on issues that have been problematic before. Monitor the heavy metal excretion (hair analysis and urine porphyrin test) so you know when you have to pause or add to the program you're taking. Keep an eye on parasites (I mean that literally: monitor your own stool visually) and bowel movements as well as on all aspects of Lyme disease (CD57 test, IgeneX Western Blot) and mold (Jean Monro allergy testing /Breakspear Hospital). With autistic children the neuro-sensory developmental, paedagogic and behavioural approaches (Tomatis therapy, Listening program, floor time, MAPS) should be integrated into this new biochemical approach and should follow biochemical normalization rather than precede it. I have not addressed dietary approaches in this article and will leave them for another day. Hopefully the protocols and treatment suggestions cited in this article will help you towards a Lyme-free future. Good luck!

