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Treating Lyme Disease

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The 2006 Energy Medicine Annual Meeting, sponsored yearly by Dietrich Klinghardt, MD, Ph.D. dealt with Lyme disease and other neurotoxin mediated illnesses. *Energy Medicine 2006 Annual Meeting: Lyme Disease and other Neurotoxin Mediated Illnesses*, was presented on January 13-15, 2006 in Bellevue, Washington by the Institute of Neurobiology and featured six speakers in addition to Dr. Klinghardt.

To set the framework for the three-day meeting, Dr. Klinghardt quoted microbiologist Gitte Jensen, Ph.D. who said that “the older we get, the more foreign DNA is attached to our own DNA.” Somewhere along the line, said Dr. Klinghardt, pathogenic microbes invade the hosts’ DNA and become a permanent part of it. “Since we use only 2% of our DNA, it may not be a problem,” commented Dr. Klinghardt. In fact, it may make us who we finally become. It may also cause a number of symptoms and chronic illness.

Dr. Klinghardt referred to genius Guenther Enderlein’s discoveries. If one microbe can change into another given the right environment, why bother to find out which one we are infected with? “The proper way to treat illness is as an ecosystem,” said Dr. Klinghardt. “We pull out the toxins and entrain the bugs to live in symbiosis with us.”

Speakers at this 3-day meeting held in Bellevue, Washington included Mark Schauss, DBA, of Carbon-Based Corp. (Reno, NV) who spoke about solvent and plastic toxicity, Aristo Vojdanai, Ph.D. of Immunosciences Laboratory in California, laboratory testing for mold, Lyme and co-infections, Steve Harris, MD of iGeneX, Inc., Lyme disease and co-infections, including symptoms, diagnosis and current ILADS

treatment guidelines, Gunnar Heuser, MD, Ph.D., hyperbaric oxygen and neurotoxicology, Christopher Hussar, DO, DDS, jaw bone infections in the chronic Lyme patient, Dino Paulus, DDS of Victoria Canada, dental occlusion, vertical dimension and lymphatic drainage in the chronic Lyme patient, and Amy Derksen, ND, who together with Dr. Klinghardt presented findings on autism and its relationship to Lyme disease. Topics also included mold, parasites, electro-smog, PTSD and other issues that may mimic or worsen the symptoms of Lyme disease.

According to Dr. Klinghardt, there has been much speculation why Lyme disease seems to be increasingly common. The insects which are the vectors for these microbes thrive in warmer climates. To a large degree the greenhouse effect is responsible and we will be confronted with the onslaught of more and more aggressive microbes. The partial pressure of oxygen on the earth at sea level has decreased from 30% 150 years ago to 19% today. The oxygen producing algae in the oceans are dying. By the time the institutions discover Lyme disease as a far more important factor in chronic illness than is currently acknowledged, said Dr. Klinghardt, we will be confronted with new, more dangerous microbes. Antibiotics have disappointed us in the treatment of Lyme disease as a single modality and Antibiotics alone will not help us cope with the coming plagues.

“Microbes have always been with us,” said Dr. Klinghardt. “They are not the enemy. It is we who have altered the environment so severely and in a way which facilitates the growth of lower evolved species like cell wall deficient microbes and viruses, and ends life for many more evolved

species. Lyme disease is a messenger. If we do not change, we may be on the endangered species list someday not too far from now.”

According to Dr. Klinghardt, Lyme disease has three components, which should be recognized and addressed with treatment:

1. The presence of spirochete infection and co-infections

a. Treatment includes pulsed electromagnetic fields (microcurrent with microbial inhibition frequencies), niacin in high doses, herbs, minerals, bee venom and sometimes anti-parasitic medication and antibiotics.

2. The illness producing effect of microbial exo- and endotoxins and toxins produced by the host in response to microbial triggers

a. Treatment includes toxin binding agents such as a fiber rich ground up raw vegetables, chlorella, cholestyramine, beta-sitosterol, propolis powder, apple pectin and mucuna bean powder. A solid heavy metal detoxification program should be used simultaneously with the first phases of the Lyme treatment. Microcurrent frequencies dramatically increase the speed of toxin mobilization and access body compartments the biochemical compounds cannot. Psychotherapeutic intervention to uncover and treat old trauma is most profoundly effective in triggering a neurotoxin release when none of the other methods appear to work anymore. Sometimes the extraction of a devitalized tooth or the injection of one of the facial/cervical ganglia with glutathione or another detoxification agent can trigger a major neurotoxin release. Lymph drainage in combination with colon hydrotherapy accesses toxins stored in the lymphatic system.

3. The immune reactions provoked by the presence of both toxins and microbes: anergy, allergy and autoimmunity.

a. Anergy: The KMT microcurrent, homeopathics and Enderlein remedies wake up and entrain the immune system. Rechtsregulat, an enzyme rich extract of fermented fruits and vegetables leads to rapid improvement

b. Allergy: Desensitization procedures, and auto-urine therapy re-regulates TH1 and TH2.

c. Autoimmunity: Pre-existing heavy metal toxicity has to be addressed aggressively

prior to treating the microbes themselves. KMT microcurrent technology is very effective in recognition entrainment, helping the immune cells to mount a specific and targeted attack on the invaders, sparing the body's own tissues.

Dr. Klinghardt explained that the novice in the field tends to treat component #1 only. “We have rarely observed lasting improvement when course after course of antibiotics is given,” said Dr. Klinghardt. “There are severe, lasting and unacceptable side effects when a course of 18 months of antibiotics is given, including tinnitus, kidney failure, intractable immune system breakdown and others. By using the synergistic effect among treatment modalities which simultaneously address the three issues outlined above, lasting improvement are the norm rather than the exception. The use of herbs alone, or in combination with antibiotics has emerged as a most important core strategy.”

Dr. Klinghardt talked about the importance of sequencing in the treatment of Lyme disease and its co-infections. 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 lifestyle hygiene. When the summarized sequence outlined below is observed, few people have severe Herxheimer reactions, which are the rule in other approaches. For more complete information on this sequence, please contact the Institute of Neurobiology in Bellevue, WA.

A. Deworming the patient using seasalt/Vitamin C protocol

B. Treatment of giardia, entamoeba histolytica and trichomonas which are typically overlooked by most U.S. labs with organic freeze dried garlic, sometimes accompanied by 500 mg of Tinidazole bid for ten days, then followed by long term garlic therapy (three caps tid after meals)

C. Treating chronic strep infections, which often coexist with the herpes viruses. Pleo Not from Pleomorphic Sanum followed by a six month course of Pleo Sancom has been successful. Tonsils are often involved. Lymph drainage of the sinus/head/neck regions is helpful.

D. Treat Babesia, which is present in two-thirds of patient with Lyme disease. PC-Noni extract and Artemisinin help. KMT microcurrent inhibits the metabolic activity of Babesia and is used three times weekly.

E. Start the patient on systemic antiviral treatment. The insomnia of Lyme disease is often herpes viral in nature. An ayurvedic herb cocktail of

Indian Gooseberry, Chebulic and Beleric myrobalan, as well as liquid olive leaf is helpful. Japanese mushroom extracts have been helpful. Pro Boost (thymus extract) helps awaken the cellular immune system. Virox and other chaparral-derivatives have been disappointing. The insomnia of Lyme disease is often herpes viral in nature (EBV, VA or HSV 1, HSV II). Use 1000 mg of Valtrex at bedtime. If there is dramatic improvement, herbal antiviral treatment has to be considered for a long time.

F. Fungal/yeast component which is most often present especially if patients had prior antibiotic treatment. Fungi and viruses seem to support each other. Eating a low carbohydrate diet is often a must. Monitor the fasting insulin level and restrict carbohydrates if it is high, but not otherwise. Bacterial infections benefit from the acidic environment created by a high protein diet. Molds and fungi benefit from a high carb environment. KMT treats yeast and mold.

G. Mycoplasma responds well to enzymes, which hit is treated in sequence with other microbes as outlined. The most effective strategy is the German product Rechtsregulat, which has been extremely effective in eradicating mycoplasma and other cell wall deficient microbes. It also has a heparin like anti-fibrin effect that surpasses injected heparin. It has a strong biological effect against Babesia as well. KMT treats mycoplasma.

H. Spirochetes and their close relatives, including Bartonella, Babesia, Rickettsia, Ehrlichiosis and Brucella abortis, are best treated last, with antimicrobial herbs or antibiotics. Frequency #1 in the KMT inhibits the microbial growth of spirochetes and Bartonella, and #2 is a series of anti-Babesia frequencies. This modulated microcurrent simultaneously activates specific immune responses and aids the uptake of antimicrobial herbs. Injected bee venom is good during the phase of the treatment. The peptide mellitin has strong antibiotic activity against all spirochetes. Bee venom also contains nerve growth factor, the very substance needed for healing when everything else has been attended to.

For the psychiatric presentations of Lyme disease Dr. Klinghardt uses large doses of Niacin (not niacinamide and no-flush niacin). 3-6 grams in 3-4 divided doses shows results. It appears that Niacin has tremendous antibiotic potential against all types of Borrelia.

The effect of toxins on the Citric Acid cycle was covered by Mark Schauss, DBA, of Carbon-Based Corporation in Reno, NV. In 2002, according to the US EPA, over 7.1 billion pounds of 650 different industrial chemicals was released into the air and water, 266 of which are linked to birth defects. Worldwide, the estimates approach 80 billion pounds of toxins

released annually. Some of these toxins affect human health in microgram doses. Mycotoxins produced from fungus, staphylococcal alpha-toxins, poisonous mushrooms, heavy metals such as titanium, mercury and many others all have an effect on the citric acid cycle. These effects lower the ability to create energy from the food we eat. They also lower resting metabolism which has major implications in weight loss. Each solvent needs to be detoxified in slightly different ways. Two different protocols are universal: the use of the amino acid glycine is critical; and the buildup and production of the tripeptide glutathione is important. Glycine removes chemicals from the system. Chicken skin is a good source of glycine. IV glutathione does not teach the body how to make glutathione. Whey protein improves glutathione production if it is sulfur based. Reduction of exposure to the many sources of these toxins is also important.

Experience with mild hyperbaric oxygen treatment was discussed by Gunnar Heuser, MD who helps adults and children dealing with toxic encephalopathy, cerebral palsy, autism, ADD/ADHD, stroke, immune function and endocrine function. Toxic encephalopathy is defined as adults and children with impairment of cognitive and memory functions after neurotoxic exposure to solvents, pesticides, fumes, perfumes, mycotoxins, etc. According to Dr. Heuser, mild hyperbaric oxygen treatment helps stroke victims even two to three years later, and helps alleviate fungal infections, multiple sclerosis, and cancer.

The neurological manifestations of Lyme disease and its co-infections, as well as current ILADS treatment guidelines was the topic of the talk by Steven Harris, MD of IgeneX Laboratory. Dr. Harris gave some background. The spirochete is helical in shape with several outer surface proteins and 15-30 flagella. There are several strains of Borrelia in the United States, and different strains in Europe. Bb can change its morphology to cell-wall deficient cysts. Cystic forms of Bb are probably a main reason for treatment resistance and relapse. The cysts are heat, pressure and oxygen resistant. The cysts are resistant to all antibiotics except Tinadazole, Metronidazole and Hydroxychloroquine. In vitro, cystic Bb can readily revert back to helical Bb. Like syphilis, Lyme is the great imitator and may mimic or pathologically induce many neurologic conditions. A new IgM response late in the illness suggests that Bb remains alive throughout the illness, possibly due to epitope switching, intracellular organisms often avoiding immune detection and monthly burst out of lymphocytes probably reactivating antibody response. A 1996 study showed that the urine of treated patients with Lyme disease symptoms found 74% of ill patients still positive in spite of intensive (2-24 month) antibiotic treatment.

If unchallenged serum Western Blot is negative and high suspicion of Lyme exists, there are ways of enhancing diagnostic yield of the Western Blot without resorting to multi-drug urine challenge and costs associated. Give Amoxicillin 500 mg tid x 3 weeks or Doxycycline 100 mg bid x 3 weeks.

On week four, obtain IgM from the Western Blot. Pay particular attention to 31 kda and 34 kda. If negative, wait two months before performing the urine induction for protein and DNA. Some patients may remain sero-negative for years.

Dr. Harris also discussed antibiotic protocols as used by doctors who are members of the International Lyme and Associated Diseases Society (ILADS) as a way of dealing with acute and chronic Lyme disease.

The role the oral cavity has on systemic disease, especially when dealing with chronic pain, was discussed by Christopher Hussar, DO, DDS of Reno, Nevada who has been treating Lyme disease for almost twenty years from the perspective of dentistry and medicine. Dr. Hussar talked about jaw bone infections in the chronic Lyme patient. Chronic inflammation destabilizes cholesterol deposits in coronary arteries, chews up nerve cells in brains of people with Alzheimer's disease and fosters proliferation of abnormal cells. High sensitivity CRP detects inflammation. Causes of head and neck pain include cavitations, root canals, sinus infections, ischemic bone and necrotic bone, infected or dead teeth, tumors and reflex sympathetic dystrophy of the face. There are 700 different bugs in cavitations. It is important to ask patients about illnesses that began a short time after dental work. Dead teeth are more toxic than mercury teeth. Fluoride leads to osteoporosis and lower IQs. Patients can develop Bell's Palsy after a cleaning because of the toxins that are stirred up. When wisdom teeth come through the bone they get bugs that never go away. From a cardiovascular perspective, wisdom teeth are connected to the heart. Ozone will buy time, but will not cure cavitations, and lasers do not go through the cortical bone.

Amy Derksen, ND of Bellevue, WA, who works together with Dr. Klinghardt, looked at autism as a symptom of Lyme disease in her talk. According to Dr. Derksen, every child with ASD tested so far at Dr. Klinghardt's office has been positive for Lyme disease. Testing included laboratory testing as well as with Dr. Klinghardt's autonomic response testing. Dr. Derksen explained that the autistic child is no different than any other Lyme patient, except they cannot always tell you how they are feeling during treatment. It is essential that they are monitored regularly, and that the parents pay close attention to improvements or setbacks in behavior and social skills.

Luckily, the children seem to respond much more rapidly to treatment than do adults, likely because the overall toxic burden is less. Visible improvements are often very subtle, but with time and patience, dramatic results may occur.

The best ways to test for Lyme disease and for molds was covered by Aristo Vojdani, Ph.D. of Immunosciences laboratory in Beverly Hills, CA. Immunosciences Laboratory offers testing to identify mold and Lyme toxicity. He pointed out that laboratories, including the CDC, use antigens to test Lyme disease grown in cultures that are different from the Lyme antigens in body tissue. The best way to diagnose Lyme disease is to measure the antibody/antigens as grown in a culture that is the same as is in the body. According to Dr. Vojdani and Dr. Klinghardt, because the DNA of different microbes intertwine, it is not possible to distinguish one bug from another, and it is impossible to isolate bugs. All bugs recombine with our DNA and our body then can become resistant to itself. Dr. Vojdani also said that PCR is not a good way to test for Lyme disease. Regarding mold, there is great concern that the citizens of New Orleans are returning to a catastrophe due to mold growing in buildings and on the ground. Chronic fatigue syndrome, fibromyalgia and major cancers are some of the diseases connected to mold toxins.

Dino Paulus, DDS of Victoria, Canada discussed Dental Occlusion, Vertical Dimension and Lymphatic Drainage in the Chronic Lyme patient. Together with Dr. Klinghardt, Dr. Paulus pointed out that the first issue that needs to be addressed is amalgams. The second issue is jawbone infections. Then the bite must be addressed. In his experience, adjustments to the bite through bite plates have created dozens of miracles. When the bite is too flat, lymph drainage does not work properly. This is not a factor of the trigeminal nerve, he explained. The sphenopalatine and otic ganglia have connection through the rest of the body. Diagnosis includes looking at the face, the lips, vertical dimension and the way the person swallows. We swallow 2500 times per day. Bite plates help to normalize the swallow and balance the bite. Dr. Paulus illustrated his talk with videotapes showing the remarkable changes that patients experienced before and after the addition of a bite plate.

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