

Workshop: Case studies

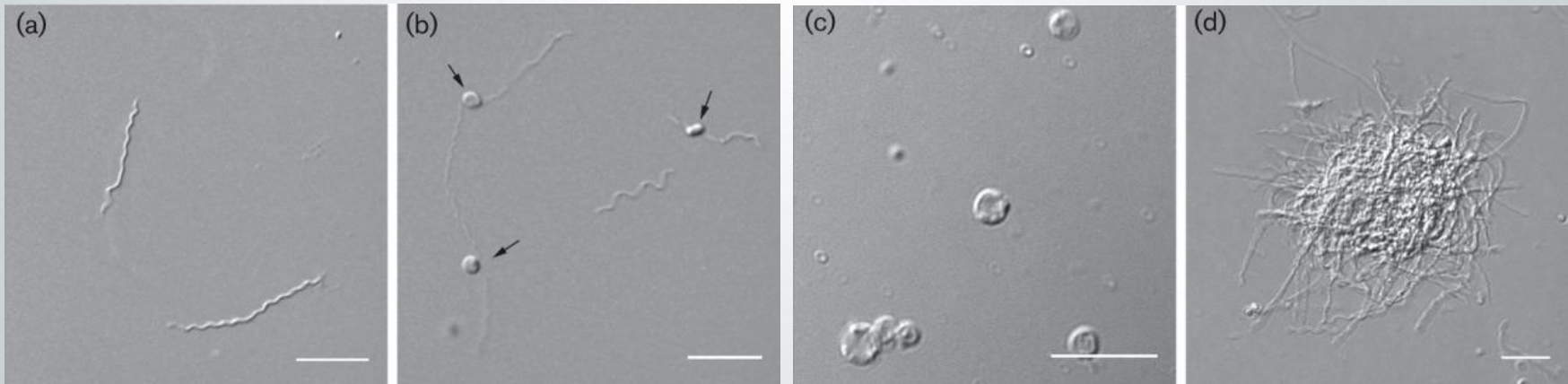
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Copenhagen 4.10.2015



Why is borrelia so hard to kill?

Because it ...

- enters cells and hard to get to places like collagen, eye and heart in the spirochete form (a)
- sheds blebs (b) - a tool to confuse the immune system and for transfection of DNA
- morphs to round-bodies (c) that resist antibiotics
- forms biofilm-like colonies (d) to survive unfavorable conditions



Meriläinen L1, Herranen A2, Schwarzbach A3, Gilbert L2. Morphological and biochemical features of *Borrelia burgdorferi* pleomorphic forms. *Microbiology*. 2015 Mar;161(Pt 3):516-27. doi: 10.1099/mic.0.000027. Epub 2015 Jan 6.



... and because it

- has a stealth mode: it mutates its gene structure and outer surface proteins based on host immune system
- disrupts the immune system (T, B, NK)
- causes inflammation -> cytokines
- suppresses detoxification
- causes problems with hormone balance
- causes often gut hyperpermeability leading to allergies
- causes Herxheimer reactions



Lyme disease is **NOT**



**An Antibiotic
Deficiency Syndrome**

Case study 1

- 28 year old female
- 2,5 years on sickleave for hemiplegia for unknown causes
- Asthma diagnosed 8 years ago
- Penicillin allergy



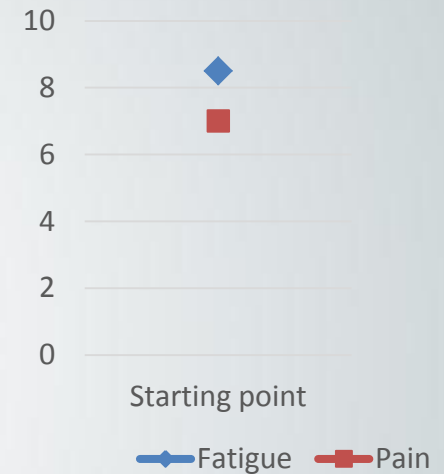
Anamnesis

- 2,5 years ago reddish eczema on the side of her body + fatigue + fever
- Right side hemiplegia, musclecramps, loss of feeling.
Vertigo
- MRI of the head unspecified plaque 7mm
- Spinal fluid: oligoclonal ab
- Specialists couldn't figure out the reason for her hemiplegia



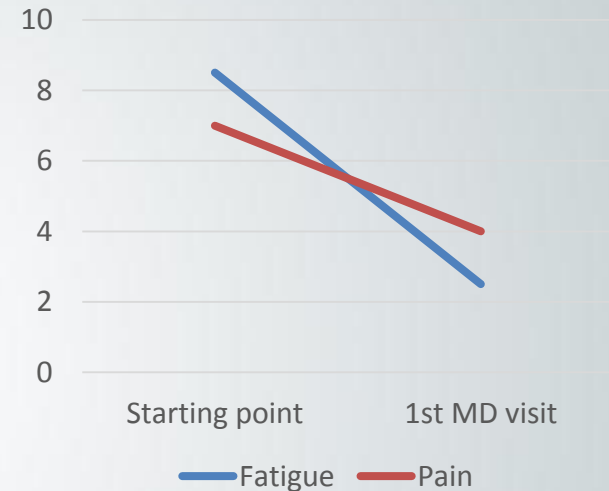
Visit to our nutritionist

- Fatigue level 8-9. Pains 7
- Fever and shivering alternating, dizziness
- Can't walk without help
- Stool consistency alternating between too hard and too loose
- Glutenfree diet, dairy to minimum. Sugar, preservatives etc to minimum
- Ordered IgG foodintolerance testing



First MD visit

- Had changed her diet according to IgG test results and followed nutritionist's recommendations:
- Feeling much better – can walk without help
- Fatigue 2-3, pains 4
- Dizziness only occasionally
- Gastric complaints are gone
- Still fever and shivering alternating



Test results

INFECTIONS / IMMUNE	Start
Borrelia western blot	Neg. ↓
Borr Burg Elispot (<2)	+5 ↑
Chlamydia pn. Elispot (<2)	+2 🟡
Coxsackie virus IgA/IgG ab	neg. ↓
Mycoplasma IgG ab.	bord. 🟡
Mycoplasma IgM ab.	Neg. ↓
CD 57: (100 – 360)	135 ↑

Clinical suspicion of borrelia, babesia/bartonella, chlamydia pneumoniae



Supplement plan

- High quality multivitamin
- Vitamin Bs in active forms
- Vitamin C in natural form or liposomal
- Vitamin D 50 – 100ug daily
- Magnesiummalate 4 daily (CSP includes)
- Serrapeptase 1 x 2 (CSP includes)
- Zinc on top of multivitamin (15mg) 30mg
- Krebbsplus: Acetyl-L-carnitine + alphas-lipoic acid+Q10
- B12
- Probiotic
- Iodine supplement
- Fish oil / Udo's oil






Herbal plan

- CSP
- Avea (curcumin) 10 drops x 4
- Resveratrol 400mg x 3
- Andrographis 400mg x 3
- Multimessenger 1 x 2



Results after 4 months

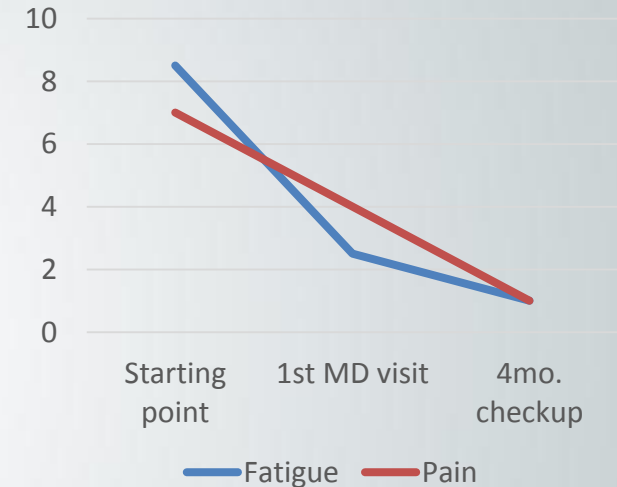
INFECTIONS / IMMUNE	Start	
Elispot Borr Burg (<2)	+2	
Chlamydia pn. Elispot (<2)	1	
CD 57: (100 – 360)	108	

**Patients (budgetary) choice to not test more at this time

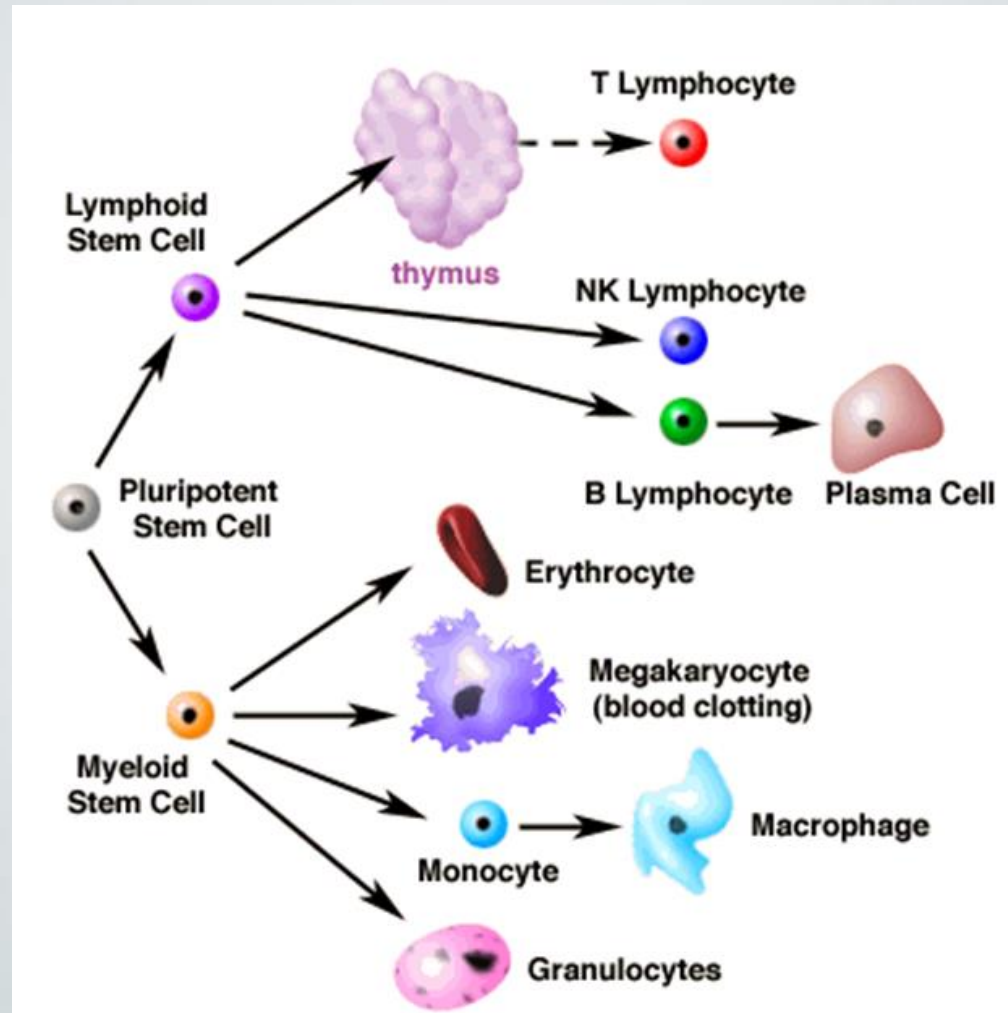


4 months of treatment

- Feels healthy
- No pains
- No dizziness
- No problems walking, no paresthesias
- Has stopped her asthma medication, symptom free
- Feels no need for further check-ups
- Recommended still 2 months of full treatment, after which a wind down of herbal treatment



Our immune cells



Best army in the world

- Sentry system guarding borders, walls, hydrochlorid acid sea etc
- Rapid response unit within minutes after injury
- Messengers sent to every corner to alert more attack units
- Units with long memory about enemies to ensure even faster attack next time
- Direct attack, flagging the enemy to be easier to spot, chemical and biological weapons to enhance attack
- Training camps (thymus etc) – when training doesn't succeed-> allergies, autoimmune diseases



Feed your army

- Keep the supplies coming: healthy food, vitamins, minerals, oxygen
- Don't overwork them: diminish stress, learn stress management, no marathon runs
- Support them with herbs – adaptogenic herbs to strengthen you. Anti-inflammatory herbs to stop the overenthusiastic soldiers causing "friendly fire"



Case study 2

- Young woman, 21 years old
- 2009 tick exposure? No erythema
- 2009 fatigue
- 2010-11 shivering, sweating. Ear infections, headaches
- Hands got weaker, dizziness, blanked out vision for 10 min
- 2012 daily severe headaches, dizziness got worse. Brainfog, speech impaired, memory impaired
- 2013 gastric problems
- Paralysis of the left side, sense of touch impaired, joint pains, problems with balance, involuntary movements



Continued

- July 2014 left hand paralyzed
- September 2014 left side paralyzed. Severe chestpains
- November 2014 involuntary movements getting worse, feelings of being absent, fever
- January 2015 again paralysis
- Chased away from ER when paralysis, being told she is just imagining and was sent to a psychiatrist



First visit

- Other symptoms: eczema, muscle twitching, feeling very weak, diarrhea intermittently, pain in the back of the left eye, earache
- Often flu or cystitis
- Allergy to dairy products. Already glutenfree diet
- Had gotten eczema from some antibiotic in 2011, hospital wouldn't give her the name of the antibiotic



Lab results

INFECTIONS / IMMUNE	Start
Borrelia western blot	Neg. ↓
Borr Burg Elispot (<2)	<2 ↓
Borr Elispot OSP-Mix (<2)	<2 ↓
Chlamydia pn. Elispot (<2)	<2 ↓
Mycoplasma IgG ab.	bord. 🟡
Mycoplasma IgM ab.	Neg. ↓
Bartonella henslae & quintana	Neg. ↓
Babesia microti IgG	Neg. ↓
CD 57: (100 – 360)	12 (!) ↓

Clinical suspicion of borrelia, babesia, chlamydia pneumoniae



Treatment plan

- Formal request to the hospital about which antibiotic she reacted to
- Basic nutritional plan
- Antibiotic regimen according to ILADS guidelines: i.v. Rocephalin, p.o. Rifampicin, p.o. Minocyclin and nystatin
- Artemisinin p.o.






Follow ups

- Lots of herx-reactions to the antibiotics
- First was getting better with antibiotics but then progression stopped – still getting paralyzed from the left side from time to time, still getting seizurelike fits



Control tests

INFECTIONS / IMMUNE	Start
Borr Burg Elispot (<2)	<2 
Borr Elispot OSP-Mix (<2)	+4 
CD 57: (100 – 360)	33 



New plan (22th of April 2015)

- Cowden protocol
- Resveratrol, andrographis, artemisinin
- Cryptoplus
- Multimessenger 1 x 2
- Going slowly because getting strong herx-reactions already from detox herbs (Pinella, Burbur, Parsley, Sparga) – importance of detox !!
- Herbals for 3 weeks for dysbiosis



May 2015

- Feeling a bit better. Upping Cowden protocol dosages slowly watching for herx
- Going to work for summer, physically taxing work !
- Added Mapalo 1- 15 drops x 2 to protocol
- Told to contact me if needs sickleave



August 2015

- Has been feeling better on her days off from work. Gone bicycling for 15 km, swimming for 2000 m
- Can work 2 days, then has to rest
- After workdays chestpains, involuntary movements
- Now stops working so that can rest and recover. Tries i.v. Glutathione at our clinic
- Added fosfolipids, active vitamin Bs, glutathione p.o., Stevia drops



September 2015

- Been much better after getting more rest
- Fatigue level 6 (was 10)
- No paralysis or cramping fits
- No symptoms from heart
- Headaches less frequently (every 2-3 weeks, used be daily)
- No fever, still sometimes sweating
- Sleep restless, muscle weaknesses (will take time to recover)
- Memory improved
- Psychiatrist saw no psychiatric problem with her but are still pressuring her to go to a ward



Changes to treatment

- Quina 1-30 drops x 2 - for babesia
- Avea 10 drops x 4
- Amantilla drops to help sleep
- Tangarana for dysbiosis (herbs tried earlier didn't suit her) – control of microbiome needed afterwards
- Controls continue every 1-2 months till symptoms cleared and testresults good



When cured?

- When test results are good AND
- Feeling good, energetic
- Don't be fooled by isolated <2 Elispot results if the patient isn't feeling better
- Behind persistent symptoms can also be other reasons like cytokine-imbalance, mitochondrial damage or toxins when the actual infections have cleared

