Leading Experts Gather to Decode the Mystery of Chronic Illness

by Scott Forsgren

Healthy Medicine Academy, in conjunction with Researched Nutritionalists, recently hosted “Decoding the Mystery of Chronic Illness” in Phoenix, Arizona. The primary focus of the event was to review approaches for treating persisting infectious inflammation. The event featured many of the top experts in the chronic illness landscape including Joseph Burrascano Jr. MD, Norton Fishman MD, Stephen Fry MD, Carol Ann Ryser MD, and other leaders in the field.

The sessions were attended by practitioners from North America, Europe, and Australia. It was a weekend filled with the very latest research, case studies, and treatment approaches aimed at those recovering from chronic Lyme disease and other debilitating conditions.

The intent behind this article is to cover the high-lighting points from the informative event. For additional details, DVDs are available from Researched Nutritionalists.

Dr. Joseph Burrascano Jr. MD - “Clinical Update on Tick-Borne Diseases”

The evening prior to the formal event, Dr. Burrascano spoke at a gathering hosted by the Arizona Lyme Disease Association and shared a “Clinical Update on Tick-Borne Diseases.” While Dr. Burrascano covered the history and the nuts and bolts of Lyme, he also shared a number of new items which were quite informative as he is always on the leading edge of Lyme disease diagnosis and treatment.

Dr. Burrascano noted that indirect tests such as the ELISA, the IFA, and the Western Blot are notoriously unreliable as they are looking for a “shadow of exposure” to a germs. One of the most exciting aspects of his talk was a discussion of the relatively new Borrelia cultured test from Advanced Laboratory Services.

The early pioneer in culturing Borrelia organisms was Alan B. MacDonald MD. Dr. MacDonald developed the original Borrelia culture over twenty years ago. After patient treatment, he was able to see the persistence of Lyme spirochetes in the culture. Dr. Burrascano asked the audience, “How can you call it Post-Lyme Syndrome if Lyme organisms are still there?” Ongoing testing may represent ongoing and persistent infection.

Even through Dr. MacDonald’s culture test was validated three times, his comments took the perspective that his work was fraudulent. As a result, MacDonald was denied to leave the Lyme field for over two decades. Fortunately for us, he has since returned.

More recently, Dr. MacDonald and Dr. Eva Supi Phd worked as consultants with Advanced Laboratory Services to create the modern Borrelia culture. The test is revolutionary in terms of both its sensitivity and specificity. The sensitivity of the test increases the longer that the culture is observed from 45% after 1 week to 94% after 16 weeks. When combined with DNA/PCR testing, the specificity is 100%. Existing indirect methods of testing have sensitivity as low as 50% and in some cases may have false positive results that are not possible with the culture as it is looking for the actual bacterium. A false positive antibody response that relies on a healthy immune system is always possible to a positive result which can lead to false treatment. The culture test is generally the most sensitive if the blood is drawn in the late afternoon.

Coinfection testing, such as for Babesia or Helicobacter, may be even more reliable than testing for Borrelia as commercially available tests can only test for a small number of the known strains.

Another important point that Dr. Burrascano made repeatedly over the years is the importance of testing blood levels for antibiotics. For example, at low doses, Doxycycline is bacteriostatic and not bactericidal. If treatment is not properly absorbing the antibiotic or the dosing is too low, the therapy is ultimately ineffective and may even promote resistant organisms. Ensuring that therapeutic doses of antibiotics are reaching the bloodstream is a critical part of optimizing treatment outcomes.

Dr. Burrascano noted that the goal of treatment is to decrease Lyme germs while simultaneously building up the immune system. It is about balance and not about eradicate every single germ. The most important thing one can do in support of building up the immune system is to get proper sleep and to exercise according to a program devised to improve T cell function.

If the exercise program recommended by Dr. Burrascano includes whole body workouts with weights or resistance machines. The weight should be light with many repetitions. It should last for 45-60 minutes, but if one cannot tolerate that level of exercise, it is still important to start with whatever can be done. There is a progressive warm-up before exercise and stretching of the entire body after the workout. There should be no aerobic exercise. This program is done only every 3-4 days and never on consecutive days. This style of exercise supports improved health and function of the T cells which is critical for recovery.

Intravenous immunoglobulin, or IVIG, therapy is an underutilized treatment option that can repair nerve damage often present in long-term Lyme disease. Furthermore, IVIG can help to reduce cytokine storms thus reducing inflammation without negatively impacting the immune system.

Dr. Joseph Burrascano recommends testing for damage to small nerve fibers as seen on skin biopsy, and also measuring total IgG and IgG subtypes, and nerve damage is found or if immunoglobulin levels are low, considering IVIG therapy.

A low glycemic, low fat diet is suggested. Alcohol is not allowed as it makes the overall condition worse. When Borreliosis is incubated with alcohol, it induces heat shock proteins and makes the infection far more toxic. Alcohol makes spirochetes more aggressive and damages the immune system. Steroids should not be used unless on aggressive anti-biotic therapy. Exercise must be performed up to 3 times a week. Rest is mandated, and sleep must be sound. Several key nutritional supplements are also recommended.

Useful supplements include probiotics, kefir, and soil-based organisms. Probiotics should be rotated amongst several types. A multivitamin with minerals is suggested. CoQ10 is indicated unless Mepron or Malnolone are being used. NT-Factor often helps with fatigue. Vitamin D supports the immune system and is anti-inflammatory. Essential fatty acids such as krill oil, borage oil, or coconut oil are necessary. Magnesium can be started only after one is on an antimicrobial program; this is done to avoid the potential of activating Lyme neurotoxin. Lyme-specific transfer factors assist the immune system in recovering from the disease. Methyl-B12, B-Complex and methylthionine cycle block treatments are often highly beneficial.

Dr. Joseph Burrascano stresses the importance of a healthy attitude. He suggested cultivating the good things in life in minimizing or ignoring the bad. Losing anger and not feeling sorry for yourself promotes an attitude for recovery. He noted that becoming “Lyme-obsessed” is not helpful. One should pursue other interests and find distractions from their current situation. Through the journey, we should not lose the person that we are.

Dr. Norton Fishman MD - “Multiple Symptoms, Multiple Systems, Multiple Doctors” and “What is Persisting Infections Inflammation?”

Dr. Norton Fishman finds that inflammation is a common denominator in chronic illness. Often times microbes are the initiator of the inflammation. He noted that “inflammation is the immune system encounters response to microbial stimuli in the context of tissue injury.” Inflammation presents when the immune system is attempting to get rid of an unwelcome invader. The inflammation itself may be the cause of many of the ongoing symptoms of illness and can be the ongoing trigger that keeps the illness chronic.

According to Dr. Fishman, our microbial defense systems can be divided into three levels. These are: 1) anatomic and physiological barriers such as “experts...” - cont’d pg 2
Type of Test
Broad Spectrum
Complicated
Moderate
Mixed

IFN-γ and blocking of Th2 organisms. Th1 immunity is a response to intracellular Th2, and Th17. Th1 lymphohelper cells: namely Th1, such as macrophages and T cells, produce IL-4, IL-5, and IL-10. Various cytokines, in the expression of several make proteins to fight microorganisms and tells our DNA to produce IL-17. It is highly pro-inflammatory and anti-microbial. Continuing with the analysis above, Th17 are likely to be terminally with antigen presentation. It is thought that response in activated macrophages often seen in the broad spectrum reaction which can also be seen in sarcoidosis, a much less common disease. An A. d. 25 level would be around 60. The other indirect evidence for Th1 suppression is that TNF-α is “tough.” Through several key mechanisms, bacteria evade being killed by antibiotics. These include the formation of biofilms, phenotypic variation (persistor cells which are slow growing and insensitive to antibiotics or the ability to change form into granules, blebs, and cysts), and genetic mutation which makes the organisms less susceptible to therapy. It is primarily the Th1 cells that are involved in the formation and to change forms that makes treating chronic bacterial infections, inflammation is an ongoing presence. It is thought that a chronic disease is caused by the innate immune system that is incapable of clearing the “big eaters.” They, along with the dendritic cells, are involved in the initiation of defensive mechanisms and to the adaptive immune response. Next follows the cytokines produced by the innate immune system and are known as the “big eaters.” They, along with the dendritic cells, are involved in the initiation of defensive mechanisms and to the adaptive immune response.

Cytokines can be pro-inflammatory such as IL-1, IL-6, TNF-α, IFN-γ, or anti-inflammatory such as IL-4, IL-5, and IL-10. Pro-inflammatory cytokines are part of the body’s immune system and are involved in the production of the Th1 cytokines and Th1 cells to areas of infection. The immune system consists of three groups of helper: namely Th1, Th2, and Th3. The lymphocytes that make antibodies and are involved in the response to intracellular organisms. The immune system is influenced by IL-12 which leads to the production of IFN-γ, the ability of the Th1 response. The lymphocytes quiet the cytokines that lead to inflammation and are involved in inflammation related to allergic response and extracellular pathogens. Dr. Bush made the analogy to the movie “The Good, The Bad, and The Ugly” with Clint Eastwood and suggested that IL-10 is “the good”, IL-6 is “the bad”, and TNF-α is “tough.” IL-10 is an anti-inflammatory cytokine and downregulates the expression of the Th1 cytokine. IL-6 can be both pro-inflammatory and anti-inflammatory and is produced by both the Th1 and Th2 systems in the innate immunity. It can promote inflammation, lead to muscle wasting, and some endothelial dysfunction. Further, IL-6 antagonizes insulin and as a result can lead to hyperinsulinemia and insulin resistance. TNF-α is a pro-inflammatory cytokine produced by Th1 macrophages. It is a master regulator of the entire inflammatory response in the body, is involved in systemic inflammation, and can result in muscle breakdown and high cholestrol. It thers is involved in the immunity response to various cellular pathogens and is a likely contributor to autoimmunity in the body. Th1 cells produce IL-17. It is highly pro-inflammatory and anti-microbial, Bovine. Continuing with the analogy above, Th17 are likely to be terminally with antigen presentation. It is thought that response in activated macrophages often seen in the broad spectrum reaction which can also be seen in sarcoidosis, a much less common disease. An A. d. 25 level would be around 60. The other indirect evidence for Th1 suppression is that TNF-α is “tough.” Through several key mechanisms, bacteria evade being killed by antibiotics. These include the formation of biofilms, phenotypic variation (persistor cells which are slow growing and insensitive to antibiotics or the ability to change form into granules, blebs, and cysts), and genetic mutation which makes the organisms less susceptible to therapy. It is primarily the Th1 cells that are involved in the formation and to change forms that makes treating chronic bacterial infections, inflammation is an ongoing presence. It is thought that a chronic disease is caused by the innate immune system that is incapable of clearing the “big eaters.” They, along with the dendritic cells, are involved in the initiation of defensive mechanisms and to the adaptive immune response. Next follows the cytokines produced by the innate immune system and are known as the “big eaters.” They, along with the dendritic cells, are involved in the initiation of defensive mechanisms and to the adaptive immune response. Next follows the cytokines produced by the innate immune system and are known as the “big eaters.” They, along with the dendritic cells, are involved in the initiation of defensive mechanisms and to the adaptive immune response.
Ehrlichia are alphaproteobacteria that can lead to fever, myalgia, headache, chills, rash, and gastrointestinal illnesses. *Ehrlichia muris* is an emerging species in Florida. The most common species include *Ehrlichia equi* (formerly *E. equi*), *Ehrlichia chaffeensis*, *Ehrlichia ewingii*, and *Ehrlichia muris*. These are intracellular parasites.

*Rickettsia* is an alphaproteobacterium that can result in fever, rash, and flu-like symptoms. It acts very similarly to a virus. It is tick, lice, and flea-borne. *Toxoplasma gondii* is believed to be an issue in 10-8% of the population of the United States. It forms cysts within the tissues and even in the brain and generally does not go away. It can lead to retinal damage, organ damage, and encephalitis. Cats are one of the primary reservoirs of *Toxoplasma*, which is why pregnant women are advised not to change litter boxes while pregnant.

*Coxiella* causes the disease commonly known as Q-Fever and leads to headaches, chills, and respiratory symptoms. It is extremely contagious and can be transmitted via ticks or in milk and is a known bio warfare agent.

**Dr. Stephen E. Fry MD - Vector-Borne Diseases, Biofilm Communities, Protomyxzoa rheumatica**

**Rheumatica:**

*Mechanisms of Persistent Infections*

Biofilms, also referred to as “slime”, are a specialized community of bacterial cells enclosed in a self-produced polysaccharide matrix and adherent to an inert or living surface. The most powerful grief department in your body is the man to make by bacteria.

Biofilms impact teeth, drinking water, pigs used in oil recovery, cooling water, food processing, ship hulls, and the manifold. Most urinary catheters are coated with silver as silver is a known anti-biofilm agent.

Fry and his lab, Fry Laboratories, have been investigating the role of a protozoan organism known as *Protomyxzoa rheumatica* (formerly *F.1953*) and biofilms in many different chronic health conditions. They postulate that protozoan organisms may be involved in chronic rhinosinusitis. In Cystic Fibrosis, several organisms may be involved, but once the bacterium *Burkholderia cepacia* is present and begins to produce biofilms, life expectancy is generally two years or less. Kidney stones may be the result of biofilm-forming nanobacteria. Very simple organisms can create biofilms: it is possible that even viruses create biofilms.

Chronic, non-healing wounds are often associated with biofilms. Biofilm infections are chronic in nature and very difficult to eradicate. Pathogens are protected from antimicrobial therapies by the biofilm, and the immune system is unable to eradicate these protected pathogens. It has been suggested that inflammation nourishes biofilm communities. Biofilms are the rule in nature, not the exception. Biofilms consist of numerous microorganisms, extracellular polymeric substances (EPS), DNA, calcium, magnesium, and iron. Biofilms play a role in many chronic diseases. They like flow environments and, along with *Protomyxzoa rheumatica*, may play a role in CCSVI (chronic cerebrospinal venous insufficiency).

*Protomyxzoa rheumatica* appears to be an emerging species with Lyme disease and many other chronic conditions such as Chronic Fatigue Syndrome, Rheumatoid Arthritis, Scleroderma, Parkinson’s, MS, and ALS. *Protomyxzoa* is an inflammatory trigger and vascular pathogen. It is similar in many ways to *Toxoplasmosis*, *Malaria*, and *Rubella*, but it is also a profound biofilm former. It may ultimately be the cause of most neurological diseases.

ALS may be the result of the combination of *Protomyxzoa* and the bacterium *Rheutonia*; both of which are profound biofilm formers that ultimately affect the substantia nigra, an area of the brain that produces dopamine.

*Protomyxzoa* does have a flagella and thus may be one explanation for a positive 41 kDa band on Western Blots for Borrelia.

Plaquenil, Methotrexate (folate acid antagonist; *Protomyxzoa* uses folate acid), herbal, enzymes, mechanical removal of biofilm, antimicrobial, and antimarial agents are used by treatment. Some antimarial treatments such as Chloroquine, Minocycline, and Buxin have been shown to be helpful in treating *Protomyxzoa*. Magnesium and arginine are contraindicated in Dr. Fry’s treatment approach as these benefit the *Protomyxzoa*. Fats are restricted using the McDoDiet as fats are used by the organism for replication and as a component of the biofilm; the amount of *Protomyxzoa* observed via laboratory testing directly correlates to the amount of fat in the diet.

**David Berg MS - Underlying Pathophysiology: Hypercoagulation**

One of the very common chronic illnesses which have chronic infections as an underlying factor is thick blood or hypercoagulation. When the blood is too thick, treatment has not been optimized and outcomes are often disappointing.

Inflammation and lack of blood flow are hallmark symptoms of many chronic disease states. When the immune system is activated, this leads to inflammation which activates the clotting cascade. Inflammation combined with coagulation defects and pathogens leads to fibrin build-up in the capillaries and chronic illness.

There are many different types of coagulation defects and when each is considered separately, this impact only a small portion of the population, but when looking at the sum total of the possible defects, at least 1 in 4 people are affected.

Activation of the coagulation system can be triggered by many different factors such as viruses (HHV-6, CMV, EBV, HSV-1, HSV-2, Varicourus, Herpes Zoster), bacteria (Mycoplasma, Chlamydia, Borrelia, Brucella, Staph, Strep, Ehrlichia, Bartonella), yeast (Candida), parasites (Rubusia, *Protomyxzoa rheumatica*), vaccinations, heavy metals, chemicals, and trauma.

The ISAC (Immune System Activated Coagulation) panel from Eoestrix Labs is a group of blood tests that demonstrate how activated the coagulation system is. With expert interpretation of the results, one can determine appropriate therapies. These may include fibrinolics such as Bromelain, Wobenzym, Serpasilidase, Endoyme, Nattokinase, Lumbrokinase and anticoagulants such as Heparin. Berg suggests that in his experience, Boluoke (a specific Lumbrokinase product) is the best option for many people.

Lumbrokinase is approximately 50-100 times more effective than Nattokinase and is capable of dissolving debris both inside and outside of the blood vessels. Boluoke seems to help both with fibrin accumulation and reduction of biofilms. Boluoke can be taken with or without food. As fibrin is deposited in the capillaries, tissue may not get necessary oxygen. Nutrients and hormones cannot enter tissues, and waste products cannot be removed.

Coagulation is also triggered by an increase in fat cells. The more fat we carry, the more cytokines our body will have which plays a role in inflammation. Losing weight improves both inflammation and coagulation.

**“Experts”...cont’d pg 2**

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**Medical Perspectives**

*Berg is an expert at interpreting traditional CBCs as well. For example, a low white blood cell count (WBC) may point to elevated neutrophils and depressed lymphocytes, which is commonly seen in Borrelia infections. He suggests that when eosinophils are elevated even at 4–6, one should check for parasites. When 3 times the hematocrit value is below the value of hematocrit, this may suggest that parasitic infection is occurring.*

**Author Note:** Evaluating for hyperimmune conditions is an aspect of integrative medicine and is a key part of a well-planned treatment approach. I have personally done more than once over the years and am in the process of doing so again. Once the results are received, your doctor can schedule a consultation with an ISAC panel (discussed previously) to better understand what the findings mean and that treatment options may be appropriate.

*Ruth Kriz APRN - "Underlying Pathology: Diagnosis and Treatment of Chronic Fatigue Syndrome and Resultant Cascading Issues"*

Approximately 20% of the population is genetically predisposed to these inflammatory conditions. However, in people with chronic illness, this number can rise to 40% or higher with inflammatory stressors such as a hyperinsulinemic or hyperglycemic state, a hypertriglyceridemic state, or a hypercortisol state. Inflammatory stressors that cause inflammation include infections, surgeries, trauma, autoimmune diseases, chemotherapy, radiation, cancer, obesity, Chronic Fatigue Syndrome, Fibromyalgia, and diabetes.

5 million Americans have Alzheimer’s disease, and people older than age 65 have a 50% chance of developing the condition by the age of 85. Alzheimer’s is related to the inflammation of the brain and is often complicated by other diseases such as statins.

The pancreas and brain need glucose to live. New research shows the brain makes insulin. Insulin is a key player in the brain independent of its function in the pancreas. As a mitochondrial fuel, glucose and insulin; whereas anaerobic metabolism uses ketone bodies. Insulin is an important metabolite that is produced in the brain. People with diabetes often have insulin resistance.

Ketones are made from medium-chain triglycerides (MCT) and other sources. Ketones provide twice as much energy as glucose and can cross the blood-brain barrier. Consuming MCT oil or coconut oil to ketones but does not reach the level of ketoacidosis seen in diabetes.

Brain function is related to brain metabolism. Ketones are efficient producers of ATP, energy in the mitochondria. They also improve the function of the heart by up to 70%.

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Dr. Joseph Burrascano, Jr. MD - "The Paradigm for Persisting Infectious Inflammation"

Over time, more and more people are presenting with complex and difficult to treat chronic illnesses. Some of these such as Chronic Fatigue Syndrome, of these such as Chronic Fatigue Syndrome, Alzheimer's disease and the end result is ongoing infection and ongoing generalized inflammation.

Inflammation"...cont'd from pg 4

"Experts"...cont'd from pg 4

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active infection was present at the time the blood was drawn. This test has a two-step process. The first step is a 7- to 10-day short-term culture of bacteria. If the test is positive, a second test for antibodies to oral therapy. The second test, often referred to as Borrelia burgdorferi, is often done by using the enzyme-linked immunosorbent assay (ELISA) or similar tests. Nonspecific, or failure of or intolerable medications such as antibiotics, or failure of or intolerable medications to respond to oral therapy. It is important to note that Borrelia burgdorferi very quickly develops drug resistance. It is not a good idea to use antibiotics for several months and then stop treatment again. One generally does antibiotics for several months and then stops completely. One does not apply to coinfection therapeutics. Borrelia burgdorferi is a worldwide pathogen. It is likely endemic area tested positive for Borrelia burgdorferi. It is estimated that there are at least 200,000 cases of Lyme disease in the United States annually. Scott Forsgren is the editor and founder of BetterHealthGuy.com where he shares his almost sixteen year journey through a chronic illness only diagnosed as Lyme disease after eight years of searching for answers. Scott was honored to be awarded an “Educational Excellence Award” from the LIA Foundation for his efforts in educating the public about Lyme disease. Scott can be reached at Scott@BetterHealthGuy.com.
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From the beginning, Nutramedix has operated with a unique business model. First, the owners and management work diligently to operate a company according to Biblical principles—honesty, integrity, value, and respect for all people. Its corporate environment is one that works to serve both its customers and its employees, producing one of the best customer service teams in the industry. Second, Nutramedix was founded with the goal of using a significant amount of its proceeds to support orphans, widows, Christian pastors, and missionaries in economically disadvantaged parts of the world. So as a customer, you are not just purchasing high quality nutritional supplements, you are helping us give back to people in need all around the globe.

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