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Diagnosis and Cure: Intellectual Honesty is the Basis of All Science

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There is a saying, "live and learn." I have practiced medicine for over fifty years. I have lived and I have learned. I had a private practice in Internal Medicine/Rheumatology from 1968-2008 in San Antonio, TX, USA. While keeping a full schedule, I also taught Rheumatology at the University of Texas at San Antonio (UTSA) Medical School and volunteered one afternoon a week at the local hospital, providing care to the underserved population. Throughout my practice, I was loyal to the Centers for Disease Control (CDC) guidelines. I, like all physicians, respected their veracity, then my daughter-in-law in Boston became ill. Top hospitals in Boston and even the Mayo Clinic, where I trained, initially thought she had multiple sclerosis (MS) because of her magnetic resonance imaging (MRI) of the brain. But her physical exam was characteristic of amyotrophic lateral sclerosis (ALS). Her symptoms were varied, extreme, and debilitating. There was no offered cure and she was given four months to live. Given no hope, I began to search for something, anything, to explain her symptoms. Because she had lived in Westchester County, New York, USA and then in Boston, I wondered if her diagnosis could actually be Neuroborreliosis (Borrelia Burgdorferi infection) or, as it is commonly known, Lyme Disease.[1]

My daughter's illness put me on a path of investigation and knowledge. Once properly tested, her diagnosis of lyme disease was undeniably clear. Since helping her, I am genuinely astounded by the results of objective testing to confirm the etiology of neurodegenerative diseases. For many years in my office, I erroneously excluded Borrelia infections by adhering to the standard testing method. The tests measure the antibodies in the patient's blood in response to exposure to the antigens on the spirochete. In the chronic infection, the spirochete becomes cystic and sequestered resulting in a muted or absent immune response. Furthermore, many of the neurodegenerative diseases are considered "auto-immune" so the patients are treated with immunosuppressive medications prior to testing – these prevent the antibody response resulting in the negative test result. Many patients correctly seek out the Western Blot, but the standard Western Blot omits Outer Surface Protein "A" (Band #31) and Outer Surface Protein "B" (Band #34). These omissions are very unfortunate because they erroneously exclude a Borrelia infection.[2,3]

INTELLECTUAL HONESTY IS THE BASIS OF ALL SCIENCE

Since 2011, I have encountered numerous patients who have been diagnosed with MS, ALS, Lewy body dementia (LBD), chronic inflammatory demyelinating polyneuropathy (CIDP), Parkinson's disease (PD), Alzheimer's disease (AD), and other motor neuron diseases (MND) who are testing positive for Borrelia infection when properly tested.[3]

Prior to testing, the patient's immune system must be exposed to the spirochete in order to produce antibodies. I recommend 21-days of "Provocative Antibiotics" (providing not contraindicated for medical reasons)-i.e. Flagy 500 mg (to open the cyst allowing the antibiotic to penetrate) and Zithromycin 500 mg. After the completion of the pre-test provocative antibiotics a Western Blot or Immunoblot containing Bands #31 & #34. I have no association with any laboratory – I have relied on a lab that is dedicated to tick-borne diseases. All the patients I have encountered (100%) have tested positive after the course of the provocative antibiotics. It is noteworthy that some of these patients have initially tested negative and subsequently became positive.[4,5]

I have recommended these patients to be treated with "pulse" antibiotics for 3 consecutive days on medications followed by 4-days off medications (additional information can be provided). Always included in the regimen is Flagyl or Tindamax-

in order to allow the antibiotic to penetrate the cyst.

So far, the results have been gratifying. Recently one patient was treated with this regimen for 6-months, her illness became stabilized and then liposuction harvested her adipose mesenchymal stem cells – these stem cells were expanded in culture over an 8-week period then the stem cells were injected back into this patient.

The results, have been remarkable, she was much debilitated and is currently walking and even utilizing an exercycle. I am convinced the concept of "auto-immune" disease must be modified and an infectious etiology included in the differential diagnosis of all neurodegenerative, rheumatological, and mental illnesses.

I have lived and learned. My goal is to provide awareness for the patients who are suffering from tick-borne disease. Until the CDC catches up to innovation, many patients will needlessly suffer and die.

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