

LYME DISEASE &



Cécile Jadin

South Africa

April 2016



INFECTION



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BRIEF HISTORIC ABOUT BORRELIOSIS

- Drury -1702 - Central Africa
- Beginning 1900 - Spain: hispano-african fever
- 1920 - Charles Nicolle – North Africa: “*the disease of the future*”
- 1933 - Scheltz in Belgium Congo
- 1944 - Palakov recurrent fever in Cape town
- 1950 - Heish in Kenya
- 1950 – Sparrow in Ethiopia
- 1975 - Rebaptised Lyme Disease in Connecticut





1991 – The Otzi mummy found
in the Alpes,
full of arteriosclerosis with
DNA *Borrelia burgdorferi*,
is over
5.300 years old



A close-up photograph of a hand holding a small, clear glass hourglass between the thumb and index finger. The hourglass is positioned vertically, with the top bulb slightly larger than the bottom bulb. The hand is light-skinned, and the background is a soft, out-of-focus white. The text is overlaid on the right side of the image, partially obscuring the hand and the hourglass.

***The List of Pathogenic
Agents
Investigated routinely
are***





Lyme disease (Borreliosis)

Rickettsia

Mycoplasma pneumoniae

Chlamydia pneumonia & trachomatis

Q fever (Coxiella burnetti)

Brucellosis

Toxoplasmosis

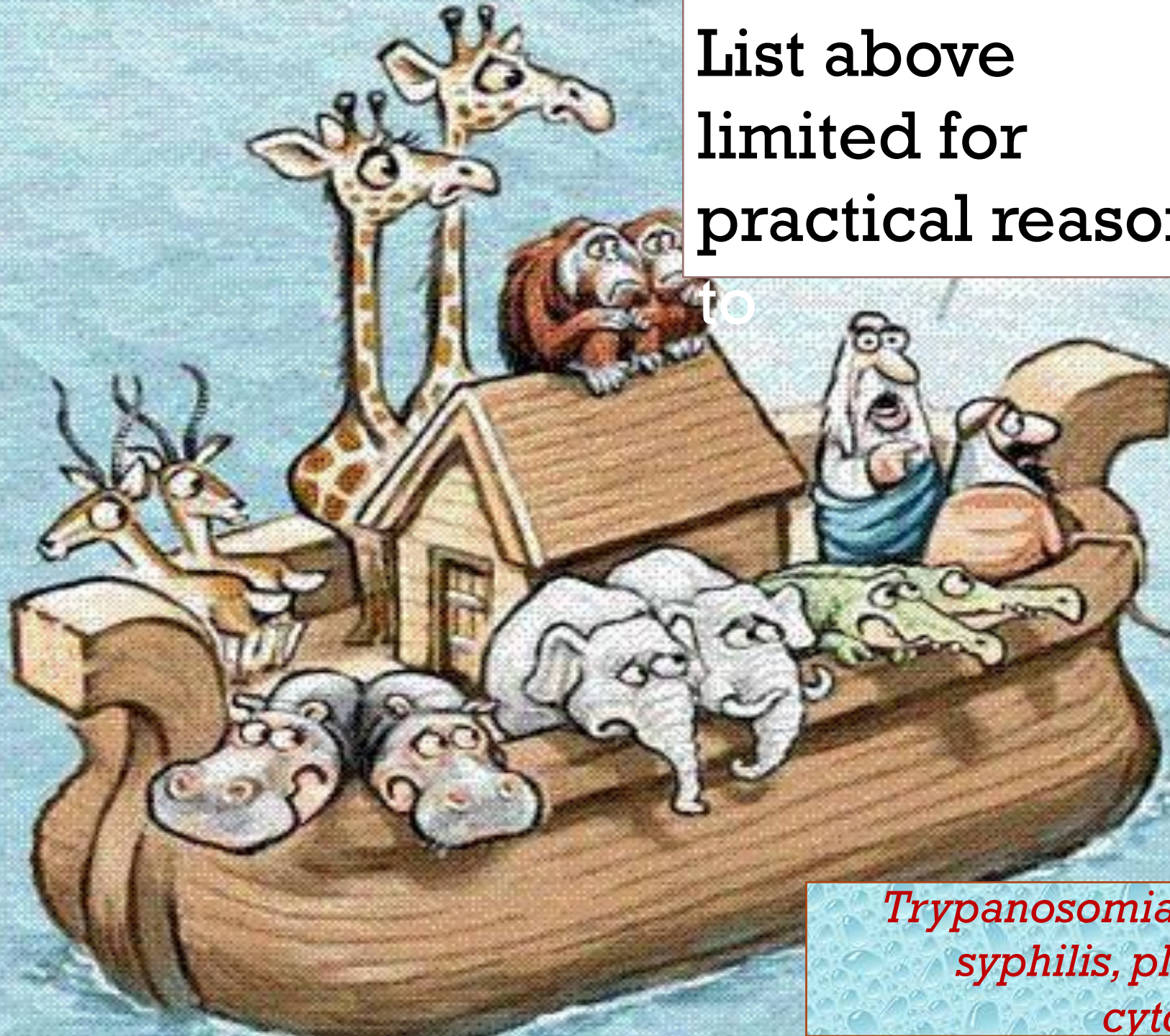
Helicobacter Pylori

Bilharzia (Schistosomiasis)

Bartonellas



List above
limited for
practical reasons
to



*Trypanosomiasis, leishmaniosis, leprosy,
syphilis, plague, EBV, Cocksackies,
cytomegalovirus...*

Forgotten broom Medical stars



- ✓ Sweeping humanity
- ✓ So much better
- ✓ Since nobody suspects them



- ✓ Are put under a microscope
- ✓ Of good or bad quality
- ✓ Which lead to a treatment
- ✓ More or less efficient

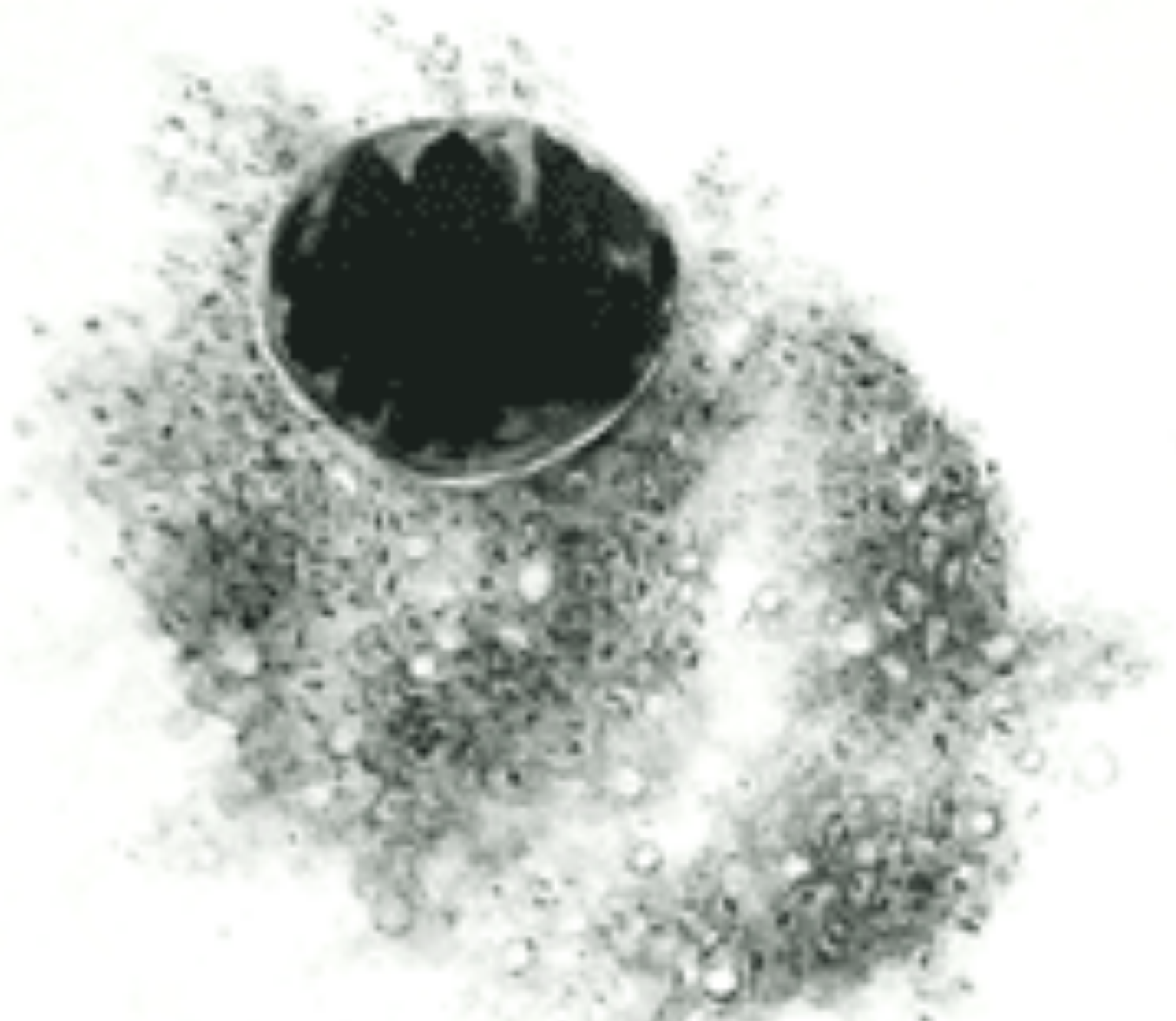


Medical stars



**In the last 226 new
patients – April 2015
until February 2016:
20% positive**





Rickettsia prowazeki



Forgotten articles

- Obligated intracellular organism
- Causes endocarditis, pericarditis,
- Destroys heart's valves
- Causes chronic hepatitis
- At the origin of miscarriages and fetal malformations
- MS, Parkinson, Autism
- RA, Lupus...



Mycoplasma pneumoniae

Medical stars



- Intra or extra cellular
- No membranes
- Often seen together with Rickettsia
- Same range of action
- Depending of anatomical position
- **Top predator in our practice**



Chlamydia pneumoniae

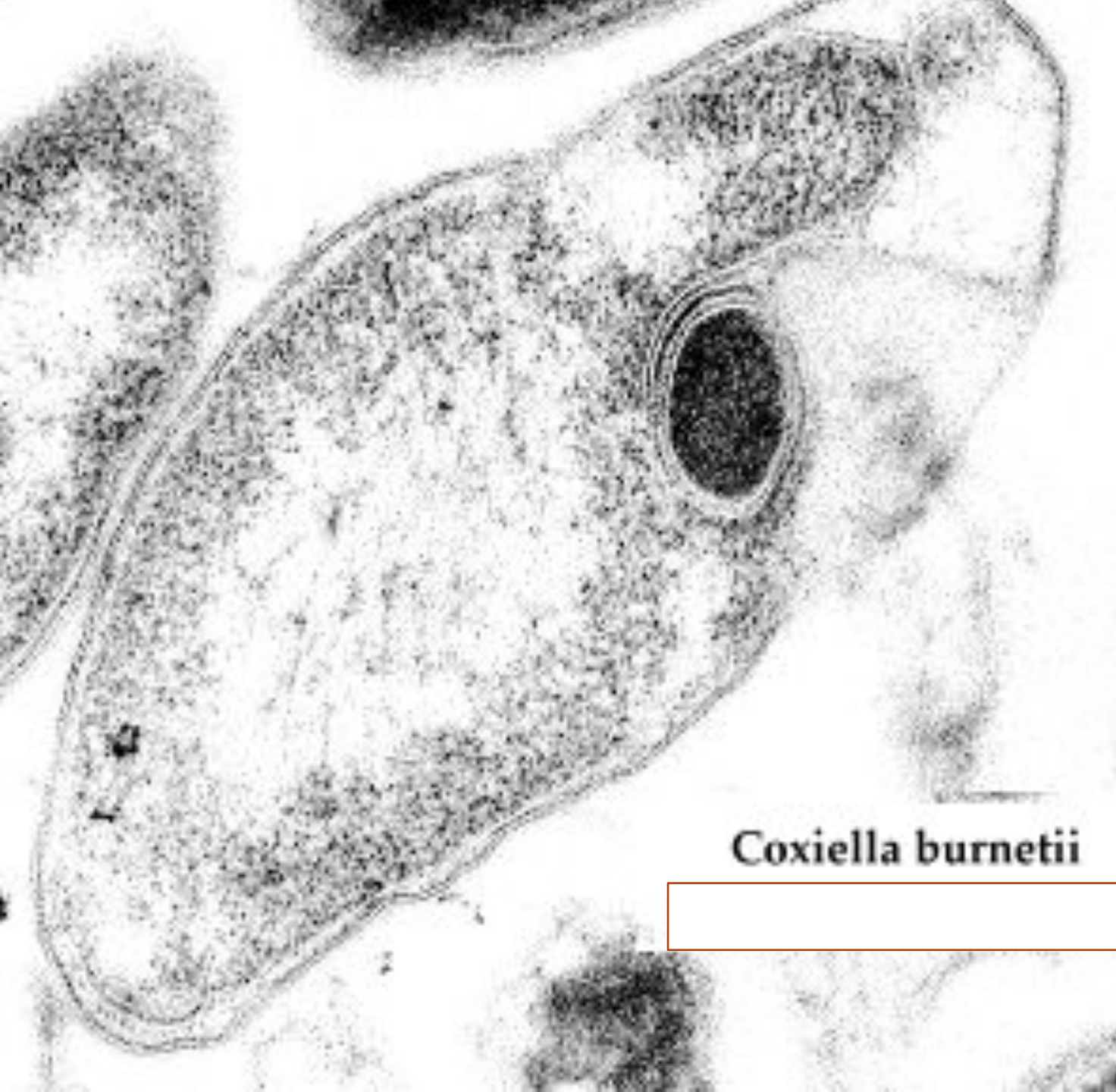
*PS. Mycoplasma & Chlamydiae were called
Neo rickettsia in the last century*

Changing conditions



- Chlamydia pneumoniae
 - Chlamydia trachomatis
 - Chlamydia psittaci
-
- Heart attack
 - Stroke
 - Miscarriages
 - RA
 - Neurological conditions





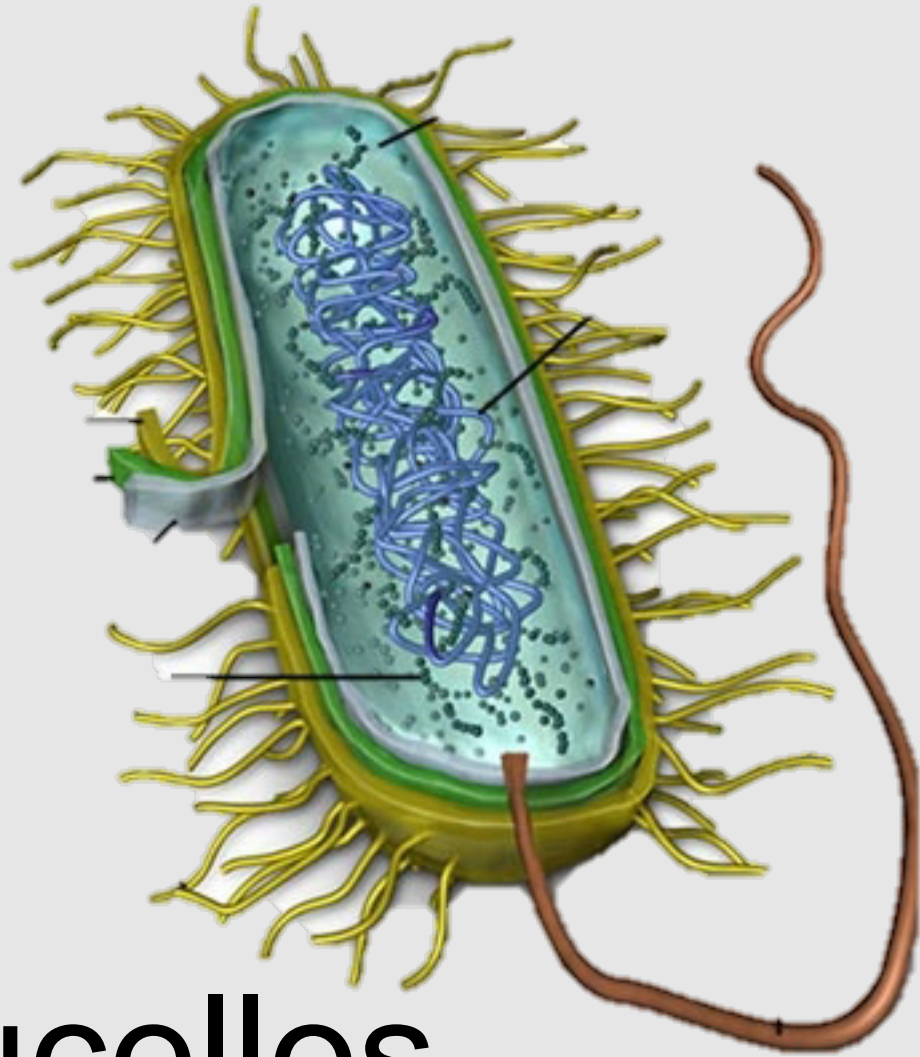
Coxiella burnetii



- Called Query fever
- Until identified by Coxiell & Burnet
- Both had a Nobel prize
- Both died of the disease

The most severe and persistent germ of all





Brucellosis

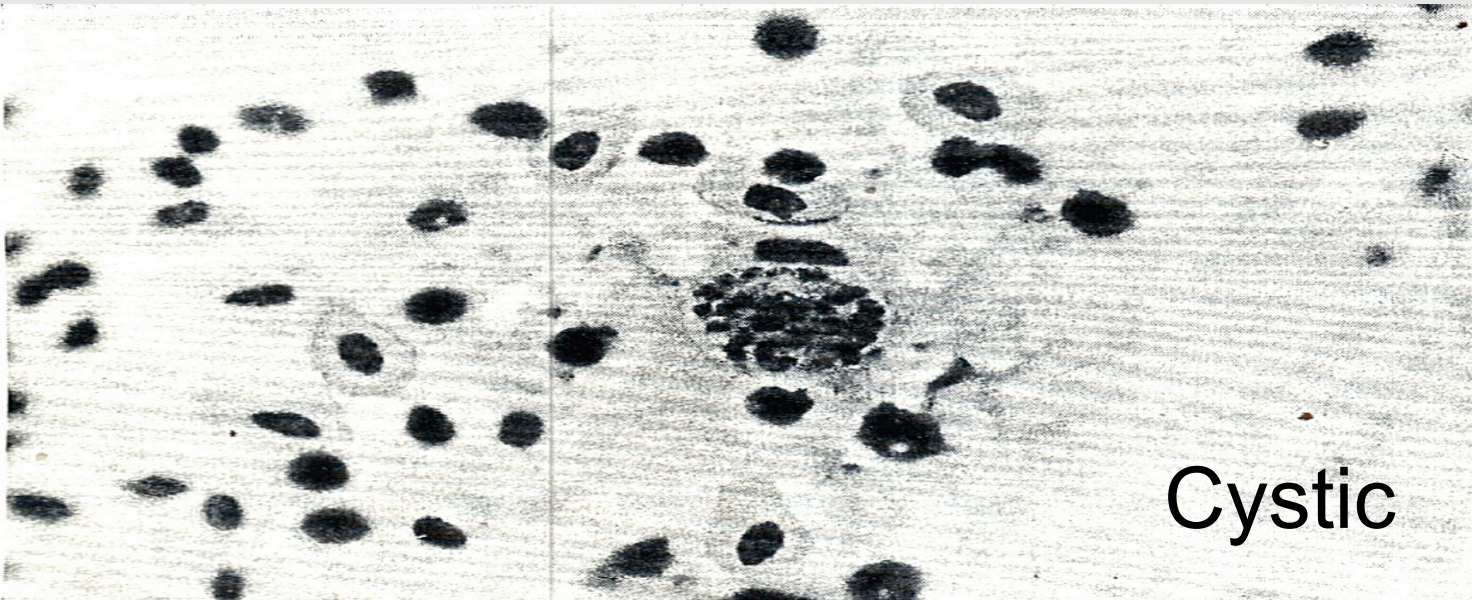
- In recrudescence
- Undulant fever
- Arthralgias, miscarriages & abortions
- Neurological symptoms
- Lethal in case of endocarditis



Toxoplasmosis

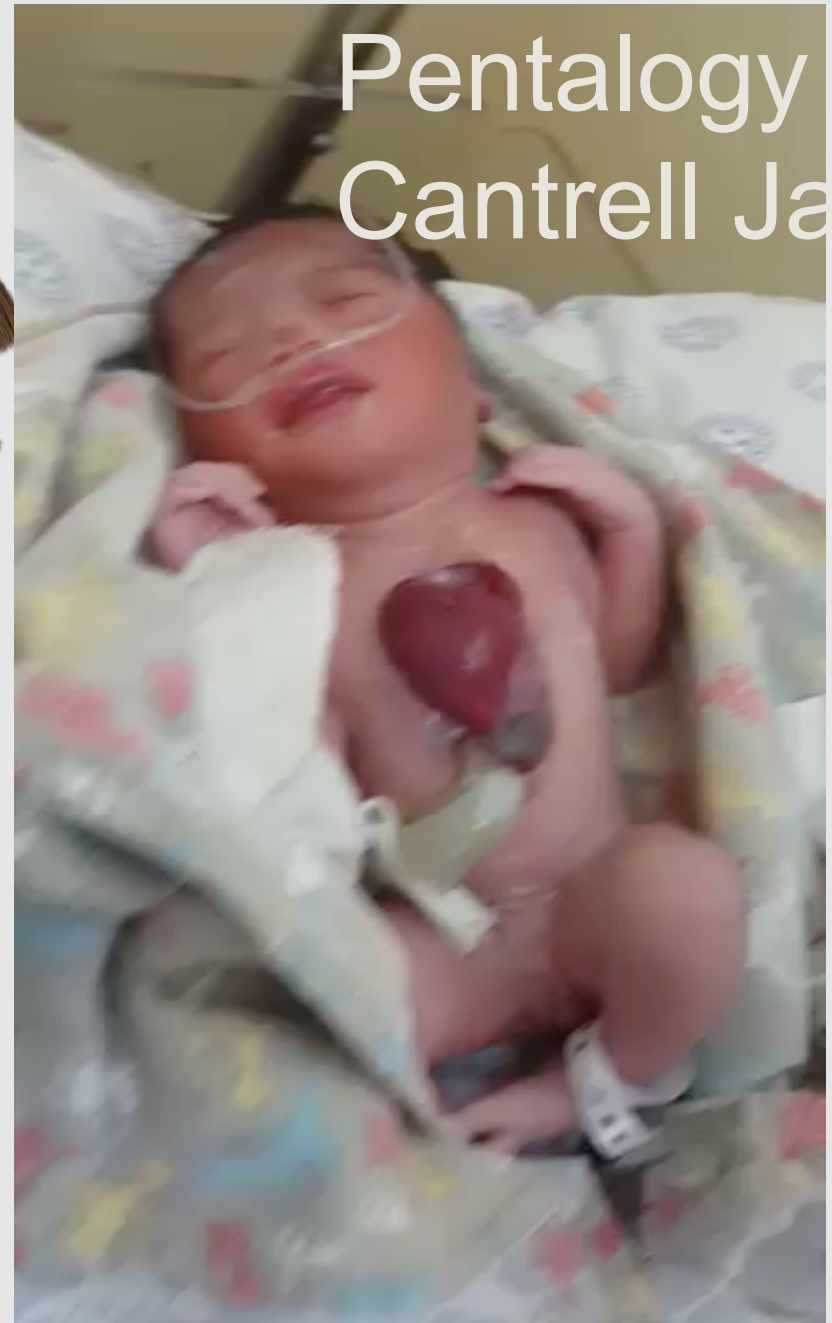


Free



Cystic

Pentalogy of Cantrell Jawit





Helicobacter pylori

Discovered 3 times: 1 - Paris
2 - New York
3 - Perth



Pathogenicity starts 1 - Digestive system
2 - Heart
3 - Brain



Half broom, half star



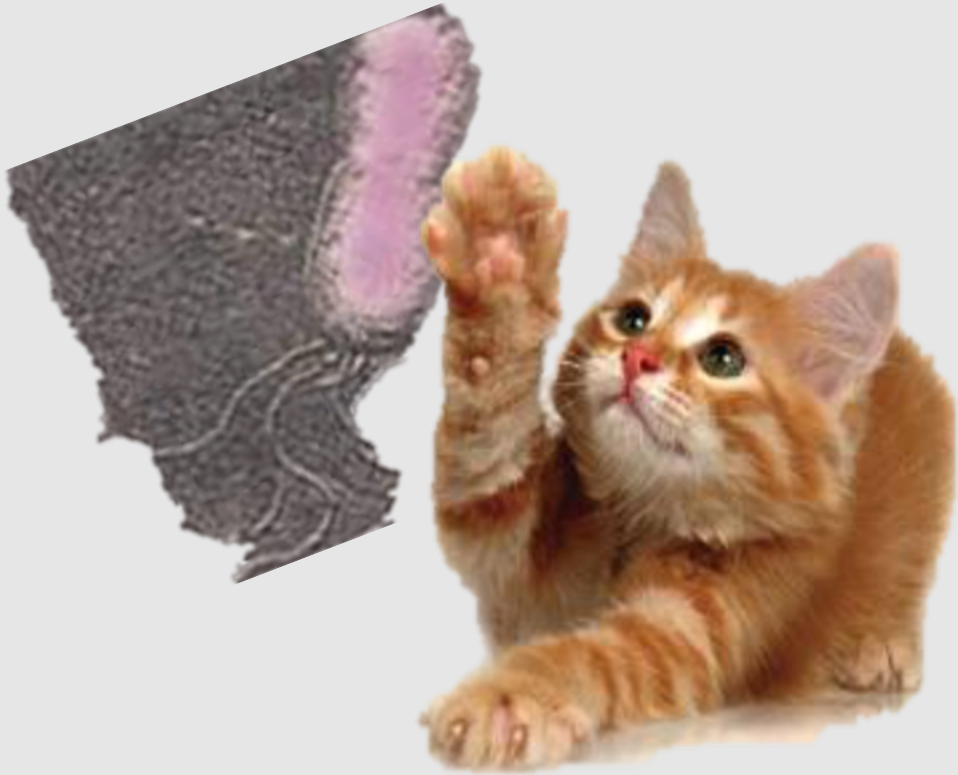
Bilharziosis

- Omnipresent
- Laying from 200 to 2000 eggs
- Life span of 40 years
- Rarely causes hematuria
- More often epilepsy
- Kills more than 200.000 people



BARTONELLAS

HENSELE



QUINTANA

First called Rickettsia quintana



INSTITUT PASTEUR
DE
TUNIS

KALA AZAR

Culture Reproduction expérimentale

Traitement

BOUTON D'ORIENT

Culture Reproduction expérimentale

LEISHMANIOSE CANINE

TOXOPLASMOSE

TYPHUS EXANTHEMATIQUE

Etude expérimentale transmission par le pou

Vaccination - Sérothérapie

FIEVRE BOUTONNEUSE

Identification Etiologie

Reproduction expérimentale, Serologie

FIEVRES RECURRENTES

Evolution du Spirille chez le pou

Fièvres à tiques

MALADIES INAPPARENTES

SERUMS DE CONVALESCENTS

ROUGEOLE, VARIOLE, GRIPPE

BRUCELLOSES HUMAINES ET ANIMALES

Bactériologie, mélitine, Traitement

TRACHOME

CONJONCTIVITE A BACILLES DE WEEKS

CHANCRE MOU

MYCETOMES

BILHARZIOSE

PESTE

LEPRE

VIRUS NEUROTROPES

Rage, poliomyélite, maladie des porchers

FIEVRE JAUNE

Vaccination

LEPTOSPIROSES

PALUDISME

Traitement

FIEVRES TYPHOIDES

Vaccination Traitement

Stele erected in 19

PATIENTS HISTORY

- Tick bite, fleas, lice, spider bite, contact with nature, with chemical, air con?
- Unpasteurised milk, cheese, uncooked meat?
- Recent travel, vaccines?
- Dental work, surgery?
- Prior diagnosis?
- Present treatment?
- Present complains?



Germ association causes a Vascular

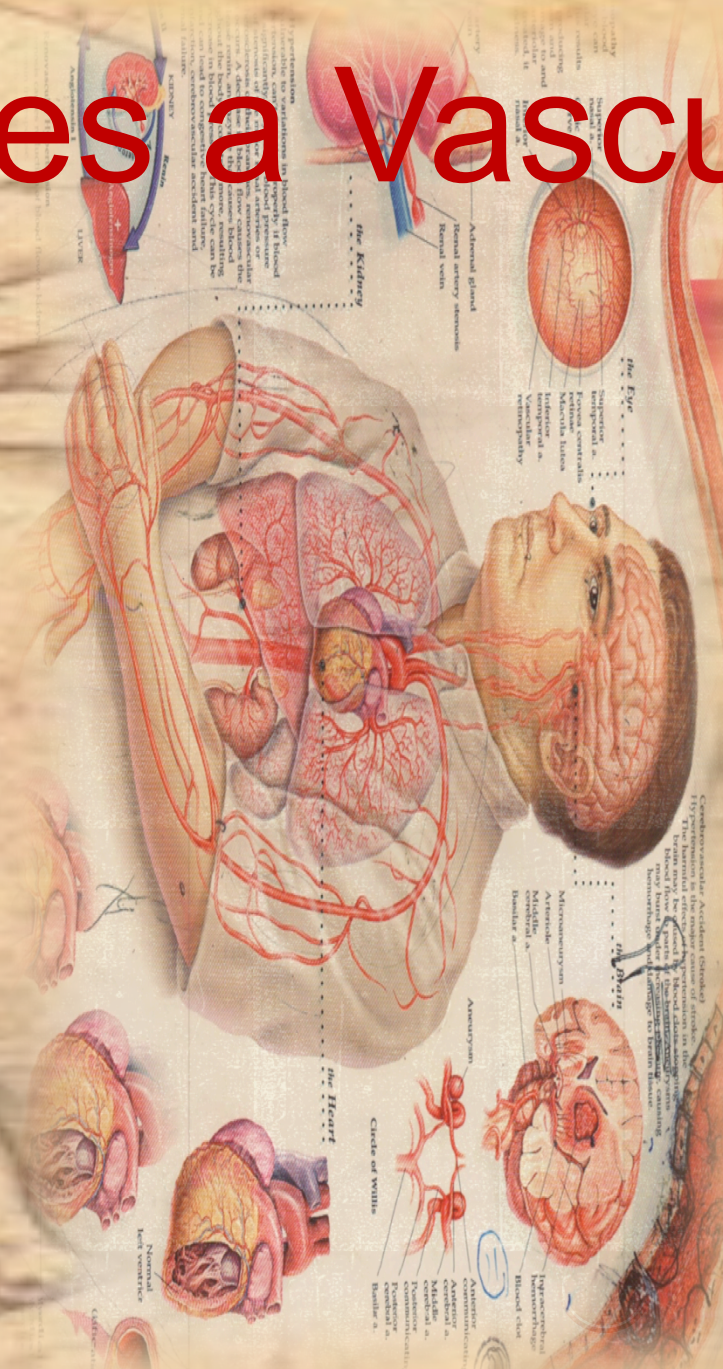
- Mild or Severe
- Recurrent or not

And releases

- Endotoxins → Pain
- Neurotoxins → Psychiatric & neuropathologies
- Allergens → Itchy skin, rashes,
Asthma,
Food intolerance

They consume

- Oxygen → Fatigue, Cellular Dysfunction
- Sugar → Sugar craving
- Magnesium → Magnesium depletion
- Iron disturbances → % low & ferritin high



A VASCULITIS

- Origin: Infection
- Possible Consequences:
 1. **Tearing** tissues: oedemas, anoxemia...
 2. **Blocking** tissues: thrombosis, stroke, heart attack, liver failure, kidney failure, frozen lungs
 3. Insoluble deposit while healing = **Amyloidosis**

Anywhere in the human body





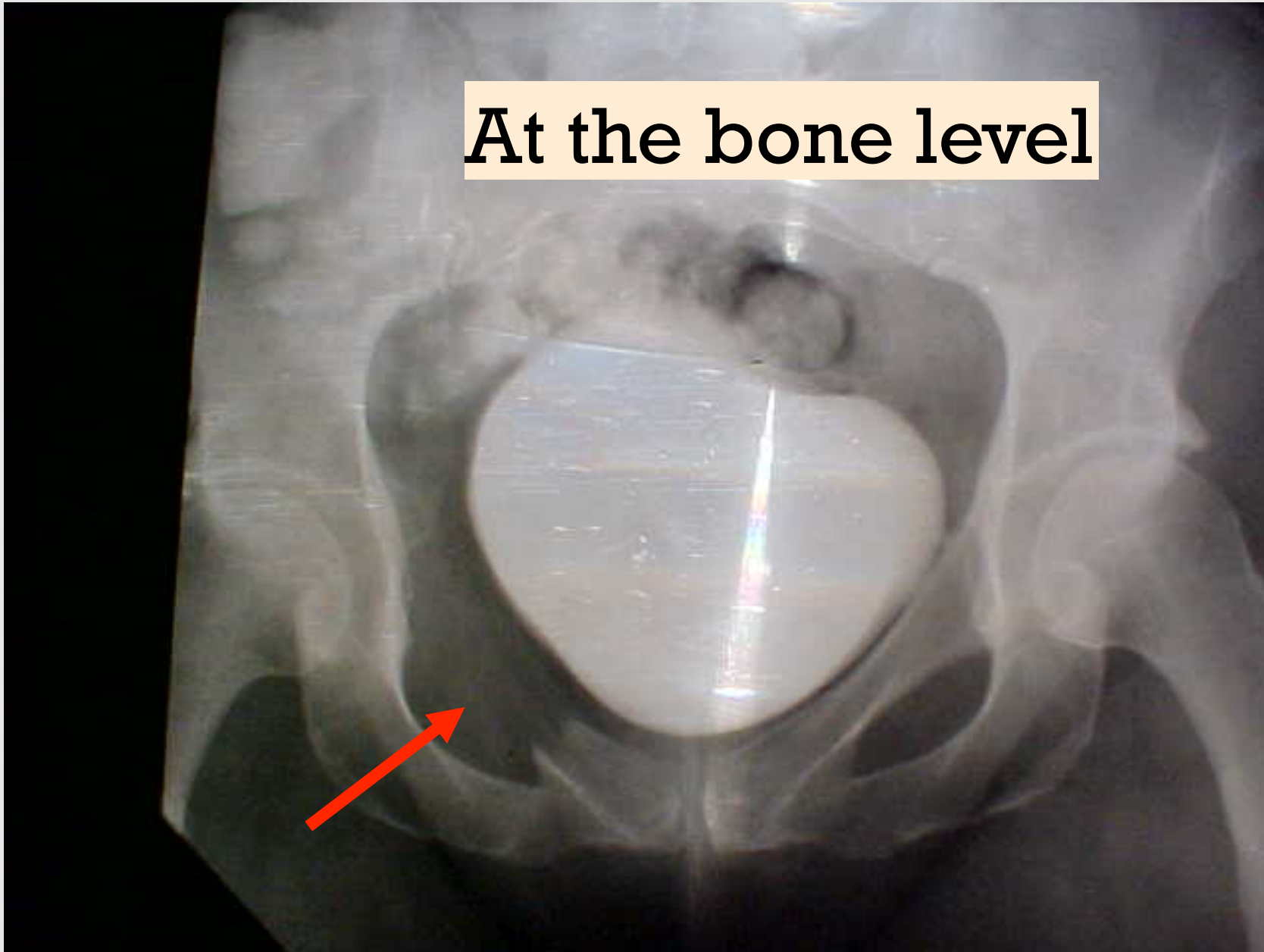
in dermatology

Primary ulcers on the 2
legs since 5 years

Treatment planned:
amputation R leg



At the bone level



In Autoimmune condition

- Lupus with severe necrosis R foot
- Plan for the future: amputation R foot

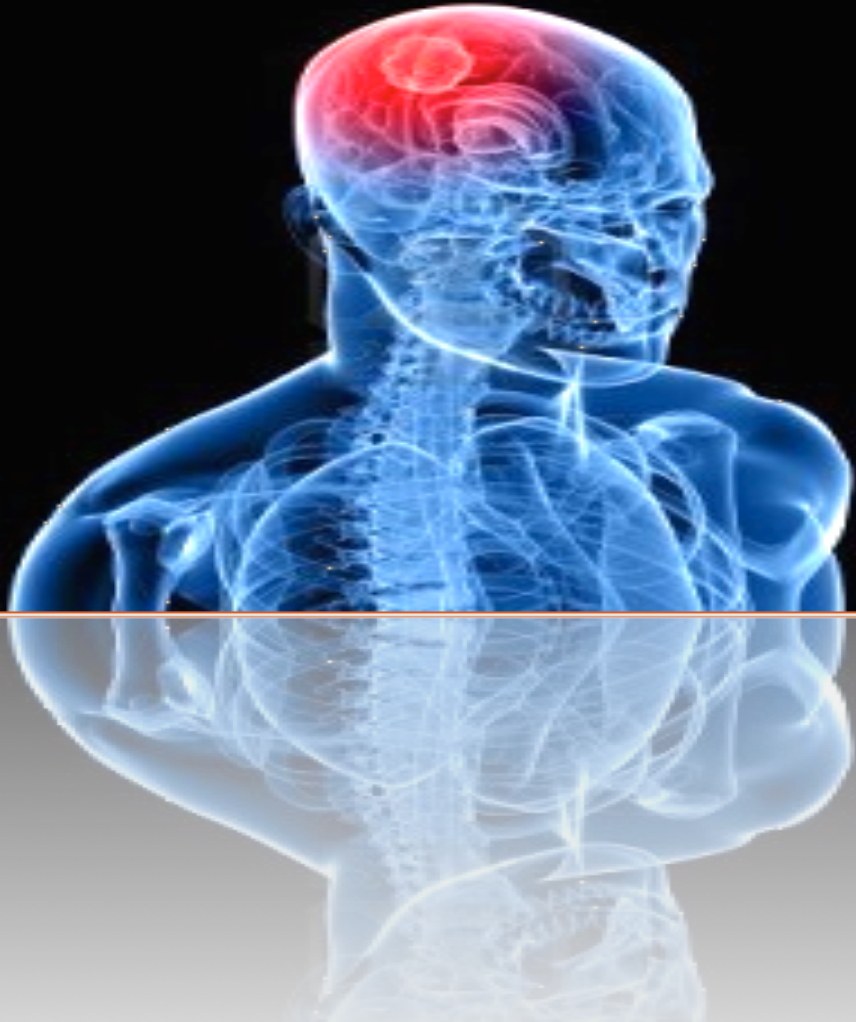


Scleroderma with severe calcinosis

plan ?



IDIOPATHIC INTRACRANIAL HYPERTENSION



3 lumbar punctions

3 shunts

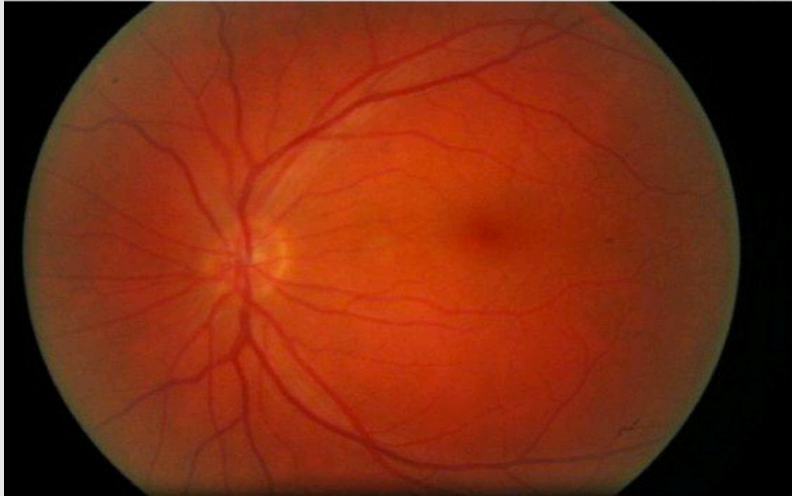
3 mistakes



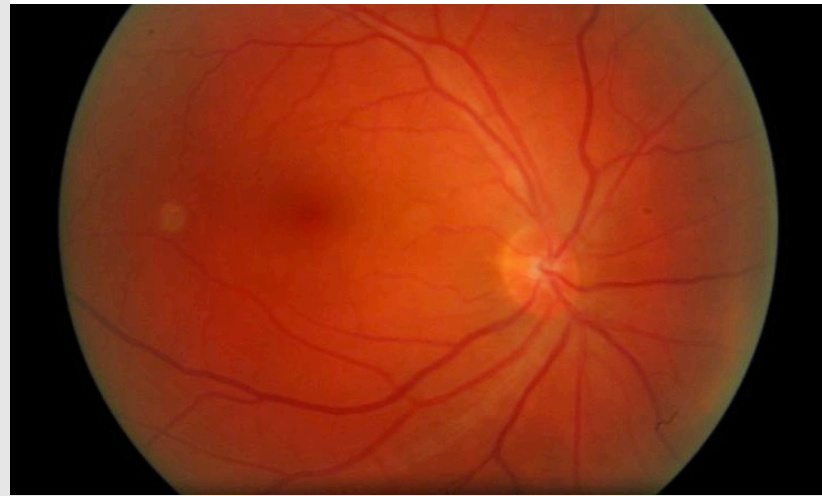
Juvenile arthritis



[Right - 6-Mar-2009 2:07:13 PM]



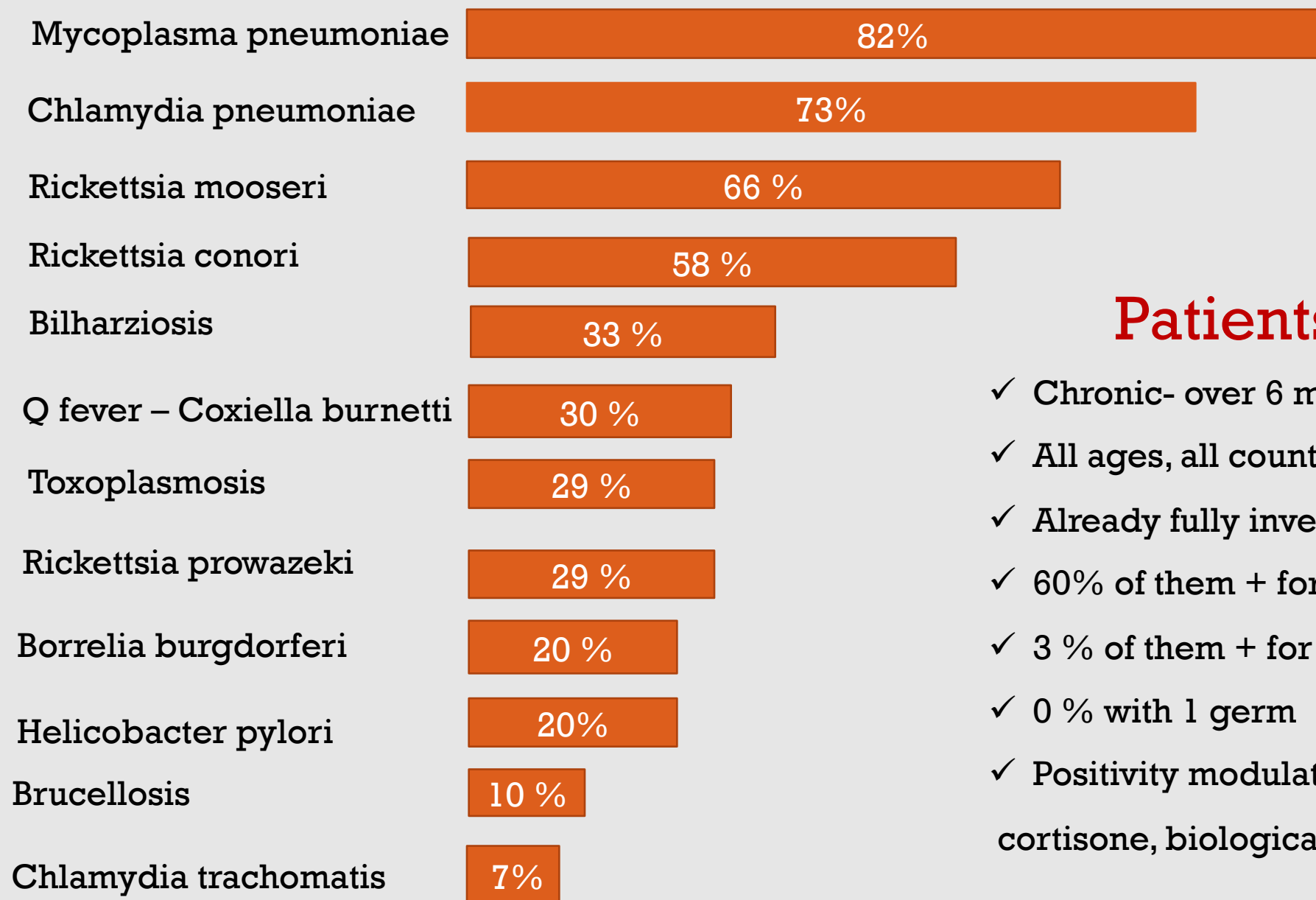
[Left - 6-Mar-2009 2:07:39 PM]



Retina bilateral opacities



% of positivity - 226 new patients from April 2015 to February 2016

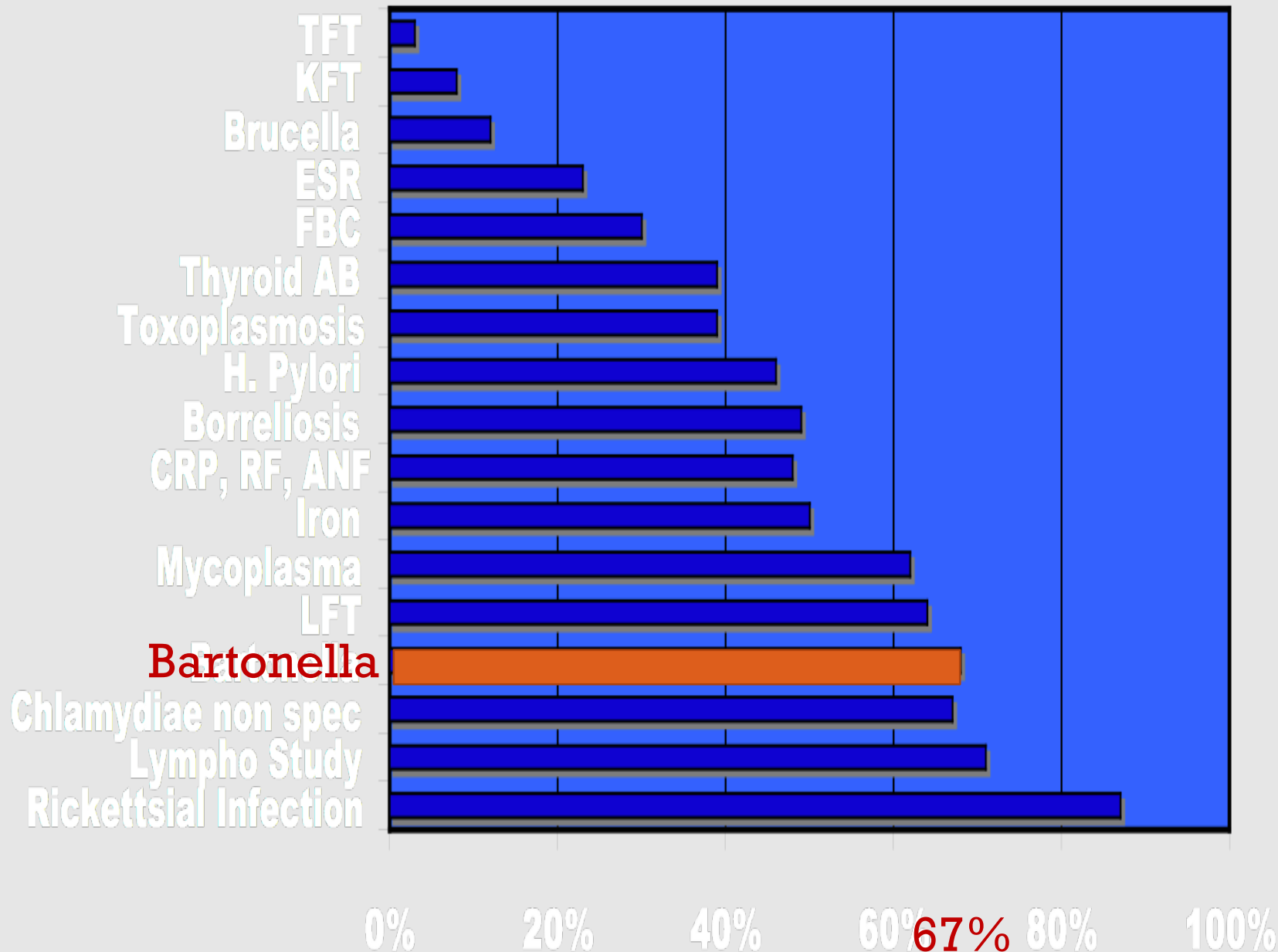


Patients

- ✓ Chronic- over 6 months illness
- ✓ All ages, all countries
- ✓ Already fully investigated
- ✓ 60% of them + for 5-6 germs
- ✓ 3 % of them + for 9 germs
- ✓ 0 % with 1 germ
- ✓ Positivity modulated by intake of cortisone, biological, length of disease



Conference 2009 – Johannesburg – 500 patients



Test on Bartonella
Abandoned
since 2010
As suddenly
Systematically
Negative



The background of the slide features a close-up, slightly blurred image of laboratory waste. On the left, an orange biohazard bag is visible, featuring a black biohazard symbol and the word "BIOHAZARD" in bold, black, sans-serif capital letters. Below it, a white specimen bag is partially visible, with the words "SPECIMEN BAG" printed in black. The overall image has a clinical and cautionary feel, with a soft, out-of-focus effect.

*Because the **Presence***

of germs

without

Dysfunctions

Is not enough to

*establish a **diagnosis***

The Dysfunctions routinely investigated are

FBC & ESR

Iron Study

Kidney Functions

Liver Functions

Cholesterol

Glucose

T3 T4 Thyroids Antibodies

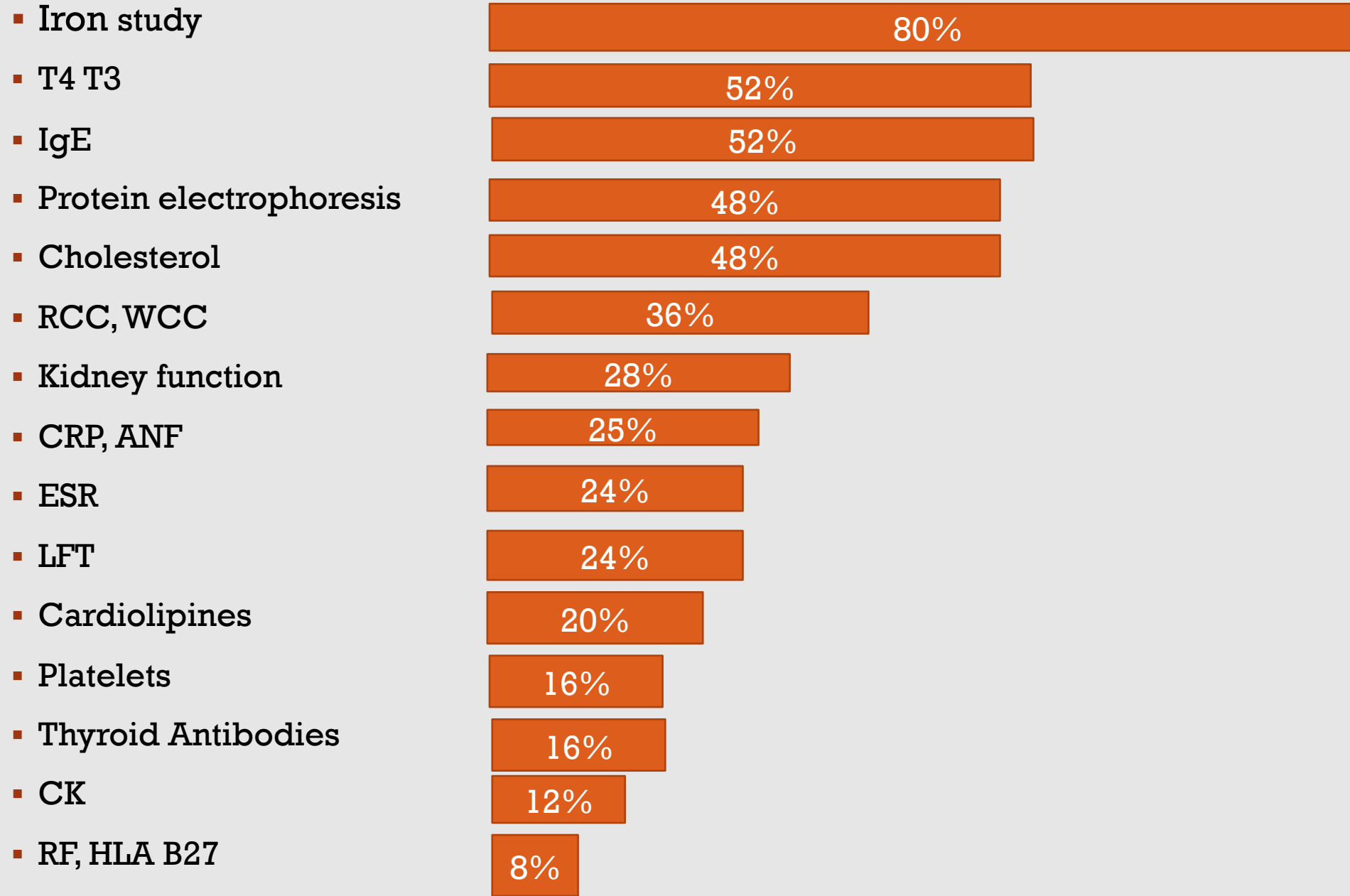
CRP RF ANF CK Cardiolipins

Electrophoresis

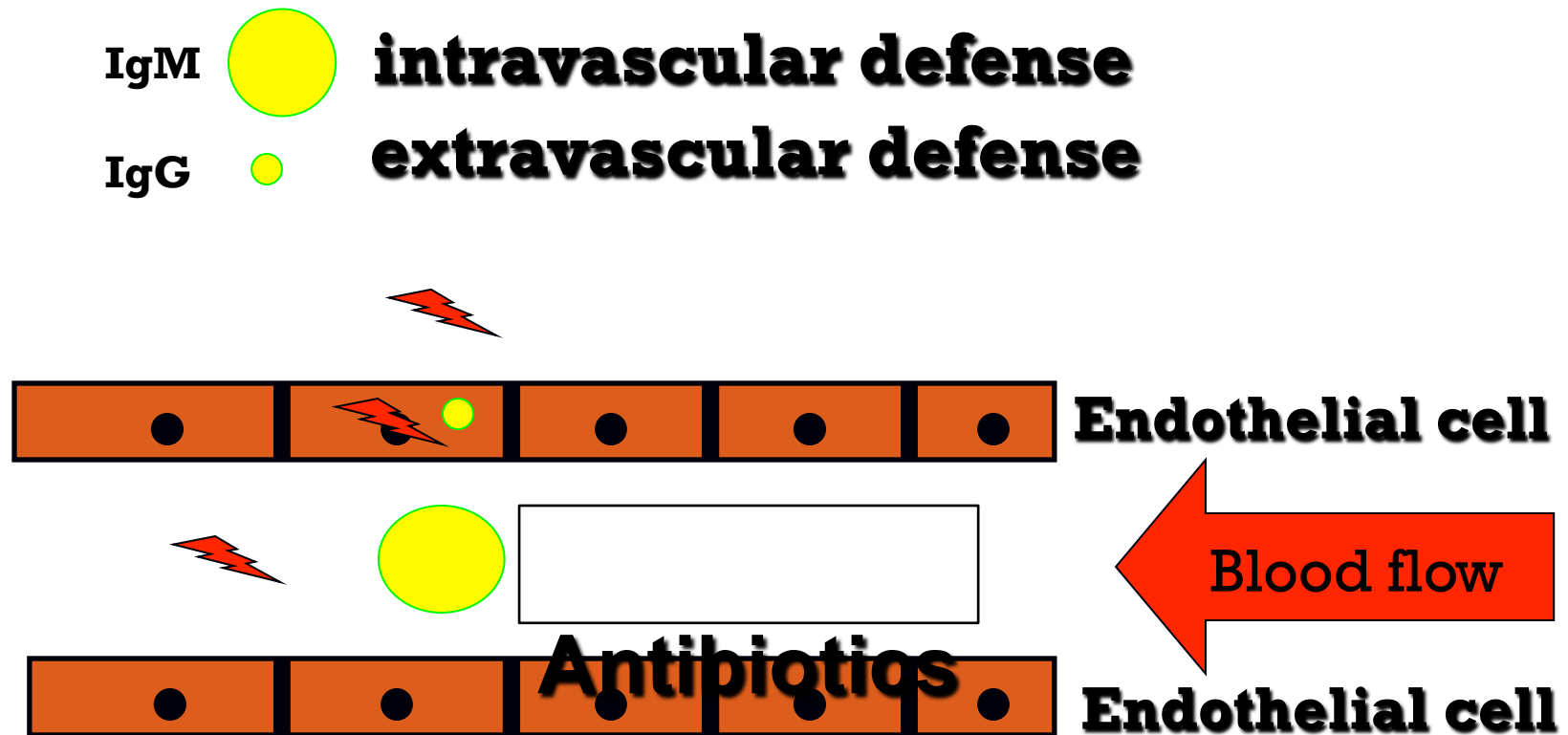
IgE



DYSFUNCTIONS FOR THE LAST 226 NEW PATIENTS – APRIL 2015 TO FEB 2016



- *Nor is the expression of IgG or IgM*



*As during treatments some patients go from IgG to IgM
& vice-versa*



The physical examination will unveil

HBP

Skin abnormalities

Inflammation of the throat

Heart murmurs or Abnormal rythm

RIF sensibility

Splenomegaly

Hepatomegaly

Swollen or difformed joints

Cyanosis of hands & feet

Bruising, skin rashes



**The
treatment
applied
consist of**

Antibiotherapy

combined

Alternated

7 days/month

+ B complex

PPI

Probiotics

Quinine in case of AI factors

Liver booster prn

Thyroid Supplements prn

Sildenafil in case of severe Raynaud



Diet & lifestyle

No Sugar, no Magnesium, no Iron, no vit D, no Calcium

Poor in Gluten, in Carbohydrate

High Water Intake

Hot Bath, Exercise

Avoid Unnecessary Vaccines

No Adrenaline

Regular Sun Exposure

Deworming, anti fungal

Laughing Therapy



FIRST CASE STUDY

A newborn baby and a small, fluffy brown puppy are lying together on a white, textured blanket. The baby is on the right, lying on its side with its head resting on its hand. The puppy is on the left, lying on its side with its head resting on its paws. The background is a soft, out-of-focus white.

- Female
- 18 months old
- Lives in Liverpool
- Still breastfed

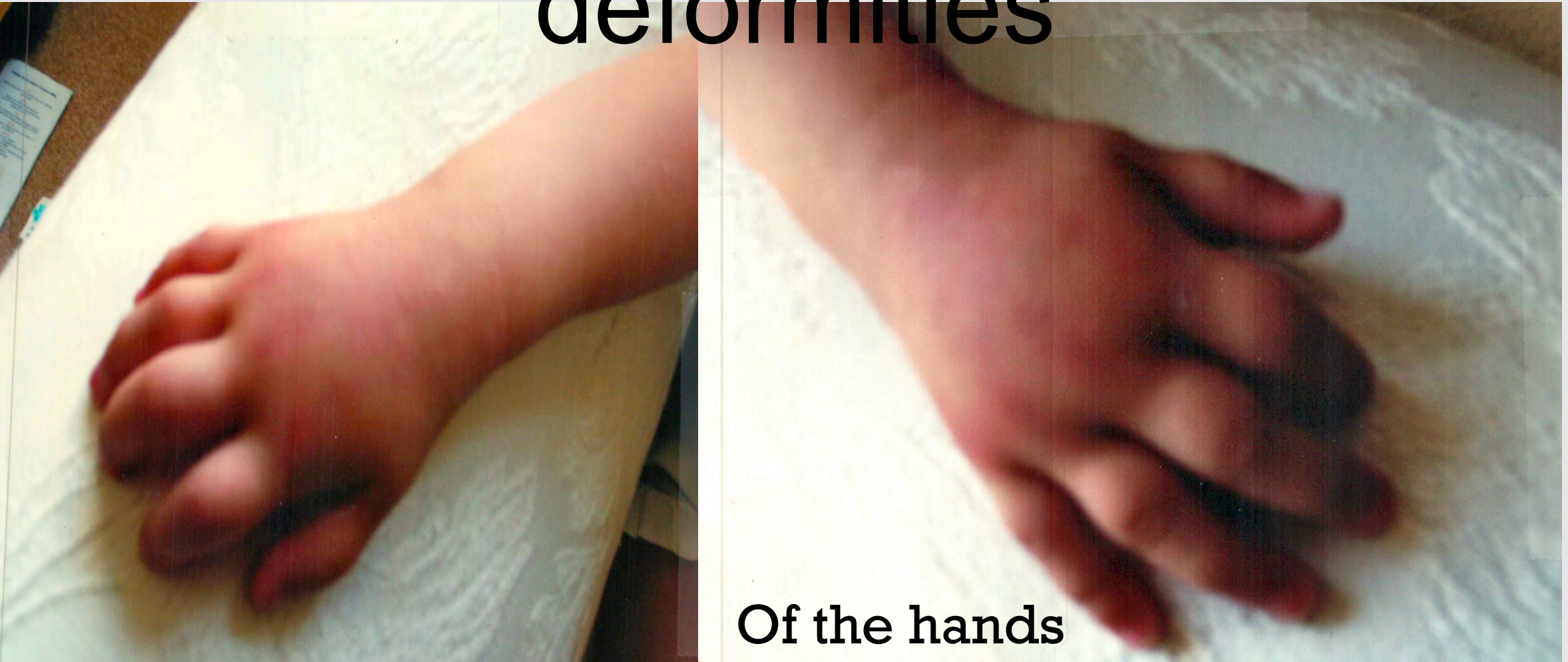


After Mother had a tick bite,

Photo taken 2 months after the bite



The baby, 3 weeks later showed deformities



Of the hands





Of the
feet
&
ankles





Rash & knees



➔ WATFORD GENERAL HOSPITAL

CHILDREN'S DEPARTMENT

■ Juvenile Polyarthrititis

- cortisone I.V then orally
- **MTX**
- **Enbrel** for 8 months and platelets disappeared
-  **Intra cranial hemorrhage**
-  **Trepanation**
-





Consultation in Johannesburg after trepanation



NEW DIRECTION, NEW DIAGNOSIS APRIL 2008

- Lyme disease +
 - Rickettsia prowazeki +
 - Rickettsia mooseri +
 - Chlamydia trachomatis
- N.B. mother negative

with severe leucopenia
ANF 1.280
LFT abnormal



TREATMENT FOR CHRONIC INFECTIONS FOR CHILDREN

- Mono antibiotherapy- 7 days/ month
- Alternated
- Adjuvants
- Prednisone 15 mg/day for 4 months – less afterwards
- Nivaquine 50mg during the 21 days in between antibiotics
- Heavy HR during first 3 months
- Length of the treatment: 18 months
- Little relapse with a viral infection after 19 months
- Easy to fix with 6 more months of antibiotherapy



3 YEARS LATER

AVRIL 2011

- ✓ Severe Relapse with a viral infection
- ✓ Treated with **rituximab** IV at Liverpool
- ✓ Followed by platelets drop
- ✓ Similar reaction of the one after **embral**

Back to Johannesburg

6 months of antibiotherapy – amongst them Quinolones- + quinine
Asymptomatic since then

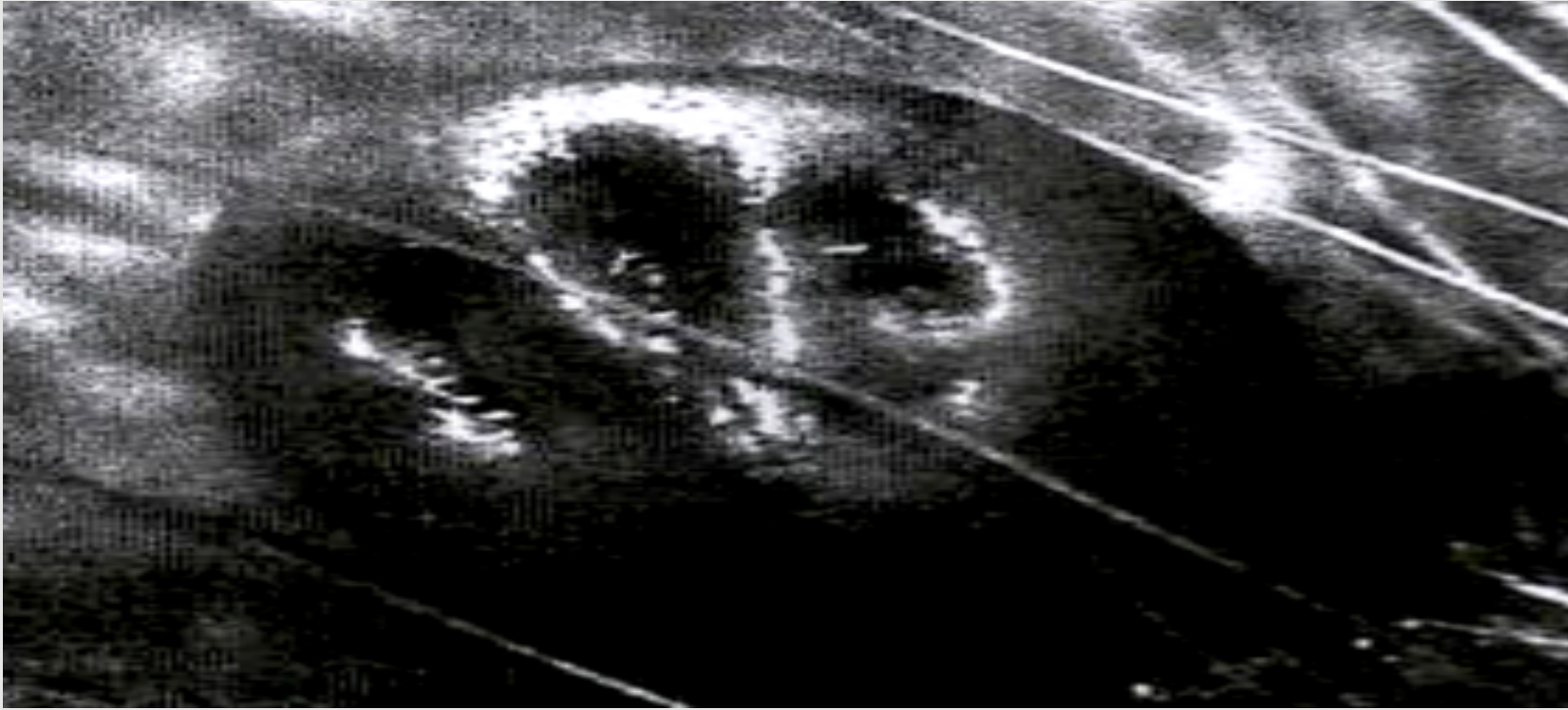




August
2014



AVOID TICKS



- ✓ More virulent than ever
- ✓ Life span of 4 years
- ✓ Walks 50 meters/life
- ✓ Can carry more than 80 different pathogens
- ✓ Often genetically infected





SECOND CASE STUDY

Male

Age 34

Duration of illness: 4 years

Condition starting after moving in a house infested by rats

Diagnosis Portal hypertension caused by liver cirrhosis

Treatment on the list for liver transplant
Blood transfusion



Photo of the patient kept with is own wish

History & Symptoms on Arrival

- Esophageal varicous veins cauterised
- Mentally confused
- Exhaustion
- Bleeding tears & bleeding gums
- Night sweats
- Headaches
- Muscular & joints pain
- Nausea
- Palpitations



Examination on arrival

- HBP at 150/100
- Inflamed throat
- Tachycardia
- RIF pain
- Splenomegaly
- Shrunken and solid liver
- Bleeding tears & bleeding gums



Previous X-Ray report

Thank you for referral.

This 34 year old non-smoking male presents with complaints on fatigue and nosier. He does not exercise but the patient has no history of angina, shortness of breath and palpitations.

It appears from the history that he might be suffering from the liver cirrhosis because of the small size liver in association with signs of portal hypertension on CT scan and previously endoscopically diagnosed and treated bleeding oesophageal varices.

However, there is no history of alcohol abuse and hepatitis. His PMH is unremarkable otherwise.

His clinical examination reveals some remarkable abnormalities: raised BP 150/87 mm Hg, strong apical beat and pulsating carotid arteries and ESM. However, HR is 72/min, regular; SaO₂ 98% in supine and sitting positions, no ascites and no pedal oedema.

Investigations:

Previous X-Ray report

KV/KA/VCL/PA - normal size, trace of TR. PAPs = JVP 26 mm Hg. Accelerated blood flow.

Conclusion:

It appears that this 34 year old patient presents with liver cirrhosis. He will need liver biopsy in order to confirm diagnosis and to establish actual cause of disease.

ECHO shows good LV function but it is difficult to comment on pulmonary blood pressure. I have noticed severe LVH. I have also noticed HT and hyperkinetic circulation. It is uncommon (but possible) for a patient with liver cirrhosis to continue having arterial HT. The patient has LVH and I suspect that he could've been suffering from HT for a substantial period of time.

He will need cardiac catheterization in case of liver transplant because I could not measure PA pressure accurately and diastolic LV dysfunction should be excluded in view of severe LVH.

I have commenced Pur-Bloka 20 mg/BD.

Sincerely,



L. Goldberg, MD; PhD, FESC.

M.B.B.Ch (RAND) / D.M.R.D. (R.C.P. & S) ENG

DR K DEVY

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MSE

MR JASON DE ANDREWS

36yrs

20 PLINT STREET

DELMORE PARK

1401 GERMISTON

X-ray requested

28/07/2014 09:38

DR CL JADIN

**July 2014:
Shrunk liver 9cm
Spleen 17x7.7 cm**

ULTRASOUND ABDOMEN

Comparison is made with previous sonar of 12/03/2013.

The liver remains small and shrunken with a diffusely coarse echo pattern in keeping with the previously demonstrated cirrhosis. It does have a nodular surface. It measures 9cm in span.

There is normal direction of flow within the portal vein and the portal vein pressure is within normal limits.

The portal vein itself has a normal dimension.

There is also residual splenomegaly as well as enlargement of adjacent splenuncules. The spleen measures 17 x 7.7cm.

No focal lesions were seen.

A large gall stone was demonstrated but there are no signs of cholecystitis.

The pancreas and both kidneys are normal with no focal lesions demonstrated.

No lymphadenopathy, no free fluid and no masses were demonstrated.

Rediagnosed as Multiple Infection

- Lyme disease
- Rickettsia mooseri
- Rickettsia conori
- Mycoplasma pneumoniae
- Chlamydia pneumoniae
- Helicobacter pylori

+

- Elevated ESR at 55
- Leucopenia
- Thrombocytopenia



Traitement

- Bi-antibiotherapy (static + cidal)
- Combination alternated to avoid resistancy
- Used 7 days per month to limit the number of blasted cells of patients
- + Vit Bco, PPH, Probiotics continuously
- + Silimarin in between antibiotherapy



ANTIBIOTHERAPY

- Refer to the Jadin Protocol



1 month later,
After 7 days of intake
of Doxycyl &
Ciprobay:

- NO bleeding
- NO bodyaches
- NO night sweats
- LESS tired



18 months later, after 18 months of alternated bi-antibiotherapy:

- Patient turned 36 years old
- Is Asymptomatic
- ESR normalised
- Platelets still low?
- LFT normalised

Sonar of the abdomen:

- Liver: from 9cm to 13.6 cm



DRS. C. CONIDARIS AND PARTNERS

DR C CONIDARIS

M.B. B.CH (RAND) / D.M.R.D. (R.C.P. & S) ENG

DR K DEVY

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DR BM EPSTEINM.B. B.CH (RAND) / D.M.R.D. (R.C.P. & S) ENG
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Mr JASON DE ANDREWS 37yrs
UNIT 10 NATURES VILLAGE PARTRIDGE STREET
ELSPARK
1401 GERMISTON

25/07/2015 08:39

* * GLYNNWOOD TRAUMA UNIT

ULTRASOUND OF THE ABDOMEN AND PELVIS

The liver was small in size with diffuse coarse echogenicity within the liver parenchyma compatible with cirrhotic change and there is also nodular surface to the liver parenchyma.

There does appear to be some increased in size of the liver compared to the previous examination performed on the 28/07/2014, a maximum diameter of 13.5 cm.

The portal vein was patent and no focal liver pathology was noted and the gallbladder was normal in size, shape, position and outline with a solitary gallstone once again demonstrated.

Mild residual splenomegaly was noted with no focal splenic pathology although some splenuncles were noted in the splenic hilar region.

The spleen measures approximately 14.6 cm in maximal diameter.

No evidence of ascites was present and the pancreatic neck and body was normal but the rest of the pancreas as well as most of the abdominal aorta, IVC and retroperitoneum was completely obscured by overlying intestinal gas.

The right kidney measures 11.4 cm and the left kidney measures 12 cm in longitudinal diameter and there is no evidence of hydronephrosis but there does appear to be some increased echogenicity within the left kidney which was not felt to be of clinical significance.

The bladder was markedly distended but normal in shape, position and outline.

No focal bladder pathology noted and a normal sized prostate was present.

CONCLUSION

Once again features compatible with cirrhotic change involving the liver parenchyma with a mildly enlarged spleen as well as a solitary gallstone in the gallbladder was present.

No evidence of ascites or other significant pathology could be demonstrated.

DR BM EPSTEIN

Dictated but not read

August 2015

Liver increased from 9cm to 13.5 cm
Spleen decreased from 17.7 cm to 14.6 cm

18 months later :

*Antibiotherapy
bypassed
surgery*

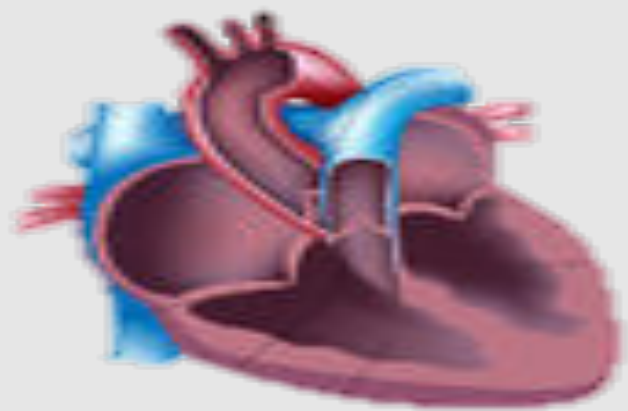
- Liver normalised,
- Spleen normalised
- No more portal hypertension
- Blood pressure normalised



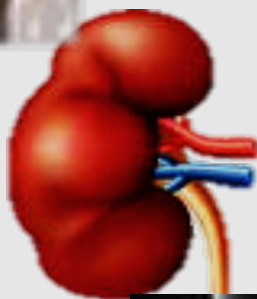
A photograph showing a young child with dark hair, wearing a green and orange long-sleeved shirt, sitting on a light-colored tiled floor. The child is looking down at a white bowl in front of them. Surrounding the child and the bowl are dozens of dead rats, some of which are piled up. The scene is indoors, and the floor is made of large, light-colored tiles. The text "Avoid rats" is overlaid in the center of the image.

Avoid rats





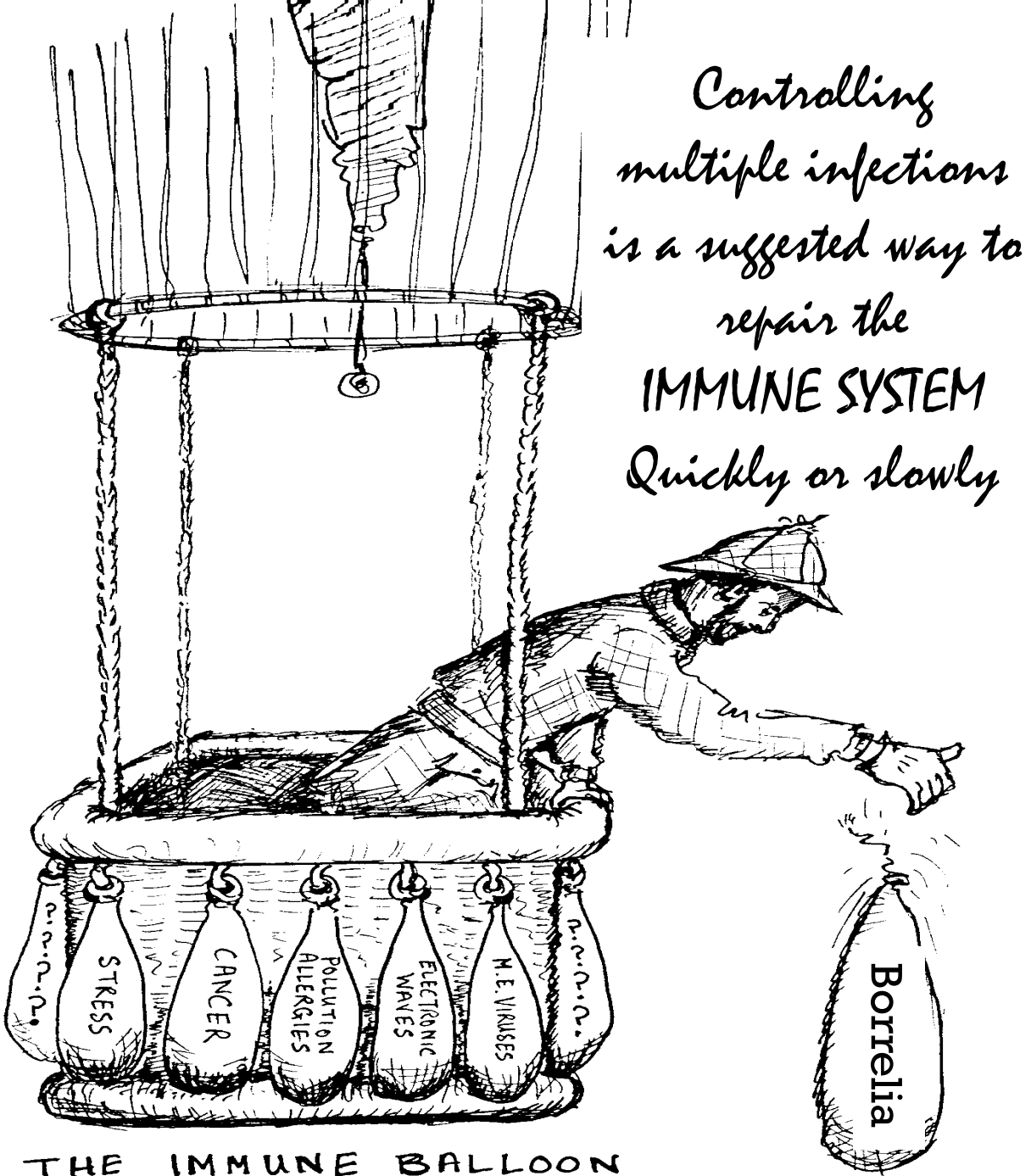
DO NOT REMOVE
DO NOT TRANSFER
Antibiotics



WASH







Affordable diagnosis
Affordable treatment
Cheap
Well tolerated
Duration: long
Patience required



