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# **Borreliosis**

## **Successful Treatment with SANUM Preparations**

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Each year about 40,000 people in Germany contract borreliosis. Half a million people are chronically affected. (Source: "Gesundheitsgespräch" [= *Health Discussion*], Saturday 24.5.2003, 12.05 hrs. on Bavaria 2 Radio and BR-alpha).

Borreliosis is becoming an increasingly important topic. Year by year I am seeing an increasing number of patients in my practice, with ticks being far from the only source of infection. *Borrelia* is present all the time, everywhere, and may find its way into the body via any skin injury. Thus, some time ago, I had a patient with a borrelia infection who had simply injured herself with a blade of straw.

"The microbe is nothing, the soil on which it feeds (the milieu) is everything!" Claude Bernard (1813-1878) penned these words to express the fact that there is a possibility of infection only with an organism whose immune system is weakened and whose milieu is damaged. It is not the infected ticks that are the problem, but our compromised systems. To reiterate once again, this is also true for the current, incomprehensible hysteria regarding the so-called "bird flu", or the influenza inoculation which we are exhorted to accept every year.

In the event of borrelia infection, orthodox medicine frequently restricts itself - much to the chagrin of the person affected - merely to antibiotic treatment of the symptoms, with infusions! Generally, it must be admitted, the superficial symptoms respond favourably; however, the problem of the expected long-term consequences is not addressed.

Karl Hüsing said: "Anyone who is not prepared to change his own milieu and his previous lifestyle will gain little lasting benefit from a course of antibiotics and may well continue to harbour the latent germs within him until the next outbreak occurs."

In the meantime, many microbes have become resistant to antibiotics. Furthermore, antibiotics not infrequently leave behind bacterial forms which lack a cell wall - also known as CWD or L forms (2), which may re-activate the event at any time. CWD or L forms are not recognised by our immune system. To some extent this makes a chronic process inevitable.

Antibiotics also destroy the intestinal flora, the result being a fungal infestation of the gut, including candida yeasts. With appropriate treatment, as described below, there is a good chance of solving the problem once and for all and thus of avoiding the dreaded late effects.(1)

To quote once again from Karl Hüsing: "Borrelias are the perfect example of a microbe, which has learnt to survive within us by keeping such a low profile that we do not notice its presence."

It is estimated that, to date, as many as 60% of all German citizens are infected. In the view of Dr. Klinghardt MD, PhD (USA/Germany), borreliosis constitutes the first great plague of the 21st century. (1)

Ticks do not live in trees, but close to the ground, in bushes and on stretches of grass, etc. Ticks are particularly attracted by male sweat! The site of a tick-bite on the skin is

numbered. This means that around 50% of cases remain undetected. (1)

### **What should I do after being bitten by a tick?**

None of the current measures for removal of ticks, such as the use of oil or adhesives for instance, is recommended. The tick is a living creature. If it panics, it will vomit the contents of its gut, and these may well pass through the site of the bite, and that is when the problems really begin. Nor should the tick be removed with the fingers or with ordinary tweezers. In so doing, the tick's abdomen will be squashed, forcing the contents of the gut through the site of the bite. You should use special tick forceps or the TRIX tick-loop, removing the tick as close to the skin as possible.(1)

After removal, a drop of NOTAKEHL 5X or Teatree oil (BIOFRID) should be applied to the wound.

### **Should I get immunised?**

Out of the diseases transmitted by ticks, the only one for which a vaccine is available is CEE (Central European encephalitis, or spring-summer encephalitis). At the present time, there is no prophylactic immunisation against borreliosis. The risk of illness as a result of the CEE immunisation is up to 50 times greater than the risk of the virus being transmitted by a tick! Nor should anybody seek immunisation against CEE unless they can exclude with absolute certainty the possibility that they are carrying the latent microbe as a result of an earlier infection! (1)

The founder of immunology, the Eng-

lish country doctor Edward Jenner (1749-1823), is said to have coined the saying, with reference to vaccination, which he invented: "I do not know whether my invention will benefit or harm mankind."(1)

### Diagnosing borreliosis

Valuable information regarding a borreliosis infection, the state of the immune system and the patient's milieu may be obtained, for example, from a dark-field microscopic analysis of the living blood, as introduced by Prof. Enderlein. In this it is critical to monitor the blood over a 24-hour period. Only in this way can we recognise to what extent bacterial activity is present.

Dark-field microscopic analysis of the living blood offers us the additional possibility of following and monitoring the progress of the illness at frequent intervals, whilst providing an appropriate therapeutic response.

### Course

In most cases borreliosis progresses through several stages. It is characterised by the symptoms coming and going in a four-weekly cycle.

### STAGE I: Early stage

*Days or weeks after infection*



*Fig. 1: Dark-field image of a borreliosis patient 18 hours after taking the sample: vigorous activity of numerous bacterial forms (CWD and L forms)*

The microbes are distributed via the bloodstream, leading to non-specific, influenza-like complaints, such as fever, pains in joints and muscles, headaches, tiredness and weariness.

Erythema migrans: in 50% of all cases borreliosis begins with the development of an erythema migrans or chronic erythema migrans. Erythema is a general term, which describes an inflammatory reddening of the skin, caused by an increase in circulation. Erythema migrans, or migratory erythema, is the characteristic leading symptom of the first stage of borreliosis. Days, or up to 10 weeks, after the tick-bite, a red area develops around the site of the bite. This gradually extends outwards from the site, initially in a circular shape. However, this skin change may also occur elsewhere on the body. Hence the name: 'migratory' erythema. This manifestation is caused by a defensive reaction on the part of the immune system. This defensive reaction is triggered by the borrelias 'migrating' through the skin. The erythema can reach tremendous proportions. As the disease progresses, so it becomes paler from the centre outwards, so that initially it appears as a circular patch and later on as a red ring.

Erythema migrans carries no further complaints. It may heal spontaneously, or it may continue to 'migrate' for months, continually recurring. In most cases then it 'only' forms a red ring. Sometimes red patches also occur. (Source: "Wald und Wiese" / Internet).

Frequently a tick-bite is not even noticed. The result of a medical blood test for antibodies is often negative, leading to a false result! There is no

laboratory test that is absolutely reliable. All tests may give false negative or false positive results.

### STAGE II: Distribution of the microbes via the lymphatics and bloodstream

*Weeks or months after the infection.*

Organs are involved, heart complaints, tachycardia, neurological complaints such as paralyses, vertigo, eye problems such as inflammation of the cornea, conjunctiva, muscles of accommodation, retina and optic nerve, leading to impaired vision; complaints of the inner ear, tinnitus, muscular pain (microbe burrows into the muscle and or nerve tissue), involvement of spleen, lungs and kidneys, severe headaches, migraines, emotional changes, elevated IgM and/or IgG antibody titres, in 20% of cases presence of antibodies can be demonstrated in the CSF.

### STAGE III: Late stage

*After months or years, lyme-borreliosis*

Organic manifestations: arthritis, rheumatic problems, sudden, brief shooting pains in the ankles and joints of the feet (reminiscent of syphilis), heart involvement, myocarditis, stroke-like symptoms with paralyses, visual impairment, skin changes, chronic nervous complaints (neuroborreliosis), polyneuropathies, paresthesias, functional failures, disorders of the bladder, impaired walking, paralyses, emotional changes (irritability to depression).

The titres of antibodies in the blood, and the clinical symptoms, lead to a diagnosis of stage III borreliosis. At



this stage only the IgG titre is elevated!

Possible misdiagnoses: Confusion with multiple sclerosis (MS) or fibromyalgia. (1)

All the symptoms mentioned under Stages I-III are merely a small selection of the possible manifestations which actually occur. Depending on the patient's susceptibilities, numerous further symptoms may be observed. This correlates with the saying of the English nurse Florence Nightingale (1820-1910): "There are no specific illnesses; there are only specific conditionings."

The microbes responsible for borreliosis are spirochaetes, similar to those responsible for syphilis. Many parallels also exist between the progress of both conditions. In treating borreliosis therefore, Hahnemann's theory of miasms should definitely be borne in mind.

## TREATMENT

a. Immediate measures on suffering a tick-bite:

- NOTAKEHL 5X can be relied upon to prevent a bacterial infection
- QUENTAKEHL 5X: main remedy in SANUM treatment for illnesses of the nervous system; prevents the spread of microbes through the nervous system

1 ampoule of each remedy in a combined injection, directly into the site of the bite, subcutaneous and deep, using a 20-gauge hypodermic.

If the injection is given promptly (within hours or days), it can be relied upon to prevent a borrelia infection!

Over many years in our practice we have never had a case of infection where this injection had been given in good time.

b. Treatment where infection is present: days, weeks or months after a tick-bite:

- UTILIN "S" 4X: Stimulant, activates the immune system and ensures that the therapeutic stimulus is maintained over a lengthy treatment period
- NOTAKEHL 5X can be relied upon to prevent a bacterial infection
- QUENTAKEHL 5X: main remedy in SANUM treatment for illnesses of the nervous system; prevents the spread of microbes through the nervous system
- Engystol (Heel): homeopathic remedy for inflammations and infections of all kinds
- Echinacea comp. (Heel) activates the immune system

1 ampoule of each of the above-mentioned remedies twice a week in a combined injection, subcutaneously, locally at points around the perimeter of the erythema and also directly at the site of the bite. Once the erythema has disappeared, a twice-weekly i.m. injection of one ampoule of each.

c. Cleansing of the milieu

- Colon cleansing with colonic irrigation and SANUM remedies
- Test for and eliminate heavy metals (see "SANUM Elimination Treatment")
- Check the diet and make any necessary modifications

- Discuss the patient's emotional state. The emotions are critical for the...
- capable performance of the immune system.

d. Infusions

Twice weekly: Vitamin C 50 ml, Vitamin B complex, Folic acid and trace elements such as Selenium and Zinc.

Depending on how much time has elapsed since being infected and the extent to which the disease has already spread through the body, a more long-term treatment may be required. In any case however, it should be possible to prevent further progress and long-term sequelae. We have found that patients treated according to the above plan feel well in themselves and only occasionally suffer from transitory, relatively trivial complaints.

## Tick paralysis

Tick paralysis can occur anywhere where there are ticks. It occurs mainly in animals. Tick paralysis is caused by female ticks bearing eggs and sucking the blood of a host. In so doing, they produce a neurotoxin, which is transmitted to the host. Normally the symptoms disappear rapidly, once the tick has fallen off. However, in isolated cases a deep-seated paralysis may result. (1)

Symptoms are: tiredness, numbness in the legs, muscle pains, paralysis of tongue and face, cramps and respiratory paralysis. (1)



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