

Many Thanks to Dr. Sam Donta, who taught me how to use the best antibiotics to make so many people feel so much better and finally well. His patients tell me they are grateful to him for how he has helped them, and I am grateful for his guidance and support.

What he taught me is that if I give patients a good dose of a good antibiotic, they will get terribly worse... do that enough times, with certain antibiotics, and they will ultimately feel improved.

Sam got the recipe right!

Thank you, Sam.

Dr. Masters taught us:

“Absence of Proof is Not Proof of Absence”.

"Anyone who has never made a mistake has never tried anything new"
--Albert Einstein

“You never fail until you stop trying”
--Albert Einstein

“The only source of knowledge is experience.”
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Picture in your mind... what the world would look like if:

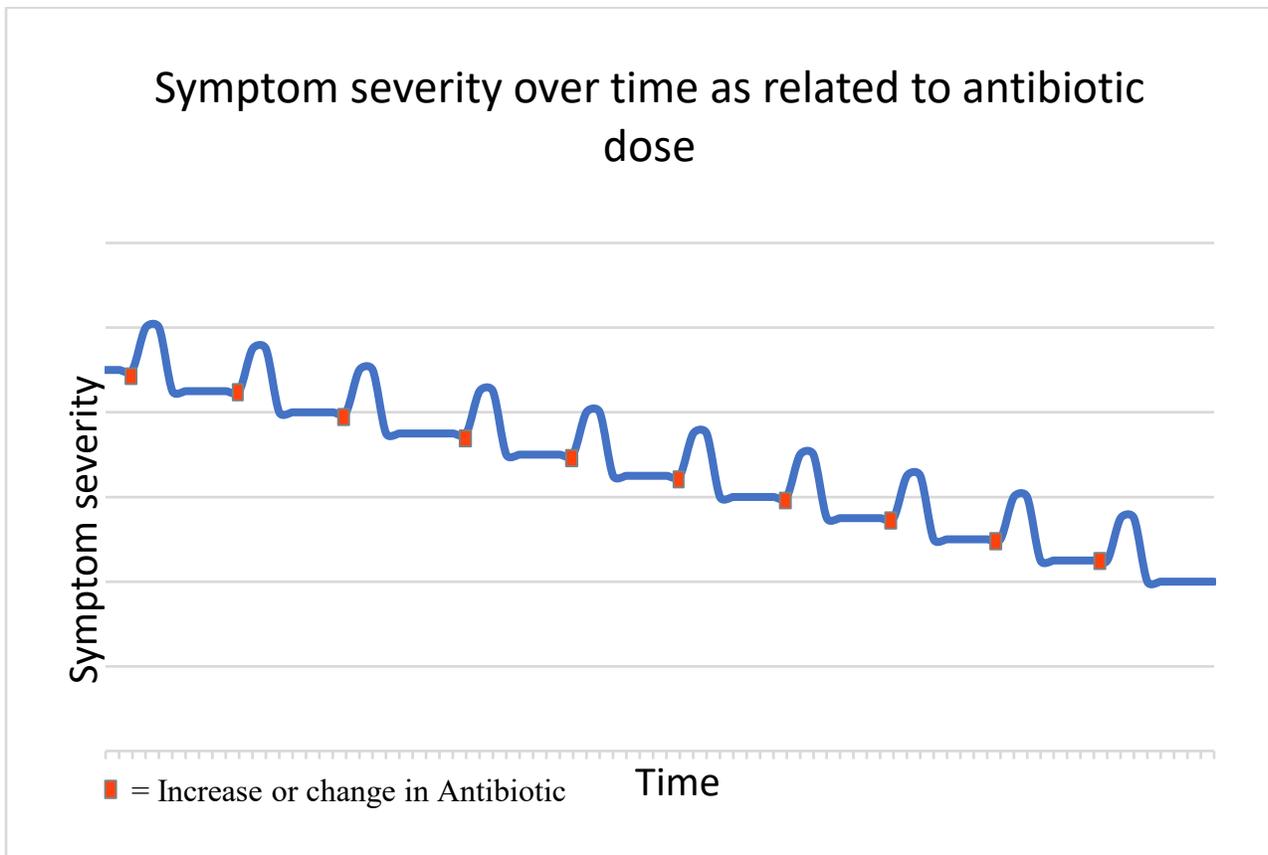
- A. The Human body had only a certain number of ways of expressing symptoms.**
- B. The Immune System Modulated the intensity of those symptoms, and some conditions.**
- C. Due to the persistence of one or more Borrelia infections, and the body's Immune Response to the presence of the infection(s), The Immune System is Up Regulated, and this Up Regulation is the ultimate reason for persistent pain... or fatigue, brain fog, cognitive deficits, behavioral symptoms, psychological symptoms and neurologic symptoms. And, even other illnesses.**
- D. This type of infection was much, much, more prevalent than we think.**
- E. As part of this Up Regulation, the Immune system, quickly, reduces the blood levels of certain Vitamins and Minerals (for example: B12, Vitamin D, Iron, and Magnesium. This causes other problems like hair loss, osteoporosis, anemia, and Hemachromatosis.)**

- F. Certain vitamins, minerals, and immune suppressing drugs, such as those used for Rheumatoid Arthritis, Psoriatic Arthritis, or Multiple Sclerosis Down Regulate the Immune System causing a reduction in symptoms by causing an inhibition of the Immune Response and its effectiveness. (This reduces the benefit of antibiotics and a false sense of improved wellness.)**
- G. Many pharmaceutical companies sell antibiotic preparations that are NOT THERAPEUTIC and DO NOT WORK. (Resulting in many, many therapeutic failures.)**
- H. Many factors will cause ups and downs in the intensity of their symptoms (Other infections or conditions, sinus infections, stress, physical activities, dietary changes, changes in supplements or medications.)**
- I. Patients that are so very sick and overwhelmed have a hard time noticing incremental improvement. (The company that developed Lyrica TM, for Fibromyalgia patients, had to redesign their symptom questionnaire to account for this.)**
- J. Irritable Bowel Syndrome is the result of Carbohydrates promoting constipation (by increasing intestinal yeast) and an undiagnosed Milk/Lactose Intolerance promoting a Laxative effect.**

What would happen if you reduced the bacterial load with antibiotics?

Initially, you would get an increase in symptoms (a J-H reaction), then (over time) a reduction in symptoms (“less worse”), as there are less bacteria. Over time, as there are less and less of the bacteria to stimulate the Immune Response, until finally the Immune System is less stimulated (and less up regulated) than before the treatment, and therefore, the patient feels better than before the antibiotic was given, changed, or increased.

Everyone, with symptoms, responds to certain antibiotics in the way the graph shows.



I have done this with thousands of patients. Everyone, with symptoms, responds. If the dose of antibiotic is great enough, and the antibiotic the correct one... Every single patient will get worse (greater intensity of symptoms), then they will become less worse (slowly the elevated intensity/severity of symptoms will reduce over time) and then they will feel improved, in some way to some degree. Everyone, with symptoms, responds. If the dose is smaller, they might immediately feel improved. The higher the dose, the larger the increase in intensity/severity or duration of increased symptoms.

Very slowly, with ups and downs, all the patient's symptoms will resolve (if there is no "true damage/injury"), with the use of the correct antibiotics, from the correct source.

What is most interesting... the longer you give the antibiotics, the less intense the response... until there is no longer a response to the antibiotic changes and the patient feels well.

If the person has symptoms, the purpose of testing for “Lyme Disease” is to determine whether antibiotics will help the patient’s condition. It is best for the patient and society to give an antibiotic trial, and at the same time explore other possible additional diagnoses. It is both cost effective and reduces morbidity (and mortality) to initiate a treatment trial.

Doxycycline Monohydrate is so safe, it is given for years to treat acne.

A month of Doxycycline Monohydrate costs about \$150.00 at most. A Western Blot costs about \$350.00. An MRI costs \$2000.00. If a patient responds to the antibiotics, but has a false negative “Lyme” test, doctors that are taught to think and assess, know to assess the clinical response, the set of clinical symptoms, and not to rely on lab results when there is a contradiction. This is a general concept for all illnesses, as taught before the proliferation of “Guidelines” to tell the doctor what they must do. We listen to what the patient is telling us.

Depending on your experience with the literature, we are up to between 5 and 23 Genospecies that can cause what looks like Lyme Disease in animals in North America. Some are now classified artificially as Relapsing Fevers, but just a variation on a spectrum of bacteria. We can never test for all the Genospecies out there. Every few years a new one reaches mainstream awareness as causing human illness. A recent broad survey of ticks in Serbia found 36 different Genospecies or strains within the s.l. complex of B.b.

(It does not make sense to think that the people in the US are privileged and just have a couple of strains that we need to worry about.)

If a patient has a disabling illness and there is a 1 in 100 chance Doxycycline would help... It is much safer, wiser, and **more cost effective** to give an oral antibiotic as opposed to narcotics or antidepressants or thousands of dollars in tests or hundreds of thousands of dollars in a hospital stay. Curiously, DHMC was recently completely full, and this happened at the height of our worst tick season ever. Anaplasmosis has hit the human population in Northern New England, but not many clinician's differential diagnosis.

We must empower clinicians to try oral and safe antibiotics.

We must teach them that it is the correct thing to do.

The financial cost to society is too great. The cost to patients is too great. This is all because (my theory) Infectious Diseases doctors are promoting concern about antibiotic resistance and the overuse of antibiotics, of other antibiotics. We are talking about using a course of antibiotics for proof of concept that further antibiotics would help a person with a horrible quality of life. Again, Doxycycline is so safe that we use it for acne.

Remember the Anthrax attack years ago? Cipro was withheld because it was not proven that family and others might be at risk. More got sick, then they changed their mind. It was predictable, knowing the characteristics of the illness.

Dr. Master's taught:

"Absence of Proof is Not Proof of Absence".

Three Major Physiologic Sources of Symptoms

1. The physiologic source of 99% of symptoms, especially pain, are Activated Myofascial Trigger Points, the same as Tender points in Fibromyalgia. They cause Pain, Fatigue, Numbness, Tingling, Ear Ringing, Headaches, Weakness, Swelling, and many more symptoms. They are small areas in every muscle connected by C-fibers to the Sympathetic Nervous System. The intensity waxes and wanes or comes and goes. They might be more prevalent on one side of the body, due to the separation of right and left sympathetic nervous system chains on either side of the spine. They are worse with physical activity, emotional stress, physical stress, fatigue, and certain medications. These are not “True Neurologic Damage” but, cause symptoms that often cause a person to be misdiagnosed, such as with MS, radiculopathy, neuropathy, or arthritic pain.
2. The Immune System and its “chemicals”. Remember, when we are sick with a cold, pneumonia, or the flu... the symptoms we experience are from the immune system and not from the virus or bacteria. Rashes and Allergy Symptoms are being caused by the Immune System. When the Immune System is already turned up, rashes and allergy symptoms are more likely to occur, the threshold being lowered for an allergic reaction or rash. Cognitive, Emotional, and Fatigue Symptoms are included here.

3. Nutrient inadequacies or Deficiencies caused by the Immune System and the Immune Response. It will lower Iron, Magnesium, B12, Folate, Vitamin C, and many others, apparently to improve the fight against the infection. It happens soon after the infection and is not a depleting of the nutrient. Cognitive, Emotional, and Fatigue Symptoms are included here. The addition of such a supplement inhibits the immune system and reduces the symptom severity. If they are in the correct stage of treatment, stopping the supplement will cause a temporary increase in severity, it will resolve and be followed by symptomatic improvement, IE less symptom severity relative to before the supplement was stopped. Supplements inhibit the immune system and cause the patient to feel better than they really are.

Neurologic Symptoms

- A. True Neurologic Damage is seen in the vast *minority* of patients, such as in MS, ALS, Motor Neuron Disease, Herniated Disc, Radiculopathy, some Dementias, etc. These symptoms **do not improve** with the antibiotics listed.
- B. Active Myofascial Trigger Point activity can look like neurologic damage, but there is no damage, just a change in level of Trigger Point activity.
- C. Cognitive, Energy, and Emotional Symptoms, 99% of the time are reversible with proper antibiotic treatment or stopping a medicine that is the cause and are not due to “damage”.

I do “A/B Testing” to determine the better “formulary/company/source”.

Clarithromycin from Aurobindo or Citron Pharmaceuticals

Hydroxychloroquine from Prasco Pharmaceuticals (the Brand Plaquenil)

Tetracycline Compounded with the filler “LoxOral”

Amantadine Tablets from Upsher-Smith Labs

Doxycycline Monohydrate Capsules from Lupin Pharmaceuticals

My graduate work was in Clinical Immunology/Pathology

I remind the reader, that I am trained and expert in using antidepressants, injections, sleep medications, Physical Therapy, exercise, pain medications, etc.... all the other tools used to treat these patients. I was good at it and saw above average responses.

I further remind the reader that I spent years using Vitamins, Herbs and other supplements to cause improvement in my patients.

Thanks to Dr. Sam Donta, when I started to use the best antibiotics, I was finally able to get rid of all symptoms in many patients.

A very important caveat: I need to say, improvement in the true neurologic damage component of the ALS/motor neuron patient has not occurred, under my care. I see similar results in true dementias. All these patients do respond to the antibiotics, just not with reversal of the neurologic progression. All true MS patients do respond to the antibiotics. Patients with parkinsonism do respond to the antibiotics.

The Immune System being upregulated, due to the persistence of one or more infections, is the ultimate cause of persistent pain... and fatigue, and brain fog, and cognitive deficits, and behavioral or psychological symptoms and neurological deficits. The longer, the correct antibiotics are given, the more improved are the symptoms. The improvement is seen in hours, days, weeks, or months. Most of my patients are just on the antibiotics, and so they are “the reason” for the improvement... as they are given over years.

Sam Donta taught me to use Clarithromycin with Hydroxychloroquine during the spring and summer, then Tetracycline, eventually with Amantadine during the fall and winter. Everyone improves if they continue the antibiotics long enough.

With the increased reporting of “Anaplasmosis” in Northern New England, I have found a unique benefit in the sense of well-being, feeling overwhelmed, racing mind, and anxiety with the use of Doxycycline Monohydrate. This occurs within the first hour or two of the first dose.

The therapeutic response requires the use of a therapeutic choice of generic drug or brand of drug. Many sources “companies” of medications are ineffective or sub-therapeutic. The response will only happen if one uses a good choice. In some patients, the improvement being noticed requires asking the right questions to “see the changes” or the passage of enough time of a good enough dose.

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