

To the Lyme inquiry Panel.

About three years ago I got an itchy sore that would not heal, then suddenly the sores spread over the bottom half of my legs and I also had sores on my hands and arms. I felt fatigued and had mysterious pains shooting through my nerves and bones I went to a local doctor who had no idea what was going on. To make a long story shorter I got treated for staph with antibiotics, and have had to take antibiotics for kidney and urinary tract infections three times in the past three years and once for lung infection. My partner looked at my sores with a magnifying glass and saw strange fibers in my skin, so I researched and found I had all the symptoms of what has been named morgellons by Mary Leitao, Who had a son who'm suffered from this condition. As I could not work and was very ill, I did attempt to see expensive private doctors as well as spending about \$200 a fortnight on natural antibiotics, so given my research I gave up on asking for anything else from any doctor than monitoring of my blood to make sure all my vitamin and other levels were good, I do not.blame them for suggesting I am delusional, I know however how much pain I have been through and it amazes me how a delusion can manifest real sore and ulcers that will not heal.

This is the description doctors see on wikipedia

## Morgellons

From Wikipedia, the free encyclopedia

| Morgellons disease                           |            |
|--|------------|
| <b>Classification and external resources</b> |            |
| <b>Specialty</b>                             | Psychiatry |
| <b>MeSH</b>                                  | D055535    |
| <a href="#">[edit on Wikidata]</a>           |            |

**Morgellons** (/mɔːrˌdʒɛlənz/), also called **Morgellons disease** or **Morgellons syndrome**, is a condition in which people have the **delusional** belief that they are infested with disease-causing agents described as things like insects, parasites, hairs or fibers, while in reality no such things are present.<sup>[1]</sup>

People with the condition may exhibit a range of **cutaneous** symptoms such as crawling, biting, and stinging sensations (**formication**), unusual fibers in the skin, and persistent skin **lesions** (e.g., rashes or sores). These symptoms have been identified by a range of medical experts<sup>[2]</sup> including **dermatologists**,<sup>[3]</sup> entomologists,<sup>[4]</sup> and psychiatrists,<sup>[5]</sup>as consistent with **delusional parasitosis** (DP or DOP).<sup>[1]</sup> Some cases of self-diagnosed Morgellons have been more accurately diagnosed as known skin disorders.<sup>[3]</sup>

The name was coined in 2002 by Mary Leitao,<sup>[6]</sup> who derived it from a 1656 essay by Sir **Thomas Browne**.<sup>[7][8]</sup> Leitao's "Morgellons Research Foundation" and people associated with the organization who are self-diagnosed successfully lobbied members of the **U.S. Congress** and the **U.S. Centers for Disease Control and Prevention** (CDC) to investigate the condition.<sup>[2][9]</sup> CDC researchers issued the results of their multi-year study in January 2012, indicating that there were no disease **organisms** present in people with Morgellons, the fibers found consisted mainly of **cellulose**, which the CDC suggested were likely cotton, and concluded that, in these respects, the condition was "similar to more commonly recognized conditions such as **delusional infestation**".<sup>[10][11]</sup>

And also how thousand perhaps millions of others around the world are suddenly having delusional parasites and lyme symptoms.

**PROBABLY 150.000 - 300.000**

**CASES OF MORGELLONS**

**AFFLICTED IN ALL**

**WESTERN COUNTRIES**



**AVERAGE OF 1000 - 2000**

**INFECTED PERSONS IN EACH**

**COUNTRY. PROBABLY THE SAME**

**RATE IN EASTERN COUNTRIES**

<http://www.morgellons-research.org/morgellons/morgellons-epidemiology.htm>

This is an old map perhaps it has spread further.

I found a lot of information about Lymes and Morgellons, so I could attempt to heal, many times I was suicidal, but now three years down the track, I am able to work a bit again.

I started an Australian Morgellons group on fb to get an idea of how many others might be suffering, and as I found out that many Morgellons patients in America were testing positive for Borellia I joined many other support groups for lyme as well.

The main resounding message regarding doctors in the groups were!!!! why will no doctor help, and protects the identity of doctors who do.

Here is a recent post on my fb group page Morgellons Australia

<https://www.facebook.com/groups/1448290395446221/>

For anyone who is new here, I have now collected the in my opinion most relevant information into the files section. I am often not on here to chat and answer questions, thou someone else might be, and I am at times. If you are experiencing these symptoms for the first time, it is very

overwhelming. As I have not had money for expensive testing, I have self-treated. After three years trying all sorts of things, I realize that my son who studied this at university for a science project was right; it is good to change the treatments throughout the course of your illness. I have used mostly herbal or natural antibiotics. My main mistake at first was not taking enough probiotics and not detoxing the kill off probably. These things are essential, also while using mainstream antibiotics I use Kefir water for probiotics ( you can buy the grains and instructions on the net at a very reasonable price) It is more potent than tablets, and you keep using them, I bought mine about 1 and half years ago, so probably saving 40 - 50 a months. I use slippery elm bark to keep my bowels absorbing the toxins and to keep regular, thou at times have had to use enemas to cleanse out the rubbish and zeolite to detoxify the blood. Here are some of the things I use, you will find more about that in the files section.

my brain is ssssoooo much better with tumeric and coconut oil concoction, if I don't take it for say 4 days brains starts not functioning again. turmeric, coconut oild drink as in files. Homemade tincture of garlic/horse radish/catsclaw/mugwort/red cloverlavender/oregano. Ginkgo biloba and dandelion extract. maca with slippery elm in honey. Argentyne 23 colloidal silver. Vital force multi vitamins,at the highest dose, c and b vitamins, sometimes d as well. Also still the Hydrogen peroxide as maintenance every 2nd day, it really got it out of my system. Zeolite and charcoal are essential with hydrogen peroxide, thou. And lots of probiotics, kefir water, sauerkraut etc, very important. Hydrogen peroxide is cheap, you can order it online but will make you feel real crock at first.

Here is some of the things I have researched.

Emerging incidence of Lyme borreliosis, babesiosis, bartonellosis, and granulocytic ehrlichiosis in Australia

Peter J Mayne

International Lyme and Associated Diseases Society, Bethesda, MD, USA

Correspondence: Peter J Mayne



**Background:** *Borrelia burgdorferi*, the causative agent of Lyme disease (LD), and *Babesia*, *Bartonella*, and *Ehrlichia* species (spp.) are recognized tick-borne pathogens in humans worldwide. Using serology and molecular testing, the incidence of these pathogens was investigated in symptomatic patients from Australia.

**Methods:** Sera were analyzed by an immunofluorescent antibody assay (IFA) followed by immunoglobulin (Ig)G and IgM Western blot (WB) assays. Both whole blood and sera were analyzed for detection of specific *Borrelia* spp. DNA using multiplex polymerase chain reaction (PCR) testing. Simultaneously, patients were tested for *Babesia microti*, *Babesia duncani*, *Anaplasma phagocytophilum*, *Ehrlichia chaffeensis*, and *Bartonella henselae* infection by IgG and IgM IFA serology, PCR, and fluorescent in situ hybridization (FISH).

**Results:** Most patients reported symptom onset in Australia without recent overseas travel. 28 of 51 (55%) tested positive for LD. Of 41 patients tested for tick-borne coinfections, 13 (32%) were positive for *Babesia* spp. and nine (22%) were positive for *Bartonella* spp. Twenty-five patients were tested for *Ehrlichia* spp. and (16%) were positive for *Anaplasma phagocytophilum* while none were positive for *Ehrlichia chaffeensis*. Among the 51 patients tested for LD, 21 (41%) had evidence of more than one tick-borne infection. Positive tests for LD, *Babesia duncani*, *Babesia microti*, and *Bartonella henselae* were demonstrated in an individual who had never left the state of Queensland. Positive testing for these pathogens was found in three others whose movements were restricted to the east coast of Australia.

**Conclusion:** The study identified a much larger tick-borne disease (TBD) burden within the Australian community than hitherto reported. In particular, the first cases of endemic human

Babesia and Bartonella disease in Australia with coexisting Borrelia infection are described, thus defining current hidden and unrecognized components of TBD and demonstrating local acquisition in patients who have never been abroad.

Keywords: Borrelia, Lyme disease, Babesia, Bartonella, ehrlichiosis, Australia, humans

#### Introduction

Human tick-borne disease (TBD) is an increasing health burden on the Australian community requiring wider diagnostic recognition. TBD comprises multiple specific zoonoses, some of which are well recognized and documented, including tick paralysis and rickettsial disease as reported at a Sydney University Website (Entomology).<sup>1</sup> The present study addresses recent evidence for emerging Borrelia, Babesia, Bartonella, Anaplasma, and Ehrlichia infections in Australia. The study confirms previously published work on the existence of human Borrelia infection in Australia.<sup>2,3</sup> There are no further publications on human Lyme disease (LD) in the interval using a search on PubMed on October 3, 2011 for the MeSH headings of humans, Borrelia, and Australia. The study

Here is some more information of the myths surrounding Lyme.

Lyme Myth 3: 'Lyme is easy to recognize by arthritis-like symptoms that show up fast after the infection'

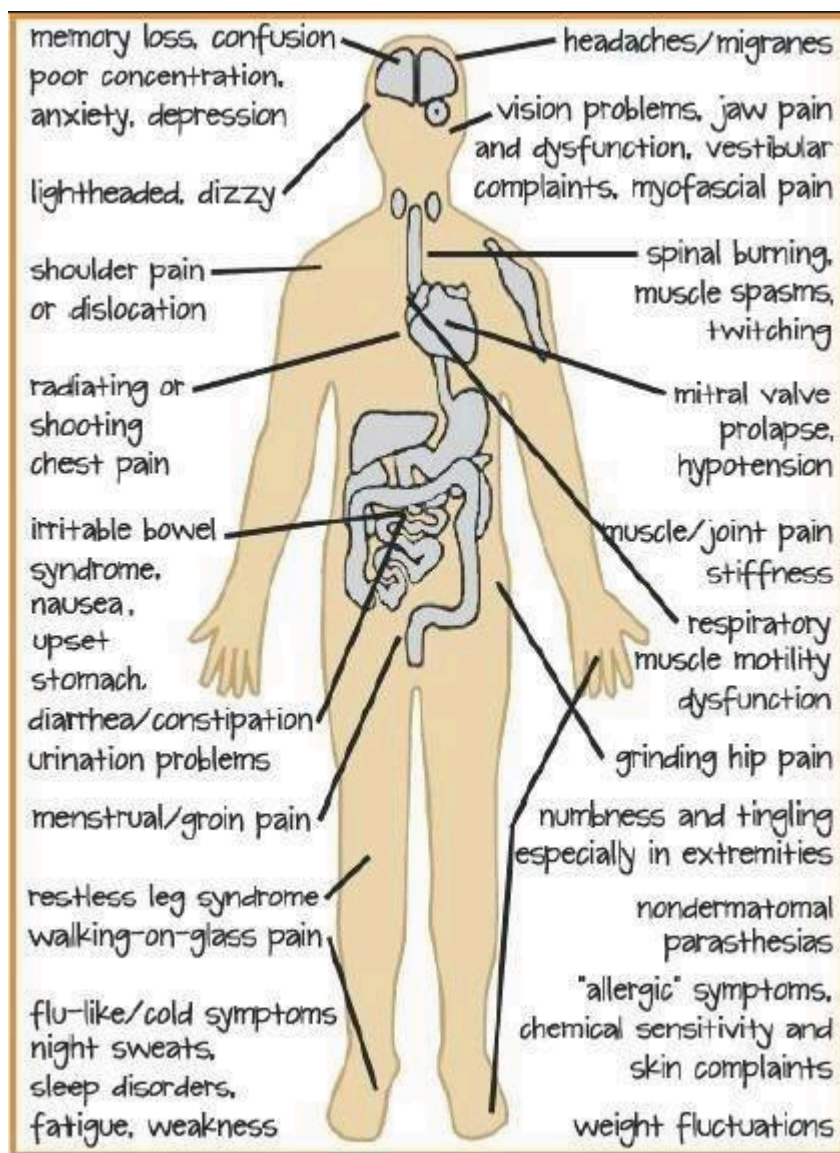
Lyme can take the disguise of many different diseases, ranging from skin problems, heart diseases, psychological symptoms, bone or joint diseases, nerve failures and so on.

They can show up immediately after infection or can take years to show up in over 300 variations; so not just as arthritis symptoms.

Read more about the Lyme Myths in the free introduction booklet 'Lyme for Laymen' or simply get your Priceless copy of 'Shifting the Lyme Paradigm; the Caretakers' Guide through the Labyrinth'.

<http://huib.me/images/pdf/Lyme-for-Laymen.pdf>  
<http://huib.me/en/work/shifting-the-lyme-paradigm>

Here are the kind of things Morgellons and Lyme sufferers experience.





**Table 7** Comparison of symptom prevalence in Morgellons group (n = 122) and Lyme group (n = 60)

| <b>Symptom</b>                   | <b>Morgellons group (n[%])</b> | <b>Lyme group (n[%])</b> |
|----------------------------------|--------------------------------|--------------------------|
| Crawling sensations              | 118 (98%)                      | 19 (32%)                 |
| Skin lesions                     | 116 (95%)                      | 5 (8%)                   |
| Fatigue                          | 111 (91%)                      | 58 (97%)                 |
| Sleep irregularities             | 110 (90%)                      | 60 (100%)                |
| Hyperpigmented scars             | 109 (89%)                      | 6 (10%)                  |
| Intense pruritus                 | 106 (87%)                      | 20 (33%)                 |
| Brain fog                        | 105 (86%)                      | 60 (100%)                |
| Seed like objects                | 103 (84%)                      | 0 (0%)                   |
| Black specks                     | 102 (84%)                      | 0 (0%)                   |
| Unusual irritability             | 100 (82%)                      | 47 (78%)                 |
| Symptoms worse when hot          | 97 (80%)                       | 19 (32%)                 |
| “Fuzz balls” on skin             | 96 (79%)                       | 0 (0%)                   |
| Muscle pain                      | 95 (78%)                       | 57 (95%)                 |
| Joint pain                       | 94 (78%)                       | 58 (97%)                 |
| Weakness                         | 94 (77%)                       | 58 (97%)                 |
| Thin, thread-like fibers in skin | 94 (77%)                       | 0 (0%)                   |
| Skin symptoms worse at night     | 94 (77%)                       | 15 (25%)                 |
| Thick, tough filaments           | 90 (74%)                       | 0 (0%)                   |
| Sensation of poking              | 87 (71%)                       | 3 (5%)                   |
| Hopelessness                     | 84 (69%)                       | 49 (82%)                 |
| Awareness of tiny insects        | 79 (65%)                       | 5 (8%)                   |
| New onset anxiety                | 75 (62%)                       | 40 (67%)                 |
| Fibers, filaments move           | 74 (61%)                       | 0 (0%)                   |
| Slimy or waxy film               | 73 (60%)                       | 0 (0%)                   |
| “Sand” in bed                    | 72 (59%)                       | 0 (0%)                   |
| Brown flakes in bed              | 70 (57%)                       | 0 (0%)                   |
| Fibers in mucous membranes       | 70 (57%)                       | 0 (0%)                   |
| Objects racing across eyes       | 69 (57%)                       | 21 (35%)                 |
| Mounds on head                   | 68 (56%)                       | 2 (3%)                   |
| Dramatic weight change           | 68 (56%)                       | 30 (50%)                 |
| Fibers under nails               | 65 (53%)                       | 0 (0%)                   |
| Significant hair loss            | 65 (53%)                       | 22 (37%)                 |
| Deteriorating teeth/jaw          | 63 (52%)                       | 15 (25%)                 |
| Black, tar-like                  | 55 (45%)                       | 0 (0%)                   |
| Hair texture abnormal            | 49 (40%)                       | 0 (0%)                   |
| No hair growth                   | 45 (37%)                       | 0 (0%)                   |

Here are some of the things I have researched.

[http://healothers.com/dr-horowitz-talks-about-lyme-disease-and-chronic-illness-associated-with-that/?utm\\_content=bufferc5863&utm\\_medium=social&utm\\_source=facebook.com&utm\\_campaign=buffer](http://healothers.com/dr-horowitz-talks-about-lyme-disease-and-chronic-illness-associated-with-that/?utm_content=bufferc5863&utm_medium=social&utm_source=facebook.com&utm_campaign=buffer)

[http://www.amazon.ca/dp/B00K6O6T50/ref=cm\\_sw\\_r\\_fa\\_dp\\_WpXrwb1FGFZAC](http://www.amazon.ca/dp/B00K6O6T50/ref=cm_sw_r_fa_dp_WpXrwb1FGFZAC)

<https://www.facebook.com/photo.php?fbid=10207342031296453&set=pcb.10207342039736664&type=3>

<http://www.shoutoutaboutme.com/tick-borne-illness/german-study-finds-borrelia-in-mosquitoes/>

[https://www.youtube.com/attribution\\_link?a=u6CgqtArs5E&u=%2Fwatch%3Fv%3D4EC7HIAv5xs%26feature%3Dplayer\\_embedded](https://www.youtube.com/attribution_link?a=u6CgqtArs5E&u=%2Fwatch%3Fv%3D4EC7HIAv5xs%26feature%3Dplayer_embedded)

<https://www.youtube.com/watch?v=StKyCfuRdns>

[https://www.google.com.au/url?sa=t&rct=j&q=&esrc=s&source=web&cd=4&cad=rja&uact=8&ved=0ahUKEwjy1oeTnL\\_KAhULmpQKH4BylQFggyMAM&url=http%3A%2F%2Fwww.viewzone.com%2Fmorgellonsx.html&usq=AFQjCNFt28kUWBeFs5oWX3TMJ\\_oL2o0rGg&sig2=jMBK1TaQqHSueX0IXYV0tw&bvm=bv.112454388,d.dGo](https://www.google.com.au/url?sa=t&rct=j&q=&esrc=s&source=web&cd=4&cad=rja&uact=8&ved=0ahUKEwjy1oeTnL_KAhULmpQKH4BylQFggyMAM&url=http%3A%2F%2Fwww.viewzone.com%2Fmorgellonsx.html&usq=AFQjCNFt28kUWBeFs5oWX3TMJ_oL2o0rGg&sig2=jMBK1TaQqHSueX0IXYV0tw&bvm=bv.112454388,d.dGo)

<http://www.morgellons-research.org/morgellons/morgellons-epidemiology.htm>

<http://wakeup-world.com/wp-content/uploads/2015/08/Chronic-Lyme-Disease-A-Modern-Plague-the-Government-Chooses-to-Ignore.jpg>

here is something written by someone else.

MORGELLONS & LYME DISEASE TREATMENT OVERVIEW (2006-2012)

ARE YOU MORGELLONIZED?

If you think that you might have contracted Morgellons, if black specks, fibers and pustules appear on your skin, and if

you are inclined to be a masochist, then first you may visit a dermatologist. If you don't want to waste your time, instead

consult a good physician or a Lyme and infectious disease specialist and get different lab tests, based mainly on Lyme

disease and its coinfections. Please, never talk about Morgellons! Physicians cannot and will not help you with it, anyway!

Focus discussion solely on a previous tick bite and possible contraction of Lyme disease!

Both, spiral and cystic forms of

Borrelia bacteria should be treated simultaneously, to ensure better success. Of course, you should also treat all coinfections

and opportunistic infections from other bacteria, or protozoans, fungi and viruses. The goal is to treat Lyme disease as the

first or root cause, thereby reducing susceptibility to this fungus-like organism (protozoan?) called Morgellons!

Marc Neumann (M-R-O - 2007)

Check these links below and read before them the general information in advance for further information!

WHICH LABORATORY TESTS ARE NEEDED?

Possible treatments after lab tests

Standard treatments    Additional treatments

ANTIBIOTICS    DETOX-TREATMENTS

ANTI-FUNGALS    NATURAL REMEDIES

ANTI-VIRALS    TOPICAL TREATMENTS

ANTI-PARASITICS    HYGIENE PROPOSALS

Copyright M-R-O

GENERAL INFORMATION IN ADVANCE (2009)

There are three major categories of regular therapy for treatments of Lyme/Morgellons. All of these must be addressed and treated, simultaneously, for a prolonged time period in order for there to be a good remission from this illness. This can take 6 - 12 months, up to your grade of infestation, time, money and used treatments.



The three areas of regular therapy treatments are:

1) Internal Medications, such as antibiotics, anti-fungals, anti-virals (virus-statica), anti-parasitics, (either oral or injectable,) probiotics, enzymes, herbal medications, detoxification treatments, immune boosters, vitamins, minerals, amino acids, hormonal balance, stress mitigating and anti-aging products. Less carbohydrates, coffee, table salt and sugar could also be considered a subsection of this category of internal treatment.

2) Topical Treatments, such as antibacterial, antifungal, anti-parasitic or herbal soaps, or DSP™ Cream and enzymes.

3) Environmental Cleansing Treatments, such as special anti-germal laundry products, household cleaners, UV-C lights and methods of vacuuming and treatment of mattresses, pillows, bedding or car interior.

All of these areas need to be treated since this is a systemic, multi parasitic-type illness, which sheds cocoons, new fibers and spores that can cause re-infection from YOUR skin and into your environment or vice versa.

Weird theories and treatments (2010):

There are so many theories and treatment conceptions out there, about what Morgellons might be, and how to deal with this condition in the best way. Not one of these individuals or research groups take any responsibility for their assumptions based mainly on very subjective, single made experiences. They do not use an open objectivism based also on other sufferer's experiences.

Many of these theories are the main cause of suicides, mistreatments and total chaos among many afflicted people! Also, because these theories are leading many into thinking that this disease is just a superficial skin disease, perhaps an allergic reaction, and never ever a systemic condition. Time will show! They will change their opinion later when all the internal issues start to present themselves.

Some groups, foundations or physicians claim, that Morgellons is only related to Lyme disease and/or some coinfection, and they state that it's not even contagious. As treatment they give only

antibiotics, and also the harmful Ivermectin is most prescribed, which temporarily keep all symptoms down. What they should all be made aware of is that the moment sufferers have stopped taking Ivermectin, all the symptoms came back! They also ignore all of the facts about the environmental issues, which have caused the first infection and a constant reinfection later.

With such quite irresponsible measures and statements, some or all the rest of the family, relatives, or friends might be infected too, and this fact is also ignored from the CDC! Almost all who did follow such ideas and treatments never got better significantly. If Morgellons is not contagious, may I ask them then, why so many people contract it simply by skin contact? In the meantime, there's even a worldwide pandemic going on. Silly thoughts from simply minds? I don't know, but by ignoring completely other experiences made from the majority of the sufferers, they will not come further and will be losing their credibility sooner or later!

Not much better, is the idea that all is just related only to a fungal infection and all of the appearing symptoms are not even related to Lyme disease, and they take only anti-fungals. Other groups claim that Morgellons is caused from a bird mite, collembola or even ants and those are taking or recommending only enzyme sprays or anti-parasitic treatments, which may even work on different parasites or pathogens. This claim is made with having no real evidence or even pictures made from bird mites or collembola etc. on the skin. Surely, all kinds of arthropods or insects can serve as carrier for many pathogens or Morgellons fibers, but they are not the cause of Morgellons, perhaps only the vectors or attracted later by pheromones.

The culmination of all might be, that a certain obscure Lady (H. Staninger) claims that it can be only coming from Mars spores, self-assembling plastic fabrics, robots and nano-technology, and of course based on these farfetched theories, antibiotics and other remedies may not work therefore and they should not be used! She only recommends her costly infra-red cabins! This is just disgusting and totally irresponsible!

And last but not least, the well known Chemtrail dude (C. Carnicom) with bad quality pictures, but with very scientifically expressed articles, claims that red blood cells etc. are infected only from Morgellons instead of looking at Babesia, a typical co-infection of Lyme disease. He concludes with the theory that Chemtrailing is a man-made genocide and the cause of a quicker and quite sure death. Many thanks for such wisdom! With such weird stories without any proof, you may have ONLY the chance to commit suicide then, if you believe in such unprofessional statements!

Most don't know that there are many people which suffer for 30-35 years from Morgellons and they are still alive. Anyway, great scientific work from a Chemtrails activist, who now talks about Morgellons, only to get more attention for his own cause, instrumentalizing it by forcing the idea

that Chemtrails are the main cause of Morgellons disease. And what about colored micro-fibers, Lyme disease, etc. which is what most Morgellons afflicted are suffering from, does this come from barium or aluminum particles and big white spiderwebs sprayed out from the jets?

Also, there might be such genocide programs running, but surely not by costly and eye-catching Chemtrails, which serves mainly against global warming. What kind of low-quality pathogens may they use then? If they need to spray them over us day after day, year after year, creating even artificial clouds, this is for what, to kill us and also their own families etc. softly in slow motion?

Many of these illogical theories reminds me rather of small brains, and of misled sect leaders and their end-of-the-world statements, and are not seriously thinking or responsible acting people. Rather they are people who are not really helping others, but only supporting their own egocentric and ambitious goals to get more reputation and fame, and mainly having dedicated efforts to make big money out of all!

Keep in mind the enormous amounts that are suffering, with so many suicide cases of Morgellons afflicted, do we really need such weird theories without significant proof? This lack of proof and other circumstances are the main reason why physicians and others don't want to listen and help Morgellons sufferers. What would you do as a physician, after reading all that crap on the Internet?

Note: When we talk about Morgellons disease, we are not talking about primary or secondary infestations caused from springtails, centipedes, flies, worms, scabies, bird mites or even ants etc., but only about small micro-fibers which appear on the skin and as well about Lyme disease which might be present already, perhaps from a previous tick bite, or even been transmitted by a fungus-like pathogen (still called Morgellons) with hyphae-like fibers or threads which is able to penetrate the skin by its proteolytic enzymes!

I don't claim to be better or perfect at all, but I try to always remain on solid ground with my information, where I try to show a more accurate and objective picture of all. My information is not based only on my own private experiences, but also on statistical data and facts gathered from physicians and Lyme associations and many afflicted individuals (15,000) all over the world, who contacted me in the last seven years.

Based on all these individual experiences, I can only say that the common denominator of Morgellons sufferers is Lyme disease, what almost all suffer from, and there is no magic silver bullet to get healthy in 2 weeks, but there are various remedies which can help you to improve slowly more and more over time.

Three stages of infection and improvements (2008):

There are usually three infection stages or improvements from Morgellons protoplasm and its fibrous material.

First and worst stage after initial infection: up to 12 months black specks and various fibers appear constantly on the skin.

Second stage: up to 6-12 months only sporadically black or white fibers, pustules or bumps appear.

Third stage: after 18-24 months no more black or colored fibers appear, but new reinfection of the skin from environment can happen.

I was in the third stage after 12-14 months, because I wasted too much time in the first six months with dermatologists and physicians who could not help me further. So I started my own investigations on treatments as many other sufferers did. It is always possible to reach the 3th stage sooner or later, but it is more difficult if you have no money and no clue about how to start first to cope with this disease among thousands of different information. Note: there is no 5 dollar cure to treat such a dangerous infectious disease at your own, you may need a good physician, too!

This treatment overview, report, or protocol should just be a helpful guideline, but no strict advice or final cure, as long the environment is contaminated with many fibers. It can start all again, but never as it was in the beginning. After the initial nightmare, you will know how to handle it and how to keep the reinfection rate low. Myself and many others did enter unfamiliar territory regarding new treatments for a completely new disease, and I must say, that many have found good remedies in their desperations.

Therefore I would say, never give up the hope, because mankind will always find a way to survive somehow, no matter what kind of bugs (natural or man-made) are bothering them!

Some important questions concerning this illness are:

To be or not to be, that is the question....

Why do some family members or partners not contract this illness, whereas sometimes whole families are infected? Why is such parasitic organism once getting in contact with any host, not infecting all?

Many people may carry the fibers which lives, at first, unnoticed in or on the body, similar to herpes, mycoplasma, fungi, tuberculosis and other opportunistic parasites. Only when certain factors are in place, do the typical disease symptoms become noticeable. The parasites always adjust to the current body chemistry, which the respective host organism puts at the disposal of the parasite.

If a person is generally healthy and strong, then, possibly not much happens at first, and a weak or compromised immune system contributes, partly, to manifestation of the illness, but it is not the sole reason. If one is weakened, however, by permanent stress, as dramatic life-experiences, surgery trauma, leukemia, chemicals or an illness, then this may cause not only a lowered immune system but also a certain biochemical change (steroid hormonal level, testosterone, estrogens, adrenalin, cortisol etc.) in the host body, perhaps also promoted by meno- or andropause. These hormonal disorders are one of the main reasons to trigger this parasite to get active

See for example, the following scientific site:

<http://beheco.oxfordjournals.org/cgi/content/short/6/4/397>

Common symptoms:

A lack of vitamin B12, iron, vitamin D, folic acid, and red blood cells may be common among afflicted, and as consequence most sufferers are anemic and they may have a short breath too, due to the reduction of red blood cells which transport the oxygen, actually. Using oxygen capsules may not help much in this case if the oxygen cannot be transported!

This means in general, that one may have not only problems with brain fog and a healthy sleep, but

also all the other physical or mental problems which comes along due to reduced oxygen delivery.

Many afflicted have also a certain dysfunction of the hypothalamus/corticoid system, which involves the adrenal glands and the sexual and stress hormones etc., and mostly are thyroid dysfunction present too.

Some suggestions:

There are many methods to increase or balance the hormonal level, but avoid to fix the hormonal level with the use of pure testosterone or estrogens (skin-pads or fluids) known also as HRT, Hormone Replacement Therapy. Please take care, it can cause cancer! Rather use natural remedies to balance the hormonal system with e.g. st. john`s wort, black cohosh, maca powder, rosemary, soy bean, amino acids and so on.

Or use also hormonal boosters as certain vitamins, minerals and substances that are already used in Sports Medicine/Bodybuilder and anti-aging products. All these products might be very easy to use and helpful to push up the immune system and as consequence the hormonal level too. Helpful would be to increase rather the testosterone level than estrogens (women and men both)! Therefore I would try e.g. ESTROGENEX, which helped me and others especially with Lyme disease causing a hormonal disbalance/suppression!

The usual and an easy way to build up the immune system and hormonal level is to take vitamins, proteins and minerals as vitamin C (500-1000%), vitamin B6, zinc and magnesium in a higher dosage (300-400 %), and certainly also all B-Vitamins (200-300 %). Anyway, one should not take higher vitamin dosages for more than a couple of weeks. Check this out with your physician...

Furthermore also needed is a regular dosage of vitamin A or beta-carotin, vitamin D and E, co-enzyme Q10, glutathion, selenium, arginine, carnitin, folic acid, lecithine, acetyl-cysteine, colostrum and as well various digestive enzymes might be very helpful to see improvements in fighting this condition.

And last but not least, try to reduce stress and cortisol and to relax your nerves perhaps with valerian, st. john`s wort, passion flower, lavender, phellodendron and magnolia products etc., or with natural lithium mineral salt or gaba or inositol for a better sleep.



Based on my own Lyme and Chlamydia infection, my survey and statistical data collected from Morgellons afflicted, I must claim that 2/3 of the Morgellons afflicted are actually suffering from Lyme disease and its coinfections, and the remaining 1/3 had no or some typical Lyme symptoms, but disappointly they had a seronegative result.

But this fact is well known that Lyme disease very often does not show usual clinical findings. This can happen with Borrelia and many other pathogens which are not always present in the bloodstream, because they are already located intracellularly or incapsulated as cystic forms somewhere in the connective tissue or have changed their surface proteins.

If you have heavy cough, pneumonia and cystic fibrosis-like symptoms and a lot of mucous is coming up, then this can be caused not only by Borrelia bacteria but also by enterobacteria as E. coli, Klebsiella oxytoca which could be carried from borrelia bacteria leaving the guts and entering the blood system and so on. At least you should test all the "pneumoniae" variants of pathogens which may cause lung issues.

If you want to prove any fungal infection, if culturing did fail, also an automated fluorescent amplified fragment length polymorphism (AFLP) method can be used to examine fungal DNA. An immunofluorescent test can also detect a fungus if usual cultures did fail. Another bacterial & fungal Identification could be done by "Comparative 16s rDNA Sequencing"

The main pathogens appearing with Morgellons or Lyme disease are listed below.

What pathogens should be tested!

| Bacteria           | Fungus                 | Protozoa       | Virus                 |
|--------------------|------------------------|----------------|-----------------------|
| Anaplasma          | Aspergillus            | Babesia        | Adeno-Virus           |
| Bartonella         | Candida                | Plasmodium sp. | Cytomegalo (CMV)      |
| Chlamydia          | Common Molds           | Toxoplasma     | Epstein-Barr (EBV)    |
| Lyme-Borrelia      | Entomopathogenic fungi |                | Hepatitis A-B-C Virus |
| Mycoplasma         | Microsporidia          | MLV-XMRV       |                       |
| Treponema pallidum |                        |                |                       |

- - -

What else to test?

Full blood profile (CBC)

Hormonal level (Thyroids, DHT)

Cortisol, Dopamin, ACTH, DHEA

Lower testosterone/estrogen level

HPA profile

C-Reactive protein

Homocystein, Albumin and iron level

Red blood cell count

ACE levels and Calcitonin

Electrolyte balance

Diabetes mellitus

Sputum respiratory tract and function

Eye infection and function

Gastro-intestinal infection

Urological infection

Laboratory diagnostics

Laboratory diagnostics of the *Borrelia* infection, requested by a physician experienced with Lyme disease, are always indicated when a patient's complaints or clinical findings are compatible with a Lyme infection. Serological testing results, for the purpose of evaluating the success of therapy, are not meaningful for chronic Lyme, therapy success must be judged clinically.

Under strictly scientific criteria, the cultural proof of *Borrelia* infection can only be demonstrated

through pathogen DNA-identification by polymerase chain reaction (PCR) methods. The proof of Borrelia DNA by means of PCR nuclear confirmation is likewise of high importance.

Borrelian serology is the basis diagnostic for the question of whether a Borrelia infection could be present; however the testing methods presently on the market, the enzyme-linked immunosorbent assay (ELISA) and immunoblot (Western blot) a test for immunoglobulins, or antibody proteins, signified by the initials IgG and IgM, are not standardized. Therefore, findings from these two methods can be compared only at the lowest common standards among them, and crossreactions caused from other pathogens with similar cell surface proteins can happen!

The investigation of the presence of Borrelia-specific antibodies is possible only by means of immunoblot. With suspicion of one Borrelia infection, the IgG and IgM immunoblot Borrelia test should be required in all cases. The laboratory to which samples are referred must be required to express results in Borrelia serology inclusive of immunoblot for Borrelia. Even so, these tests can show negative results that do not exclude a true infection. One reason for a negative result can be that the antigen spectrum in an immunoblot assay did not match identically the antigens found in ELISA results.

Borrelia ELISA and immunoblot are two different test methods, which correlate to a considerable degree with one another, but with different results in some cases. Negative serology does not exclude a present Borrelia infection, and even in the absence of antibodies, the need for treatment must be considered urgent. Seronegativity can be caused by early but inadequate antibiotic treatment, therapies with immunosuppressants, higher cortisol levels, exhaustion of the immune system, hidden pathogens, and a genetic disposition.

On the other hand, positive serological findings just mean that the patient acquired a Borrelia infection somewhere, at some point, with older infections evidenced by IgG and more recent ones by IgM. It is not possible to decide whether this infection is latent or active by a unique serological investigation. That can be decided only by the treating physician on basis of an individual patient's clinical process and symptoms.

The table below shows different Borrelia protein antigens/antibodies which can be detected by serology.

Protein antigen

| Antigen description of antibodies | Specificity | Description |
|-----------------------------------|-------------|-------------|
|-----------------------------------|-------------|-------------|

p14, 18

|                   |   |  |
|-------------------|---|--|
| - highly specific | Known from <i>B. afzelii</i> as immunogenic |  |
|-------------------|---|--|

p19

|                                |         |   |
|--------------------------------|---------|---|
| OspE (outer surface protein E) | unknown | - |
|--------------------------------|---------|---|

p21

|                                  |                 |  |
|----------------------------------|-----------------|--|
| DbpA (Decorin binding protein A) | highly specific |  |
|----------------------------------|-----------------|--|

Decorin binding protein particularly on skin and tissue cells of the host

p22, 23, 24, 25

|                                 |                 |  |
|---------------------------------|-----------------|--|
| Osp C (outer surface protein C) | highly specific |  |
|---------------------------------|-----------------|--|

Most important IgM response marker of an early infection stage. Known are 13 different OspC-types

p26

|                                |         |   |
|--------------------------------|---------|---|
| OspF (outer surface protein F) | unknown | - |
|--------------------------------|---------|---|

p29

|                                |                 |   |
|--------------------------------|-----------------|---|
| OspD (outer surface protein D) | highly specific | - |
|--------------------------------|-----------------|---|

p31

|                                |                 |  |
|--------------------------------|-----------------|--|
| OspA (outer surface protein A) | highly specific |  |
|--------------------------------|-----------------|--|

Known are 7 different OspA-types which defines different species

p34

OspB (outer surface protein B) highly specific

Antibody appears more in a later infection stage

p39

BMPA (Borrelia membrane protein A) highly specific

Antibody appears more in an early infection stage

p41

Flagellin-protein                  unspecific

Primary and early appearing IgM antibodies. Cross-reactions with other kinds of spirochete and bacteria with flagella are possible

p58

-                  highly specific                  -

p60

Hsp6                  unspecific

Antibodies which often might be present also with other bacterial infections

p66

Hs      unspecific

Antibody reaction to any bacterial infection

p75

Hsp (heat shock protein)      unspecific      -

p83, 100

-      highly specific

Antibodies mainly present in a later infection stage

VlsE

VMP (variable major protein) like sequence expressed      highly specific

VlsE protein is expressed only in the host. IgG-Antibodies might be present already in an early infection stage.

What can you do if tests were seronegative?

These pathogens can be encapsulated into human tissue by created cysts, to avoid detection and measurements and to survive there inside the cysts for a prolonged time, and also therefore no clinical results or antigens can be found and also no antibodies have been created from the immune system to detect and fight pathogens. Same situation can happen with the cell wall deficiency Borrelia forms!

Don't despair, this can happen very often and an experienced physician based upon the symptoms will prescribe you then the right medication. If you don't have any insurance or medical assistance,



many sufferers reported us that they have ordered medications over online pharmacies. Please take care, many companies sell just fake drugs and without any physician you might not come further to treat such heavy infections!

Check below different tests to detect Lyme disease.

#### Common Tests for Lyme Disease and Coinfections:

**Bowen** The Bowen test might be only an alternative along with other tests using the Bowen Q-RIBb (Quantitative Rapid Identification of Borrelia). Bowen testing is not a validated method approved by FDA to diagnose Lyme disease. Don't use it, there are many contradictions using this test.

**CD-57** The CD-57 subset or CD-57 counts measures a specific subset of the natural killer cells (NK-cells) when Lyme is active. The CD-57 count is suppressed only by Borrelia. It is not used as a diagnostic tool, but as marker to reflect the degree of Lyme infection. You can run the test at the beginning of a therapy and repeat it a few months later to determine the effectiveness of any treatment. Low CD 57 occurs in chronic Lyme or when the disease has been active for over one year. Below 20 indicates a heavy infection. 0-60 is typical for chronic Lyme disease. Above 60 indicates an improvement, and the counts of 200 indicates a normal condition or no infection.

**Chemokine-CXCL13** CXCL13 is measured in cerebrospinal fluid (CSF) and serum and it is an important disease activity marker related to B-cells and the chemoattractant CXCL13 e.g. in acute neuroborreliosis. It is also an important mediator in the inflammatory cascade associated with the polyspecific intrathecal B cell and the humoral immune response in the pathogenesis and diagnosis of multiple sclerosis (MS) that manifests itself by MRZR reaction (response to neurotropic viruses)

**ELISA** Enzyme-Linked Immunosorbent Assay test for the presence of a specific protein using antibodies in the test kit. The protein is produced from the activation of the introduced DNA.

**IgM** IgM (Immunoglobulin M) is a basic antibody that is produced by B cells. It appears as first antibody in response to an initial exposure to an antigen. IgM antibodies are mostly present during an acute stage of infection. Done by Western Blot or ELISA

**IgG** IgG (Immunoglobulin G) antibodies are mainly present as secondary immune response after an older or longer ongoing infection. They correspond to a maturation of the antibody response. Done by Western Blot or ELISA

**LTT-MELISA** Lymphocyte-Transformation-Test have been applied to detect specific cellular immune reactivity of lymphocytes, the natural killer cells (B-cells, T-cells). The clinical application of LTTs is due to the poorly defined Borrelia antigens and nonstandardized LTT formats questionable.

**PCR** Polymerase Chain Reaction test for the presence of a specific DNA sequence, which must be recorded in the DNA-database and prepared in reference material.

T-Cellspot (Elispot) It measures the cellular defence (T-Cells) and shows an exposition in intracellular stages, newer or older infection. Elispot test method is not approved by FDA and still disputable but good as second diagnostic tool.

Western Blot Western blotting (IgM/IgG) is a technique used to identify and locate proteins based on their ability to bind to specific antibodies. It can analyze any protein sample whether from cells or tissues.

LABORATORIES ADVANCED LABS (T-cell spot, ELISA) <http://www.advanced-lab.com>

IGENEX (Western blot IgM/IgG) <http://www.igenex.com>

FRYLABS (PCR, Western Blot IgM/IgG) <http://www.frylabs.com/staff.php>

LabCorp (CD-57, Western Blot IgM/IgG) <https://www.labcorp.com>

Pharmasan Labs (Western Blot, ITT, Cytokines) <http://www.pharmasan.com>

Home :: Advanced Laboratory Services

[www.advanced-lab.com](http://www.advanced-lab.com)

I sincerely hope this inquiry will help so that education and treatments become available through the general medical establishment. Many people are committing suicide as they can no longer work and are cut off their benefits as they cannot prove that they are indeed very ill.

Kind regards

