

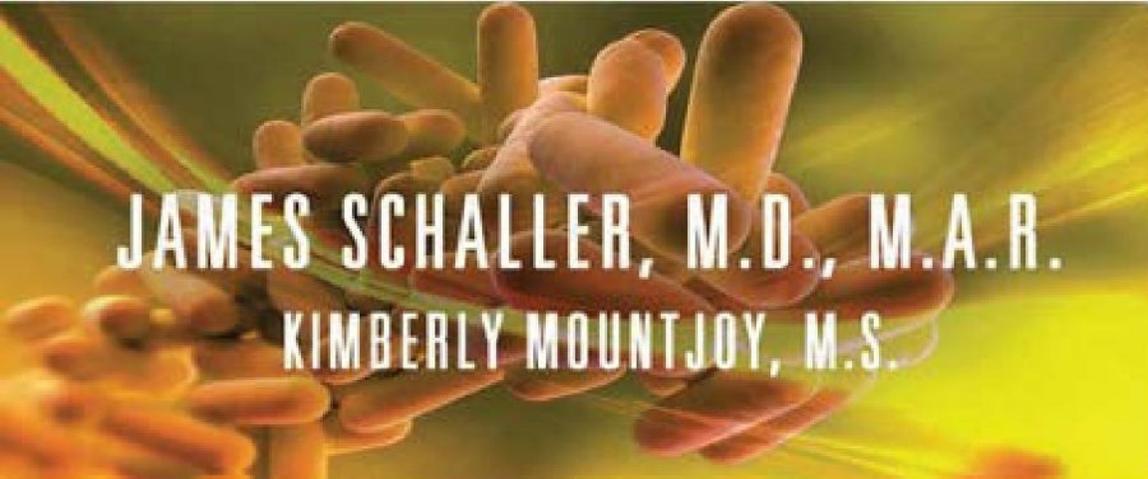


LOTTA AI BIOFILM

PERCHÉ I TUOI ANTIBIOTICI E ANTI FUNGINI FALLISCONO

Soluzioni per la malattia di Lyme, la sinusite cronica,
Polmonite, infezioni da lieviti, ferite, orecchio
Infezioni, malattie gengivali, malattie intestinali,
Alitosi, fibrosi cistica e impianti

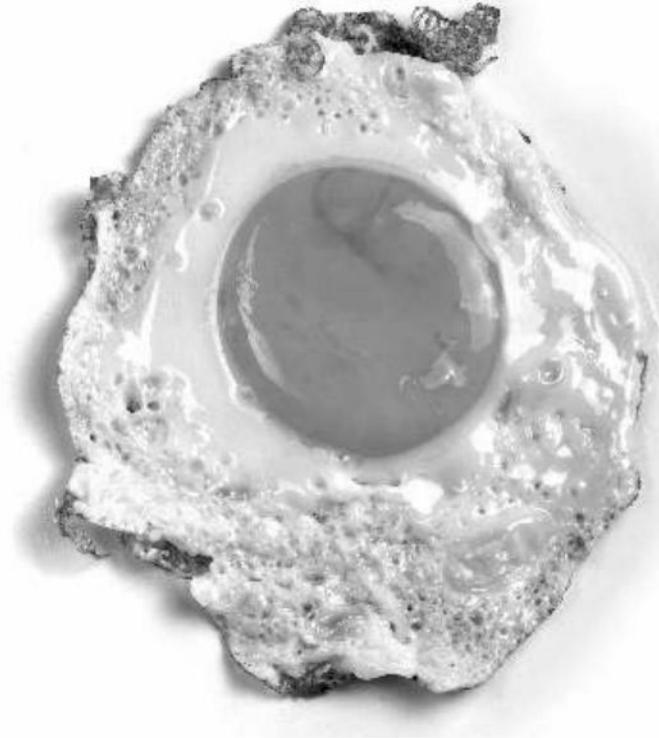
UN GRANDE PEZZO MANCANTE NEL PUZZLE DELLA MALATTIA CRONICA



JAMES SCHALLER, M.D., M.A.R.
KIMBERLY MOUNTJOY, M.S.

Cos'è un biofilm?

La definizione semplice e scientifica di biofilm: qualsiasi gruppo di microrganismi in cui le cellule aderiscono le une alle altre su una superficie. Di solito si trovano all'interno di uno strato che creano chiamato "melma".



Confronta un biofilm con un uovo fritto. Il tuorlo giallo al centro dell'uovo fritto è l'infezione batterica o fungina.

La parte bianca più grande che circonda il tuorlo può essere chiamata "biofilm". Protegge l'infezione interna, o tuorlo, sia dagli antibiotici che dal sistema immunitario umano.

Il bordo esterno dell'uovo presenta dei bordi fritti molto piccoli. È facile non notarli a causa delle dimensioni dell'uovo. Faremo finta che siano antibiotici o sostanze chimiche che uccidono le infezioni. Sono inutili perché non superano mai il bordo bianco esterno dell'uovo. Per loro l'albume è come un muro.

Chi ha infezioni da biofilm?

Quando si apprende l'enorme diversità di luoghi e situazioni in cui i biofilm sono comuni e si considera che spesso si tratta dello stato di routine di batteri e organismi fungini, si inizia a realizzare che chiunque può avere una o più infezioni da biofilm.

Cosa cerchiamo in questo libro?

Il materiale seguente mostrerà molti modi per sfondare l'“albume d'uovo” o biofilm. Una volta che ciò accade, di solito è molto più facile distruggere l'infezione rappresentata dal tuorlo dell'uovo o dal centro giallo.

I biofilm sono una delle principali cause di sofferenza e morte

Posizioni e situazioni del corpo del biofilm

- Un'infezione che dura più di 2 settimane
- La principale causa di morte nei bambini sotto i 6 anni di età
- Placca dentale: la bocca umana ospita circa 25.000 specie di batteri, circa 1.000 dei quali risiedono nel biofilm della placca dentale.

- Infezioni da lieviti
- Infezioni postoperatorie
- Cancro
- Alito cattivo
- Malattie gengivali o parodontite*
- Carie dentaria.
- Infezioni polmonari
- Infezioni del sistema urinario
- Batteri orali: possono danneggiare le arterie cardiache e causare la morte e aumentare i tumori intestinali
- Infezioni croniche dell'orecchio
- Infezioni sinusali**
- Tonsillite cronica
- Ferite

- Testine per spazzolini da denti, compresi gli stili di testine mobili soniche

- Cateteri per consentire la rimozione dell'urina
 - Ginocchia, anche e altre sostituzioni artificiali
 - Infezioni delle valvole cardiache
 - Lesioni o piaghe
 - Malattia di Lyme
 - Cateteri IV di qualsiasi tipo
 - Cateteri urinari
 - Lenti a contatto

 - Dispositivi impiantati: qualsiasi dispositivo impiantato o inserito può inviare batteri al cervello, al fegato o ai reni.
 - Infezioni croniche della prostata
 - Malattia del legionario e molti altri batteri biotossinici che esplodono in qualsiasi acqua interna
 - Malattie da muffa: possono derivare dall'accumulo di muffa in qualsiasi acqua stagnante interna, ad esempio, allagamenti, perdite dal tetto, dal seminterrato o dalle finestre, umidificatori, Waterpik™ non utilizzato o altri dispositivi per la pulizia dei
- denti, condensa nei condotti AC, ecc. • Cistica fibrosi: la produzione eccessiva di muco nelle vie aeree consente a batteri come Pseudomonas aeruginosa di sconfiggere i batteri killer dietro un rivestimento di biofilm
- Parti del corpo perdute
 - Infezioni della pelle, dei capelli o delle unghie
 - Artrite
 - Endocardite
 - Infezioni ossee
 - Acne

Molte altre cose potrebbero essere aggiunte all'elenco, inclusi problemi molto seri di contaminazione da biofilm nell'acqua e dozzine di altre pratiche sanitarie e di produzione.

*Il dottor David Kennedy, un dentista in pensione, lamentava che la maggior parte degli americani adulti soffriva di malattie gengivali, un'altra condizione del biofilm batterico che comporta un'infezione cronica. Quindi, quanto è diffusa questa furtiva epidemia sanitaria?

**Presso Ondine Biopharma, un'intervista [con Richard Longland] ha rivelato che 38.000.000 di persone in questo paese hanno (o hanno avuto) un problema cronico ai seni.

***Ricardo Murga; Terri S. Forster. Ruolo dei biofilm nella sopravvivenza della Legionella pneumophila in un sistema modello di acqua potabile. Microbiologia (2001), 147, 3121–3126.

LOTTA AI BIOFILM

Perché gli antibiotici e gli antifungini falliscono

**Soluzioni per la malattia di Lyme, la sinusite cronica,
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Alitosi, fibrosi cistica e impianti**

Un importante pezzo mancante nel puzzle della malattia cronica

**James Schaller, MD, MARZO
E**

Kimberly Mountjoy, MS

**Stampa internazionale sulle malattie infettive
Torri della banca • Newgate Center (Suite 305)
5150 Tamiami Trail Nord [Autostrada 41]
Napoli, Florida 34103**

Fornire risposte attuali salvavita al biofilm

Chiaro e solido come la roccia

In questo momento potresti leggere due anni di opzioni per sconfiggere il biofilm in giornali, blog e libri. Ci vorrebbero 1.000-1.500 ore. E avresti una serie di opzioni da proporre. Ecco alcuni esempi di opzioni che potresti trovare in quei giornali, blog e libri:

Evita il magnesio	EDTA	Pappa reale
Evita zuccheri e cereali	DMSO	Timo
NAC	Vancomicina	Citronella
Norspermidina	Gentamicina	Serrapeptidasi
Acido Cis 2-decenoico	Banderol	2-amminobenzimidazolo
Lombrochinasi	Evita i grassi	Echinocandine

Come trovare un marketing ragionevole e una fiducia ragionevole in un agente per biofilm come soluzione?

Tom e Lisa scrivono sul blog che il prodotto “x” e la prescrizione “d” sono trattamenti eccezionali per indebolire le infezioni da biofilm nell'affaticamento cronico (CFS) e nella fibromialgia (FM). Le persone sono entusiaste poiché il loro medico curante non ha una soluzione importante e non è interessato alle infezioni da biofilm.

Il problema è che “x” o “d” potrebbero essere utili per indebolire un biofilm o aiutare a superare una malattia. Attenzione però a fare collegamenti veloci. Il trattamento “a” potrebbe funzionare solo nel biofilm di dieci infezioni e abbiamo prove che funzionano solo in tre infezioni.

Il nostro obiettivo è mostrarti cosa mostra una buona ricerca in modo che tu e il tuo medico possiate iniziare con i fatti e siate in grado di comprendere il motivo dietro ogni possibile sperimentazione sui biofilm.

Ad esempio, la tua infezione potrebbe essere come quella di Lyme nell'uso del ferro. Saito e molti altri riferiscono che, a differenza di tutti gli altri organismi conosciuti, la *Borrelia*, causa della malattia di Lyme, può esistere senza ferro, un metallo di cui tutte le altre forme di vita hanno bisogno. *Borrelia* utilizza invece il manganese.

Cosa succederebbe se in futuro si scoprisse che la tua malattia basata sul biofilm ha la stessa capacità di vivere bene senza ferro? Potrebbe significare che un agente del biofilm che mina il biofilm della malattia di Lyme potrebbe funzionare per il tuo. I biofilm di infezioni batteriche e fungine tendono a condividere una vulnerabilità simile a un disgregatore del biofilm. Sapere come funziona l'infezione può aiutare a determinare quale agente del biofilm funzionerà.

<http://phys.org/news/2013-03-scientists-reveal-quirky-feature-lyme.html#jCp>. Accesso effettuato il 26 marzo 2014.

Contenuti

Una rivoluzione medica.....	1
Le cinque fasi dei biofilm.....	2
Immagini introduttive del biofilm.....	3
Un batterio comune presente su tutta la pelle umana	4
Le infezioni da “stafilococco” sono diventate resistenti alla maggior parte degli antibiotici	5
I biofilm vengono ignorati dalla comunità medica.....	20
Rendere chiari i “biofilm”	21
Prevenire la sofferenza, il peggioramento della funzionalità, la disabilità e la morte dovuti ai biofilm	24
L’eliminazione anticipata del biofilm rende gli antibiotici efficaci.....	26
Campioni molto brevi di persone e biofilm.....	27
Soluzioni	30
I biofilm sono molto diversificati.....	32
Esempi di profonda diversità del biofilm.....	32
Il doppio pugno: batteri con biofilm e resistenza ai farmaci.....	34
Lo sono i "superbatteri" resistenti agli antibiotici una grave minaccia “in un futuro molto prossimo”	36
Una breve parola sui biofilm a Lyme.....	37
Malattia di Lyme (Borrelia) e biofilm.....	38
Due batteri diversi in un biofilm provocano un disastro: comune Igiene dentale	39
Esempio di cura del biofilm	40
Biofilm di Bartonella e Babesia?	43
Conclusioni sui biofilm portati da zecche e pulci.....	43
Biofilm e infezioni polmonari o sinusali: anatomia di un disastro della medicina industriale	45
Sport di squadra: quando più infezioni producono biofilm	46
Avvertenza: biofilm e sessioni mediche brevi e affrettate.....	47

Oli essenziali	48	
Nozioni di base sull'eugenolo.....		52
Eugenolo e biofilm.....	53	
Linalolo.....	57	
Reserpina.....	59	
Killer del biofilm "impilati".....	60	
Terpenoidi.....	61	
Allicina e aglio.....	64	
Serrapeptidasi.....	67	
Lombrochinasi.....	72	
Nattochinasi.....	73	
Terminalia chebula Retz.....	74	
Cancro	77	
Lattoferrina.....		82
Acquistare la lattoferrina.....		84
Trattamento combinato con lattoferrina e xilitolo.....		86
Limitare gli zuccheri tradizionali: ridurre l'infiammazione e i biofilm?		87
Lo zucchero xilitolo.....		88
Eritritolo.....	90	
Organoselenio.....	93	
La privazione di magnesio ostacola i biofilm?	94	
Limitare il grasso per trattare i biofilm	97	
Houttuynia cordata Thunb (HCT)		101
Campioni di sostanze chimiche che attivano il biofilm si sono ribellati ai batteri.		104
Doppi trattamenti.....		105
Le fonti vegetali raramente producono una sola sostanza chimica utile.....		106
Nitroxolina.....		107
Lisozima.....	109	

Aspirina e FANS.....	110
Azitromicina (Zithromax).....	113
Argento	115
Zenzero	119
Stevia	121
Nozioni di base su Cumanda.....	123
Cumanda e biofilm.....	125
Eritromicina.....	126
Miele	128
Alito cattivo.....	134
Gli amminoacidi invertiti minano i biofilm.....	136
Catelicidina LL-37	139
Enzima inibitore dell'RNAIII (RIP)	141
Tinidazolo (Tindamax) e metronidazolo (Flagyl)	142
Tubercolosi (TBC).....	143
Un nuovo strumento per aiutare a uccidere la tubercolosi?.....	144
Polvere alimentare, potere antibatterico.....	145
Conclusione	146
Appendice.....	147
Pubblicazioni cliniche del Dr. Schaller	153
Altri libri del Dr. Schaller.....	155
Disclaimer	169
Come contattare il Dott. Schaller	170

Una rivoluzione medica

La teoria dell'infezione da biofilm rappresenta una profonda rivoluzione nello studio delle infezioni che possono essere dolorose, invalidanti e, di fatto, mortali a seconda dell'età.

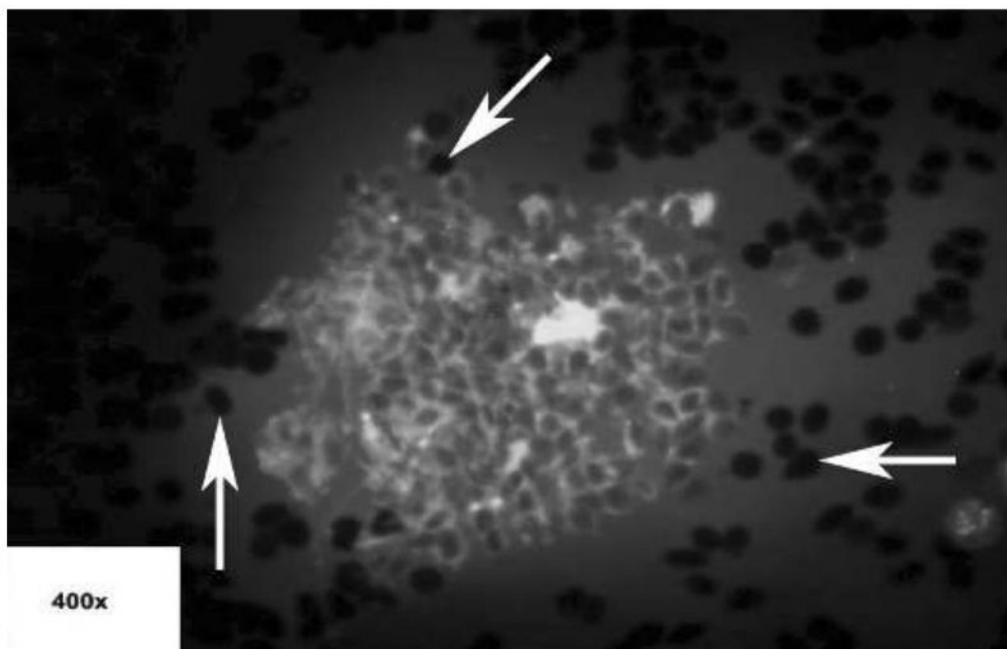
Le infezioni stanno iniziando a riportarci ai giorni in cui le persone morivano per semplici infezioni. Il nuovo mondo delle infezioni da biofilm potrebbe uccidere più persone di quelle della Prima e della Seconda Guerra Mondiale messe insieme se le cose non cambiano rapidamente sia nei paesi sviluppati che in quelli sottosviluppati. A causa della lenta comprensione dell'importanza dei biofilm e, di conseguenza, della lenta adozione da parte dei medici di nuove soluzioni a base di biofilm, anche i medici all'avanguardia potrebbero prendere sul serio i biofilm solo quando sarà stato dimostrato che sempre più persone diventano disabili e muoiono a causa di essi. . Attualmente, la maggior parte non vede i biofilm come causa di sofferenza e morte. Quindi, i biofilm senza soluzioni sono gravi quanto la poliomielite nel 19° secolo senza vaccino e, in t

La maggior parte dei batteri vive in comunità che tipicamente hanno biofilm protettivi unici. L'1% dei batteri che infettano gli esseri umani o influenzano la vita umana fluttuano da soli e quando vengono trovati nel sangue, non verrebbero trovati insieme alla melma del biofilm.

Il National Institutes of Health stima che oltre l'80% delle infezioni microbiche nel corpo umano siano causate dal biofilm, molte delle quali creano problemi cronici e ricorrenti. Oppure Glowacki ha ragione e il 99% dei batteri vive in un biofilm? Sia che si utilizzi come stima l'80% dell'NIH o il 99% di Glowacki, i biofilm costituiscono una seria considerazione nelle infezioni.

Gyowacki R, Strek P, Zagórska-Swiezy K, Składziey J, Olej K, Hydzik-Sobocińska K, Miodojski A. [Biofilm da pazienti con rinosinusite cronica. Studi morfologici al SEM]. [Articolo in polacco]. Otorinolaringoiatra Pol. 2008;62(3):305-10.

Immagini introduttive del biofilm



Un nuovo parassita unicellulare geneticamente unico che produce biofilm chiamato FL1953 o *Protomyxzoa rheumatica*. (Questo striscio speciale è il modo migliore per rilevare questi parassiti unicellulari nel corpo umano, poiché il test del DNA o della PCR non è sempre positivo).

I cento ovali scuri all'esterno dell'immagine mostrata sopra sono globuli rossi (RBC) di 8 micron. La massa centrale è una sfera di biofilm con molti globuli rossi nella massa del biofilm.

Il biofilm mostrato sopra si trova comunemente nei soggetti affetti da infezioni trasmesse dalle zecche, come la comunissima *Bartonella*, il batterio *Bor-relia* della malattia di Lyme e la mortale *Babesia*. Sebbene alcune malattie trasmesse dalle zecche possano essere peggiori di altre o più comuni di altre, sono tutte potenzialmente mortali se non debellate. Questo parassita mostrato sopra è un'infezione unicellulare correlata alla *Babesia* e alla malaria e, quando viene privato del suo biofilm, sembra una malaria immatura. Secondo i Centers for Disease Control, questo è un protozoo unico. Non è né *Babesia* né malaria. Questa infezione si chiama FL1953 o *Protomyxzoa rheumatica*. Produce enormi quantità di biofilm e l'enorme massa centrale in questa immagine contiene centinaia di



Mentre esaminiamo diversi organi e cause dei biofilm, non dovremmo tralasciare un vettore di infezioni da biofilm trasportato da oltre 200 esseri viventi in almeno tre continenti: la zecca Ixodes. Contiene almeno due seri produttori di biofilm: FL1953 e il batterio Lyme altamente complesso e geneticamente avanzato. Stiamo ancora imparando a conoscere tutte le possibili infezioni che trasporta.

Tieni presente che i peli sembrano erba grande, quindi questo segno di spunta è una frazione di queste dimensioni. Quando combini l'invisibilità con un morso che ha un antidolorifico, un antistaminico, un anticoagulante e un agente antinfiammatorio, hai un portatore di infezione invisibile. Una sostanza chimica presente nella saliva delle zecche, la Sialostatina L, è un enzima immunosoppressore così efficace che può inibire l'asma (Horka 2012).



I cani possono essere i migliori amici dell'uomo, ma non se si tocca la loro saliva e non se portano zecche o pulci in casa o in macchina. Supponiamo che ogni cane e gatto che vive fuori città probabilmente abbia avuto morsi di zecche o pulci.



Rendere chiari i “biofilm”.

Un biofilm è come una moneta al centro di una pozza di olio d'oliva, e sul bordo esterno dell'olio c'è il pepe che rappresenta le cellule che uccidono le infezioni. Non possono entrare per distruggere il centesimo. Le comunità di batteri del biofilm rappresentano lo stato abituale della maggior parte delle infezioni umane. Ci è stato insegnato che le infezioni sono batteri isolati che fluttuano in giro e Mostra quanto lontano dobbiamo spingerci nella scienza se la principale forma di batteri... comunità di batteri nel biofilm: è un concetto nuovo, ma cruciale. Quando nel 2004 stilai un elenco di venticinque opzioni per eliminare i biofilm, non riscontrai molto interesse.

Oggi, l'incapacità di distruggere i biofilm con diverse opzioni è letteralmente un disastro sanitario.

L'obiettivo nello scrivere e pubblicare questo libro è quello di creare un insieme di opzioni accessibili basate sulla ricerca insieme ad altre possibili opzioni, per presentare un puro libro di soluzioni che offra le soluzioni più nuove possibili, attuali e aggiornate per le centinaia di malattie associate con biofilm. La barriera di una pellicola biologica può essere assolutamente impossibile da rimuovere o penetrare con le opzioni di routine utilizzate da medici, specialisti in infezioni, naturopati, scuole di medicina alternativa, professionisti dell'olio essenziale, agopuntori, infermieri o erboristi.

Con questo libro speriamo di servire te e il tuo medico/guaritore esplorando le opzioni ora disponibili. Abbiamo effettuato una ricerca sulle pubblicazioni degli ultimi cinque anni su PubMed, l'enorme database per la scienza medica. per “trattamento del biofilm”. La gamma di opzioni è impressionante e non sempre è ciò che potresti aspettarti. Questo libro ha lo scopo di offrirti ampie opzioni per prevenire la sofferenza, la disabilità e persino la morte.

Dopo anni di ricerca e studio, sono giunto alla conclusione che gli “esperti” di malattie infettive sul biofilm potrebbero aver perso la guerra da tempo e, in effetti, molti potrebbero non essere mai stati consapevoli di tutte le battaglie. Papà-

Campioni molto brevi di persone e biofilm

Nel 2004, Richard Longland si riprese molto male da una misteriosa malattia dopo un intervento chirurgico alla colonna vertebrale. Nei mesi che seguirono soffrì di molti problemi: mal di testa, dolori articolari e successivamente problemi cardiaci e cerebrali, stanchezza brutale e difficoltà a pensare.

Il sistema medico si è opposto a lui, ma alla fine, nel 2007, è stato curato per un micoplasma derivante da un possibile intervento chirurgico, da qualsiasi luogo dell'ospedale o in un luogo pubblico o da una zecca.

La maggior parte dei miei pazienti ha visto da 3 a 200 medici prima di venire da me. Capisco la sua esperienza. Il signor Longland ha dovuto consultare più di venti medici per una diagnosi. Durante questo periodo difficile, ha creato un film di qualità superiore intitolato "Perché sono così malato?" È un paziente sostenitore dell'uso di agenti farmaceutici e naturopatici per liberare il suo corpo dai biofilm batterici sistemici.

Edward ha 78 anni e ha tre figlie e otto nipoti. È stato ricoverato in ospedale per mancanza di respiro. Ha una brutta polmonite o un'infezione al polmone. Sta peggiorando. Gli individui si sono ripresi utilizzando agenti che sconfiggono molte polmoniti protette da biofilm.

Linda è stanca da alcuni anni e ha problemi con la scuola. Recentemente ho scoperto che ha una serie di infezioni da zecche che hanno causato risultati anomali di oltre quindici risultati di laboratorio. Ieri ha chiamato e, a causa di un dolore al ginocchio, le ho detto di andare al pronto soccorso. In meno di un giorno, le furono trovati 23 coaguli nei polmoni e nelle gambe. Sospetta che si tratti di Babesia, infiammazione e FL1953. Abbiamo avuto agenti che hanno ucciso questi agenti, incluso FL1953, nel 2006.

It would be an error to say that nattokinase, lumbrokinase, serrapeptidase, EDTA, gentamicin, vancomycin, Samento, Banderol, olive products, poorly known herbs with fair lab testing in humans, clove bud oil, diet, chelation, three to four part amino acid mixes, NAC, Rife, diet changes or a vast range of other options not listed, will **work for all biofilms**. For example, an elderly patient dying of a lung infection or another person with painful and treatment-resistant sinus infection *will not* have the same biofilm.

As a trend, trying different options to destroy a biofilm is less dangerous than allowing it to spread.

A Brief Word on Biofilms in Lyme

At times, individuals who have tick- and flea-borne infections, like Bartonella, Babesia and Borrelia (Lyme disease), can feel their treatment is minimal or incomplete. Debates rage over the diagnosis and treatment of Lyme and tick-borne diseases; whether the pain is from residual dead infection incorporated into tissue or one of the many infections carried by the I. scapularis tick, we still have patients' misery.

After writing **twelve books** which include many pages on non-Borrelia infections, “Lyme testing” seems like alphabet testing in which ***one only looks for the vowel “a.”*** Due to the lack of acceptance of the number and complexity of tick-borne infections, there is a lack of up to date education, leaving quality medical doctors to evaluate tick and flea infections in the ***abstract***, by which I mean that they very falsely and sadly do not realize the full magnitude of ***“the alphabet.”***

Specifically, they “diagnose” by ignoring inflammation alterations, nutrient changes, hormone deficits, immunity changes caused by tick-borne infections, and chemicals made or suppressed by direct tick and flea infectious agents. I discuss these in my three most recent tick and flea infection books. All are available in English. All can be found free through inter-library loan, for less than \$20 USD, or at www.personal-consult.com under the “free books” button. No one can expect to become an expert in this massive area after reading any guide or merely going to ten conferences, because these cluster infections impact twenty areas of medical and scientific knowledge.

In the last four years, researchers like **Dr. Eva Sapi have shown Lyme is like some other spirochetes—it has biofilms. These are very tough biofilms to defeat unless caught in the “acute stage.”** A tough, “mature biofilm” allows organisms to **“laugh at” many antibiotics.**

Some medical professionals interested in Lyme often ignore the immune suppressing Bartonella bacterium, which is more common than Lyme. Ignoring coinfections may increase the risk of fatality with Babesia and possibly **FL1953**. These healers also may not realize that the highly

genetically complex Lyme spirochete appears to have a troublesome biofilm. Performing a simple direct test at laboratory companies whose testing kits have reduced sensitivity will probably result in more negatives for tick-borne diseases. The ultimate result is anti-science and anti-truth. Searching for tick infections with one test is like writing in “Lincoln” at the next presidential election.

Lyme Disease (*Borrelia*) and Biofilms

Several researchers believe *Borrelia burgdorferi*, the active agent of Lyme disease, has biofilms. Lyme organism biofilms have been found in culture and in the tick gut. Lyme cysts and biofilms have also been noted in patient skin biopsies using focus floating microscopy according to Dr. Eisendle publishing in the *American Journal of Pathology*.

Further, we see in Lyme that biofilm formation is dependent on cyclic di-GMP expression and we see that in Lyme (Stricker and Johnson).

Brihuega B, Samartino L, Auteri C, Venzano A, Caimi K. In vivo cell aggregations of a recent swine biofilm-forming isolate of *Leptospira interrogans* strain from Argentina. *Rev Argent Microbiol*. 2012 Jul-Sep;44(3):138-43. PMID:23102459

Cogoni V, Morgan-Smith A, Fenno JC, Jenkinson HF, Dymock D. *Treponema denticola* chymotrypsin-like proteinase (CTLP) integrates spirochaetes within oral microbial communities. *Microbiology*. 2012 Mar;158(Pt 3):759-70. Epub 2012 Feb 7. PMID:22313692

Sapi E, Kaur N, Anyanwu S, Luecke DF, Datar A, Patel S, Rossi M, Stricker RB. Evaluation of in-vitro antibiotic susceptibility of different morphological forms of *Borrelia burgdorferi*. *Infect Drug Resist*. 2011;4:97-113. Epub 2011 May 3. PMID:21753890

Stricker RB, Johnson L. Lyme disease: the next decade. *Infect Drug resist*. 2011; 4: 1-9. PMID: 21694904

Sapi E, Bastian SL, Mpoy CM, Scott S, Rattelle A, Pabbati N, Poruri A, Burugu D, Theophilus PA, Pham TV, Datar A, Dhaliwal NK, MacDonald A, Rossi MJ, Sinha SK, Luecke DF. Characterization of biofilm formation by *Borrelia burgdorferi* in vitro. *PLoS One*. 2012;7(10):e48277. Epub 2012 Oct 24. PMID:23110225

lease of bacteria in the human body will be like a dangerous tornado in a field. It is a wise concern.

For these two problems regarding biofilm-held infections suddenly being released, here are useful solutions:

1. You need many infection killing options for use since more is better to prevent “seeding” of dispersed infection.
2. You want the biofilm killing options to destroy biofilms by different mechanisms. This makes the dispersed seeded infections naked to the immune system.
3. Biofilm tools are given initially at low doses and then increased gradually to large doses since often in the beginning patients have massive inflammation and a drastic increase in killing of biofilm organisms in a short time could cause trouble with bone marrow, liver, heart, eye, or kidney issues, or merely create more dead infectious debris resulting in patient misery.
4. You may need to pulse (use every other day) or fully stop this treatment because once a wave of biofilm eroding agents strips off or severely damages a biofilm of an infection, the same antibiotics that were useless in the past can become very effective.
5. There is no single master biofilm destroyer, yet some are broader than others.

Bartonella and Babesia Biofilms?

Most people have heard of the profoundly common tick infection Lyme disease, but they may not know Bartonella is more common than Lyme and is carried by far more vectors (Breitschwerdt). Babesia decimated the cattle population in the southern United States many decades ago and is more dangerous in humans than Lyme.

Currently, we have no solid data showing Bartonella and Babesia have biofilms.

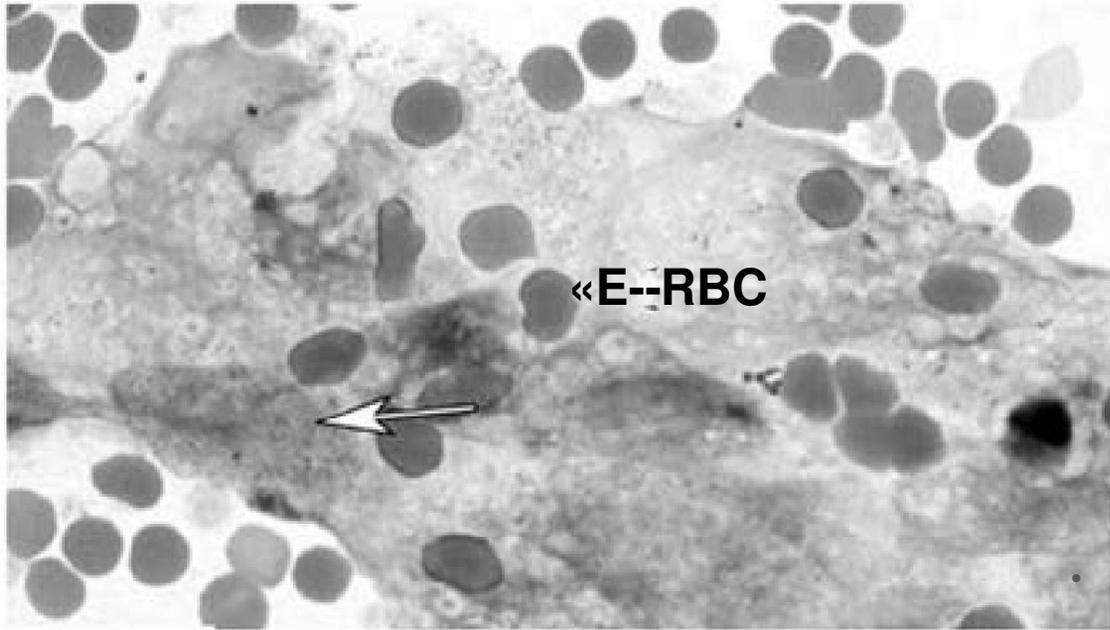
Tick and Flea-Borne Biofilms Conclusion

Below you will see that mouth spirochetes routinely have biofilms. Another spirochete is Leptospira which is able to make biofilms in many environments and may contribute to lost pregnancy in mammals (Brihuega).

In terms of tick and flea infection biofilms, I would focus on **FL1953** (Protomyxzoa) and Lyme, since both have been known and treated by us since 2006, though the former was killed without knowing its genetic uniqueness. We are learning what decreases their biofilm pathology and have agents that should work if one is open to look at diverse approaches. A synthetic “antibiotic only approach” to biofilms, including antibiotics targeted to hit biofilms, might be similar to typing with one finger.

There are herbalists, such as Stephen Buhner, who propose selected herbs to treat some tick infections. And, in terms of **primary treating herbs to kill organisms**, there are also credible options that are not always herbal in use for a tick or flea infection. We will continue to use **advanced lab testing**, typically only allowed under physician supervision, to determine by serious extensive **indirect blood exam** biochemistry tests to see which infection is actually destroyed in people experiencing benefit from herbal therapy. In any event, I enjoyed this line from Buhner: *“I can’t really say what will clear all biofilms.”*

Un'altra immagine campione di biofilm



Il mondo scuro oVlls ai:e rosso sangue "°Us (-blade upp« corvo),
 Tho "sheet" diat inizia da llo destra in basso« 'o'11«, tagliando verso
 L'oomer superiore sinistro, il un biofill, rnlfffiat Gli IOW falciaranno
 ia poi111i11g in un piccolo bam:rium (Piy Labaratoriea)

Nozioni di base sull'eugenolo

L'eugenolo si trova in molti oli essenziali ed erbe. Ad esempio, si trova ad alta potenza nell'olio essenziale di germogli di chiodi di garofano, ma anche in una dose inferiore nella foglia di cannella e nel suo olio essenziale. Secondo PubChem si trova anche negli oli di pimento, alloro, sassofrasso, corteccia di massoy, olio di canfora e piante di chamchwi. La potenza e la concentrazione variano ampiamente a seconda della fonte e del metodo di estrazione. Inoltre, questo non è semplicemente un potente agente di biofilm; ha altre proprietà sorprendenti come azioni antivirali ed effetti antitumorali.



Ad esempio, Tragoolpua e Jatisatienr hanno dimostrato che l'eugenolo colpisce l'Herpes orale e genitale a seconda della specie, del ceppo e di altri fattori. Hanno chiarito che l'olio essenziale può essere più potente di un semplice estratto. Infatti, l'Herpes orale e genitale, rispettivamente HSV-1 e HSV-2, non potevano riprodursi in presenza di eugenolo. Al-Sharif ha mostrato effetti cancerogeni significativi. Una concentrazione molto bassa (2 μM) ha una tossicità specifica contro diverse cellule di cancro al seno. Questo effetto letale è stato mediato inducendo un percorso di morte delle cellule tumorali e diminuendo i livelli di E2F 1 e survivina, due molecole essenziali per la sopravvivenza cellulare. Ha anche ostacolato il cancro

genes. Importantly, these anti-proliferative and pro-cancer cell death effects were also observed inside body grafts placed in non-human animals.

<http://pubchem.ncbi.nlm.nih.gov/summary/summary.cgi?cid=3314>

Tragoalpua Y, Jatisatiennr A. Anti-herpes simplex virus activities of *Eugenia caryophyllus* (Spreng.) Bullock & S. G. Harrison and essential oil, eugenol. *Phytother Res.* 2007; 21(12):1153-8.

Al-Sharif I, Remmal A, Aboussekhra A. Eugenol triggers apoptosis in breast cancer cells through E2F1/survivin down-regulation. *BMC Cancer.* 2013 Dec 13;13(1):600. [Epub ahead of print]

Eugenol and Biofilms

Recently, Dr. Zhou has reminded us of a special process that is involved in the formation of dangerous biofilms. Basically, many bacteria have a “chatty” way of talking to other cells such as other bacteria. So, bacteria use chemicals or cause other bacteria to make chemicals to help them survive and often act to harm you or a loved one.

Eugenol is so effective that at very low amounts, it still disrupted bacteria chemical communication. This is very important in a biofilm destroying agent. If cells cannot communicate, it is doubtful they can form communities. Biofilms are community creations. **Further, eugenol at very low doses, called “sub-inhibitory concentrations” inhibited biofilm formation.**

One type of biofilm research being conducted compares biofilm killers head to head. The results are not always the same, perhaps in part because the infections are not always the same. Note that in an Epub abstract before publication, Malic explains that the best essential oil for urinary catheters, with or without biofilms, against fourteen different bacteria was eugenol. This is why I believe this substance is a “double killer.” It can defeat many biofilms, and then kill the organism making the biofilm. Finally, in this study, eugenol did better than tea tree oil.

Linalool

According to the Merriam-Webster dictionary, the word linalool is derived from a Medieval Latin phrase meaning “wood of the aloe.” Linalool has a nice smelling alcohol and essential oils. It is used in perfumes, soaps, and flavoring materials.

In terms of biofilms, it seems to be most effective when **the essential oil part** is used, which has **the most evidence of killing Candida albicans**. (*Candida albicans* is the cause of yeast infections.) Yet, again, it is the essential oil fraction that not only **inhibits the growth** of *Candida albicans* but also of the bacteria *Lactobacillus casei*, *Staphylococcus aureus*, *Streptococcus sobrinus*, *Porphyromonas gingivalis* and *Streptococcus mutans* cell suspensions, all of them associated with oral cavity disease, according to Alviano and Mendonça-Filho. Yet, Budzyńska reported this essential oil did not fully remove biofilms formed by *Staphylococcus aureus* (ATCC 29213) and *Escherichia coli* (NCTC 8196) on the surface of routine medical materials such as urinary catheters, infusion tubes and surgical mesh.

Hsu found that linalool could be effective against *Candida albicans* due to its many genetic blocking effects. For example, using a scanning electron microscope and other technology, many signs of the effect of linalool to destroy *Candida* or inhibit its growth could be noted. Hsu found blocking actions against genes involving adhesion production and the formation of “branches” or the mold’s hyphae were both decreased by linalool.

<http://www.merriam-webster.com/dictionary/linalool>

Budzyńska A, Wieckowska-Szakiel M, Sadowska B, Kalemba D, Różalska B. Antibiofilm activity of selected plant essential oils and their major components. *Pol J Microbiol*. 2011;60(1):35-41. PMID:21630572

Alviano WS, Mendonça-Filho RR, Alviano DS, Bizzo HR, Souto-Pradón T, Rodrigues ML, Bolognese AM, Alviano CS, Souza MM. Antimicrobial activity of *Croton cajucara* Benth linalool-rich essential oil on artificial biofilms and planktonic microorganisms. *Oral Microbiol Immunol*. 2005 Apr;20(2):101-5.

Reserpine

Reserpine is a substance found in the roots of some types of Rauwolfia that has been made into a traditional medicine. It is used to lower high blood pressure and help with psychotic symptoms, but side effects have limited its use.

While it may not be comfortable to use at modest or high dosing, very low dosing, according to Magesh, showed it to be profoundly powerful against *Klebsiella pneumoniae*. In one report, he used reserpine and was able to stop biofilms in this pneumoniae infection at a fraction of the dose thought to inhibit growth.

Specifically, a tiny fraction of this drug, a mere 0.0156 mg/ml, stopped biofilm production in *Klebsiella pneumoniae*. So, it may be possible that we have another example of a medical truth I use every day:

“Change the dose and you change the drug or herb.”

In this case, perhaps it is possible that 1/10th of the lowest size tablet, 0.1 mg, could harm *Klebsiella* and other infections and be safe for the patient. However, the raw materials for making it may be hard to find some months according to ASHP who tracks pharmacy shortages.

Magesh H, Kumar A, Alam A, Priyam, Sekar U, Sumantran VN, Vaidyanathan R. Identification of natural compounds which inhibit biofilm formation in clinical isolates of *Klebsiella pneumoniae*. *Indian J Exp Biol*. 2013 Sep;51(9):764-72.

<http://www.ashp.org/DrugShortages/Current/Bulletin.aspx?id=975>

“Stacking” Biofilm Killers

While physicians may ponder the problems caused by biofilms in practice, I rarely encounter the doctor who understands that it is usually better to have more than one treatment. In the article below, **oral bio-film infections were controlled best by three agents, not merely one.** For example, Alves explains that when you are going to irrigate or clean a root canal area, that two mouth bacteria infections protected by their biofilms have these same film barriers decreased significantly by treatment with farnesol, xylitol and lactoferrin together.

The same results were found in wounds. One of the best treatments for wounds is the use of a silver-based wound dressing or bandage, together with a gel containing xylitol and lactoferrin (Ammons).

Alves FR, Silva MG, Rôças IN, Siqueira JF Jr. Biofilm biomass disruption by natural substances with potential for endodontic use. *Braz Oral Res.* 2013 Jan-Feb;27(1):20-5. PMID:23306623

Ammons MC, Ward LS, James GA. Anti-biofilm efficacy of a lactoferrin/xylitol wound hydrogel used in combination with silver wound dressings. *Int Wound J.* 2011 Jun;8(3):268-73. Epub 2011 Apr 1. PMID:21457463

Terpenoids

I would like to mention a class of options that come from a familiar substance, chemicals from tea tree oil. We have already mentioned linalool which is part of this class individually, since it comes up as a leading biofilm killer. According to Raut, as many as 14 terpenoids derived from tea tree oil inhibit biofilms, and α -terpineol, nerol, isopulegol, carvone, linalool, α -thujone and farnesol are worthy of special note. Eight terpenoids have effects on **mature** yeast biofilms (*Candida albicans*).

A study by Ramage shows tea tree oil (TTO), terpinen-4-ol (T-4-ol), and α -terpineol displaying potent activity against 69 biofilm-forming *Candida* strains, of which T-4-ol and α -terpineol displayed rapid kill action.

Of these three, T-4-ol displayed no significant toxicity to cells. These data provide further laboratory evidence that TTO and its derivative components, specifically T-4-ol, exhibit strong antimicrobial properties against fungal biofilms. Further, T-4-ol appears to possess safety advantages over the complete essential oil (TTO) and may be suitable for prevention and treatment of established oral and upper throat cavity candidosis. Certain terpenoids are components of spices or food ingredients generally regarded as safe (GRAS) (Pauli 2006).

In another study, several chemicals from plants were tried against two very common bacteria (Budzyńska), *Staphylococcus aureus* (ATCC 29213) and *Escherichia coli* (NCTC 8196), both with biofilms on the surface of **routine** medical products, i.e., urinary catheter, infusion tube and surgical mesh. All three are present in most advanced hospitals and other settings. Surgical mesh was the surface most prone to persistent colonization since the biofilms that formed on it, both by *S. aureus* and *E. coli*, were difficult to destroy.

Melaleuca alternifolia is the source of Tea Tree Oil (TTO). *Lavandula angustifolia* yields Lavender, English Lavender and True Lavender (LEO). *Melissa officinalis* is Lemon balm (MEO). Tea Tree oil, Lemon balm, α -terpineol and terpinen-4-ol showed stronger anti-biofilm

Allicin and Garlic

Garlic has been used as a medicine throughout human history. Allicin is considered one of the medically useful components of garlic. Other useful components are discussed in Chinese language pharmacology texts.

As early as 2003, the use of allicin against *Staphylococcus epidermidis* had reported effects on biofilm formation at low dosing. Pérez-Giraldo reported that lab testing showed that allicin diminished biofilm formations.

Lihua reported ten years later that allicin impacts *Pseudomonas aeruginosa* biofilm. This is hardly casual information, since *P. aeruginosa* is likely resistant to multiple antibiotics, and this resistance may be due to biofilms. Organosulfur allicin has been shown to inhibit surface-adherence of bacteria and Lihua demonstrated that allicin could inhibit early bacterial adhesion which is a first step to bacterial community formation, usually just before biofilm production.

Other researchers isolated various components of garlic and tested the most active components. The following three components were examined:

1. garlic extract
2. allicin
3. diallyl sulfide (DAS)

They were tested against the serious mouth and dental infection *Aggregatibacter actinomycetemcomitans*, the primary cause of severe aggressive periodontitis and other non-oral infections.

Lumbrokinase

We appreciate that some people interested in progressive medicine feel this enzyme, Lumbrokinase, is a useful substance. Some have suggested it is useful in the removal of biofilms. If that is true, we had trouble finding the evidence for that position. However, it does seem that some researchers see a potential for this enzyme to “digest” pathological clots. This possibility seems to have some support, and at this time we will only wait for further research. Since we are only proposing biofilm options that are supported by research and since human use is just starting in research settings, we do not promote this agent at this time.

Ryu GH, Park S, Han DK, Kim YH, Min B. Antithrombotic activity of a lumbrokinase immobilized polyurethane surface. *ASAIO J.* 1993 Jul-Sep;39(3):M314-8. PMID:8268550

Kim JS, Kang JK, Chang HC, Lee M, Kim GS, Lee DK, Kim ST, Kim M, Park S. The thrombolytic effect of lumbrokinase is not as potent as urokinase in a rabbit cerebral embolism model. *J Korean Med Sci.* 1993 Apr;8(2):117-20. PMID: 8397927

Mihara H, Sumi H, Yoneta T, Mizumoto H, Ikeda R, Seiki M, Maruyama M. A novel fibrinolytic enzyme extracted from the earthworm, *Lumbricus rubellus*. *Jpn J Physiol.* 1991;41(3):461-72. PMID:1960890

Wang KY, Tull L, Cooper E, Wang N, Liu D. Recombinant Protein Production of Earthworm Lumbrokinase for Potential Antithrombotic Application. *Evid Based Complement Alternat Med.* 2013;2013:783971. Epub 2013 Dec 12. Review. PMID:24416067

Cao YJ, Zhang X, Wang WH, Zhai WQ, Qian JF, Wang JS, Chen J, You NX, Zhao Z, Wu QY, Xu Y, Yuan L, Li RX, Liu CF. Oral fibrinogen-depleting agent lumbrokinase for secondary ischemic stroke prevention: results from a multicenter, randomized, parallel-group and controlled clinical trial. *Chin Med J (Engl).* 2013 Nov;126(21):4060-5. PMID:24229674

Huang CY, Kuo WW, Liao HE, Lin YM, Kuo CH, Tsai FJ, Tsai CH, Chen JL, Lin JY. Correction to Lumbrokinase Attenuates Side-Stream-Smoke-Induced Apoptosis and Autophagy in Young Hamster Hippocampus: Correlated with eNOS Induction and NFκB/iNOS/COX-2 Signaling Suppression. *Chem Res Toxicol.* 2013 Jul 15;26(7):1126. Epub 2013 Jun 7. PMID:23746067

tract also made the pneumonia far more susceptible to the antibiotic tobramycin. Further, genes involved with resistance to antibiotics were down-regulated.

- Bag published that highly resistant urine organ infections were more vulnerable to treatment with *T. chebula* but proposed this is due to its ability to collect iron, since adding iron reduced its effect. However, Bag only tested one of many chemicals from this fruit, and I would suggest other components may have antibacterial action and work by other means.
- Four carefully chosen antibacterial plants (*P. guajava*, *T. chebula*, *A. aspera*, and *M. elengi*) are combined with four solvent extracts (hexane, ethyl acetate, ethanol, and methanol) by Kamal Rai Aneja, who initially evaluated their anti-cavity activity against *S. mutans*. All four of the plants showed activity against *S. mutans*. Ethyl acetate extracts of the four plants showed high antibacterial activity against *S. mutans*, superior to the other solvent extracts. Further, *T. chebula* ethyl acetate extract acts as an effective anti-cavity agent by inhibiting *S. mutans* and *C. albicans*. However, we were unable to find evidence if the benefit of these chemicals involved biofilm removal.

In conclusion, we appreciate that this medicine is proposed to both dissolve Lyme biofilms and also destroy the underlying Lyme bacteria. We offer no opinion on this belief. We do not want to oppose or support its use in terms of biofilm ability. It appears this fruit does act on the bacteria biofilm of *P. aeruginosa*, but Lyme bacteria are not the same as *P. aeruginosa* bacteria. Lyme is also profoundly more genetically complex than a “relative” spirochete bacterium, syphilis.

Therefore, while we do note that this medicine has antibacterial and cell protection actions, and **we accept some patients feel better**, we presently cannot say it is due to biofilm removal in those with tick-borne infections.

Cancer

Cancer has many causes. Some things increase your risk and other things can decrease your risk. It is rarely pure genetics, even in those with genetic vulnerability. We know some types of plastics increase rates of breast cancer. We know the 200 poisons in cigarettes cause lung cancer. We know various chemicals made by various companies can increase cancer, despite the reality that most US and international chemicals have limited or no top research on their safety.

I like my dental hygienist. And, I like making sure my gums and teeth are “safe.” Why? At first it was because I want to have teeth in twenty years. But, she correctly reminds me that heart attacks are increased by gum disease which is routine in many countries.

Yet, even this passionate healer was not aware of the role of biofilms in cancer. Yes, I said cancer. We are only beginning to understand the role of infections in triggering cancer diseases.

Many years ago, I was working with a physician who asked me to help research possible cures for his cancer. Eventually, that cure was found and written up, taking over 200 hours and many months to complete, with the help of a top medical editor in North America—the former editor of the *Journal of the American Medical Society* and forty other journals, specifically, George Lundberg, who worked feverishly to get this death disorder cure in print ASAP (Schaller).

Years later, he asked me to write a follow up, and we had found that over eight top infection specialists in the United States had missed Babesia, a common parasite that is harder to kill than malaria and which can occasionally increase eosinophils (Schaller). The patient’s trouble included the fact that he had so many eosinophils, his blood could clot quickly. The point? Eosinophils are a type of white blood cell designed to kill parasites. The man’s disorder (HES) Idiopathic Hypereosinophilic Syndrome, which is often fatal and means that eosinophils reproduce out of control, was primed by a Babesia infection. Not all patients with HES also have a Babesia infection, but after writing six books which

Lactoferrin Xylitol Combination Treatment

In a fascinating look at this proposed double treatment, Mary Ammons shares that treatment of *Pseudomonas aeruginosa* biofilm with both lactoferrin and xylitol inhibits the ability of bacteria to respond to damage resulting from lactoferrin iron chelation.

Pseudomonas aeruginosa has been identified as the most common biofilm-forming infection in chronic wounds. The immune stimulating molecule lactoferrin and the rare sugar alcohol xylitol, together, were effective in the lab against *P. aeruginosa* biofilms.

How? Lactoferrin iron chelation was identified as the primary means by which lactoferrin undermines the bacterial membrane. Amazingly, this combination showed huge alterations in the expression of the bacteria's genes, but these changes are too complex for a summary. The findings mean that critical chemicals made by *P. aeruginosa* had changed.

Siderophore detection verified that xylitol is the component of this unique double treatment that inhibits the ability of the bacteria to produce siderophores under conditions of iron restriction. Siderophores sound complicated—here is the simple meaning: they are some of the strongest iron binders in the world and they are made by bacteria, viruses and fungi.

The study concludes with two points:

1. Lactoferrin treatment of *P. aeruginosa* biofilms results in destabilization of the bacterial cell membrane through iron chelation.
2. Combining lactoferrin and xylitol inhibits the ability of *P. aeruginosa* biofilms to respond to environmental iron restriction.

Access to iron is profoundly hard for bacteria when this combination is used.

Erythritol

Erythritol is an amazing sugar. For example, when it was given to children head-to-head with xylitol or sorbitol it was clearly superior. Here is a summary of the research:

Runnel writes: “Three-year consumption of erythritol-containing candies by initially 7- to 8-year old children was associated with reduced plaque growth, lower levels of plaque acetic acid and propionic acid, and reduced oral counts of mutans streptococci compared with the consumption of xylitol or sorbitol candies.”

In a similar way, Japanese researchers show highly advanced reasons for erythritol superiority over xylitol and sorbitol (Hashino). While this study is very dense, let me at least try to list the stunning findings:

1. By advanced confocal microscopic observations, the most effective sugar used to reduce *P. gingivalis* accumulation onto an *S. gordonii* substratum was erythritol, as compared with xylitol and sorbitol.
2. In addition, erythritol moderately suppressed *S. gordonii* monotypic biofilm formation.
3. To examine the inhibitory effects of erythritol, they analyzed the metabolomic profiles of erythritol-treated *P. gingivalis* and *S. gordonii* cells. Metabolome analyses showed that a number of critical bacteria chemicals were decreased by erythritol.
4. Next, metabolites of erythritol- and sorbitol-treated cells were examined. Erythritol significantly decreased the levels of *P. gingivalis* dipeptides. They tended to be increased by sorbitol.

Amazingly, it appears erythritol has inhibitory effects on two diverse species with biofilms, and it acts by at least five very distinct mechanisms.

Dowd reported that biofilm formation was completely inhibited in a standard wound approach by 10% erythritol in either of the two San-

Does Magnesium Deprivation Hinder Biofilms?

Before we decide to remove an element that is used in vast numbers of important enzymes, we have to have a foundation. First, in some basic physiology texts, calcium displaces magnesium inside human cells. My impression of this research is that suboptimal magnesium increases systemic inflammation, vascular death such as heart attacks, and cancer. Dibaba shows that the higher the magnesium in diet the lower C-reactive protein. This protein is associated with inflammation. If you lower inflammation you decrease deaths.

Qu pooled studies of approximately a half a million people to examine the results. The greatest risk reduction occurred when magnesium intake increased from 150 to 400 mg/day. A significant inverse association was found between dietary magnesium intake and total cardiovascular events. Serum magnesium concentrations are linearly and inversely associated with the risk of cardiovascular troubles such as heart attacks and brain strokes. Since magnesium is poorly absorbed even when chelated to an amino acid, it is perhaps useful to note the useful dose was 400 mg, when compared to minimal benefit from 150 mg orally.

Del Gobbo also examined vast studies and wrote: “Clinical hypomagnesemia and experimental restriction of dietary magnesium increase cardiac arrhythmias.” Deadly ischemic heart disease, in which a person dies due to poorly oxygenated blood reaching the entire heart, was more common in those with no magnesium supplementation or very low oral magnesium dosing. Simply, “circulating and dietary magnesium are inversely associated with [cardiovascular disease].” Further, Qu shows, in another study, a significant drop in intestinal cancers with a reasonable magnesium intake. While we may not know the mechanism for these useful findings, they are not felt to be due to chance.

Song and Leff clearly show why a small number of scientists and physicians have pondered lowering human magnesium Mg^{2+} levels. They remind us that Mg^{2+} can influence bacterial adhesion, which is part of biofilm process. In their study, the bacterium *Pseudomonas fluorescens* was used to investigate the influence of Mg^{2+} on biofilm growth.

Nitroxoline

We are not going to spend significant time on this fifty year-old antibiotic because it is not used in many countries, and it is a quinolone, and quinolones all seem to have serious risk of tendon damage. For example, it is possible nitroxoline has the same risks as other quinolones (www.drugbank.ca/drugs/DB01422).

Quinolones easily enter cells and are often used to treat intracellular pathogens such as *Mycoplasma pneumoniae*.

The FDA has increased warnings regarding side effects since the drugs were first approved. I just want to focus on three side effects that might not be routine but are possible risks with many quinolones:

- **Damage to nerves outside the brain:** This could present as sensory nerve or muscle nerve injury causing paresthesias, hypoaesthesias, dysesthesias, and weakness. New pain, burning, tingling, numbness and/or weakness, or new decreased abilities to detect light touch, pain, temperature, position sense, vibratory sensation, and/or motor strength are basic nerve functions and show damage; these are reasons to stop taking the drug.
- **Tendon damage:** While some focus on the Achilles tendon, actual tears of tendons have occurred in the hand, the shoulder, the thigh, or other locations. Some are helped with surgery. Other patients feel the surgical or other treatment still leaves them with damage. It is believed by some that the use of prednisone and other cortical steroids meant to drop inflammation increases the risk of tendon damage. Perhaps this is especially true in older seniors. Surprisingly, tendons can rupture after the medication is stopped. Some have suggested that IV, transdermal or sublingual magnesium might decrease the risk, but I am not aware this hypothesis has been proven (Schaller).

Aspirin and NSAIDS

We have previously said it is best to see biofilms like a key, and using AIDS as an example, it was only after AZT in 1996 with **the arrival of protease inhibitors that those quickly dying, experienced a “Lazarus effect,” in which AIDS patients who looked to be ready to die recovered markedly in 30 days.** Medications used in AIDS are tough medications, even if they are miracles. Some may question offering a section on the tough medications aspirin and NSAIDS.

While we appreciate that aspirin and various other over the counter NSAIDS may not be optimal, perhaps due to concerns of liver, kidney or ulcer issues, we are discussing infections that invade and cannot be stopped by your body. You might need all the help you can get. So we offer some synthetic options here that may offer help against a top killing and disabling problem—**biofilm-protected** infections.

For example, fluconazole-resistant *Candida* is increasing worldwide. Fluconazole is also called Diflucan. Biofilms are one reason for a decreased effect in treatment. Aspirin, diclofenac, ketoprofen, tenoxicam, and ketorolac all undermined biofilms or their processes. They all reduced fungal adhesion, and increased biofilm detachment with low concentrations of anti-inflammatory agents. Microscopic examination confirmed the tested drugs had a significant effect on reduction of *Candida* adhesion and biofilm development. The drugs also made fluconazole work more effectively against fluconazole-resistant *C. albicans* (Abdelmegeed).

Another useful way to involve aspirin is by teaming it up with the chelation chemical EDTA. Both aspirin and EDTA possess broad antimicrobial activity for biofilm cultures. Aspirin used for 24 hours was successful in eradicating *P. aeruginosa*, *E. coli* and *C. albicans* biofilms. Moreover, exposure to the Aspirin-EDTA combination completely destroyed bacterial biofilms after only four hours in simulation lab testing (Al-Bakri).

Azithromycin (Zithromax)

This medication is almost a household name and is known as the “Z-Pak” which contains brand name Zithromax pills that are still in use today. Despite being in use many years and used very routinely, this medication still has a strong use in addressing biofilms.

For example, Maezono showed that azithromycin was markedly superior compared to other routine antibiotics in killing gum infection bacteria. Specifically, azithromycin at **very low dosing** undermined four strains of *Porphyromonas gingivalis*. This determination involved the use of two fascinating techniques.

Azithromycin dropped the bacteria “gasoline” or ATP in the bacteria, which means the bacteria had decreased function or were dead. Cyanide kills humans in part due to dropping ATP levels—it is not a trivial substance. Further, the power of azithromycin was seen clearly with a confocal laser scanning microscope, which has the ability that the long name suggests—seeing the decreased amount of bacteria.

One of the most common hospital infection risks is MRSA; it causes a number of potentially deadly diseases. This “MRSA” simply means routine staph aureus is no longer able to be killed or it is resistant to methicillin, so it reproduces unchecked. Azithromycin is proposed as one solution to MRSA based partly on its biofilm defeating abilities at very low dosing.

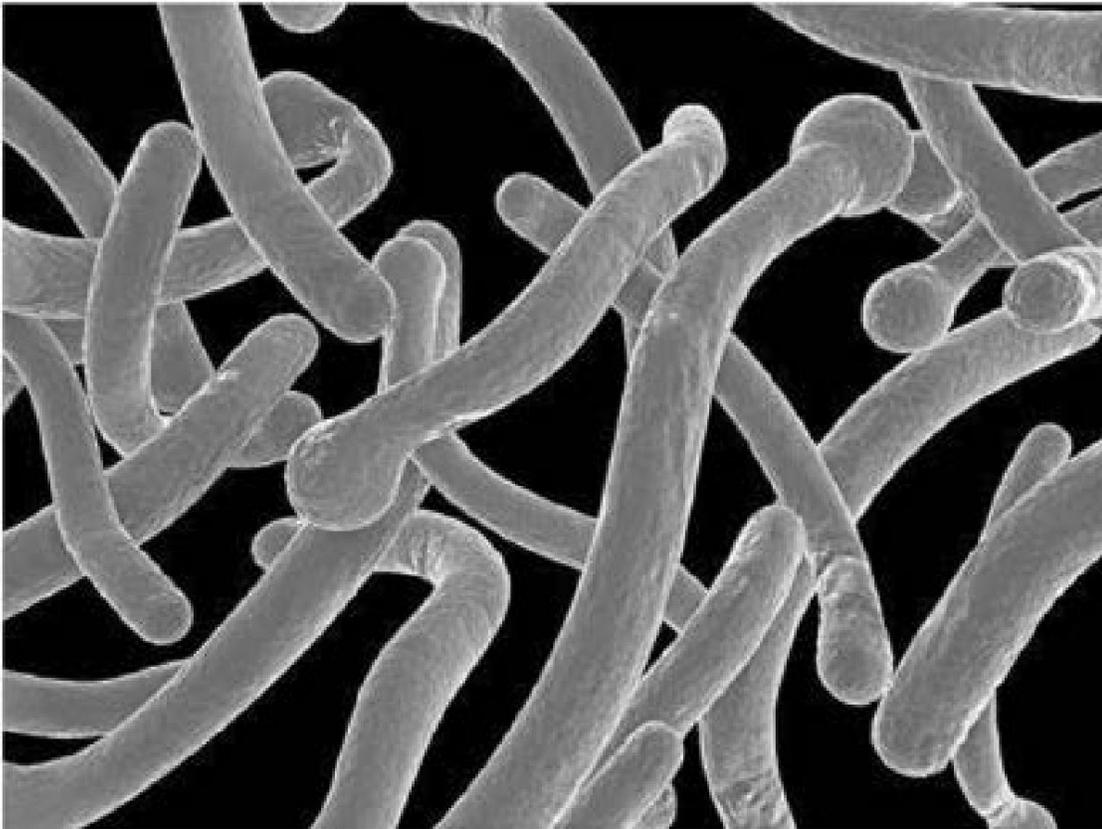
Gui shows that azithromycin was active against methicillin-resistant *Staphylococcus aureus* (MRSA) strains. It reduced the production of α -hemolysin and biofilm formation at very low “sub-inhibitory” concentrations. So, azithromycin may be useful in the treatment of α -hemolysin-producing and biofilm-forming MRSA infections.

Maezono H, Noiri Y, Asahi Y, Yamaguchi M, Yamamoto R, Izutani N, Azakami H, Ebisu S. Antibiofilm effects of azithromycin and erythromycin on *Porphyromonas gingivalis*. *Antimicrob Agents Chemother*. 2011 Dec;55(12):5887-92. Epub 2011 Sep 12. PMID:21911560

Argento

Il trattamento con argento utilizzato contro i biofilm nelle ferite si è chiaramente rivelato efficace. Infatti, una crema all'1% di argento è stata utilizzata con successo per trattare e prevenire le infezioni nei pazienti barboni in tutto il mondo.

Una revisione dell'International Wound Infection Institute mostra che i dati indicano ancora che l'argento è il trattamento migliore. Ad esempio, Monteiro ha testato l'argento colloidale contro i biofilm fungini. La conclusione di questo lavoro è molto ferma: indipendentemente dalle concentrazioni utilizzate nello studio, l'argento ha influenzato la composizione della matrice e la struttura dei bio



Primo piano reso tridimensionale della Candida albicans.

Cumanda and Biofilms

Dr. Eva Sapi and her colleagues found in their superior laboratory that cumanda had some mild killing effects on the Lyme bacteria, but more importantly for this book, Lyme **biofilm** communities grown in her lab were reduced 43% by this herb at low dosing. The dosing for a dynamic human or animal body was not explored or proposed by this researcher or any other researcher as of February 2014. Searching by its Latin and popular name did not yield any articles relevant for use on infections.

Finally, while Lyme disease is a common and disabling infection, it is hardly the only infectious agent in the many infections carried by Ixodes ticks. While this preliminary research is very useful, it is possible cumanda may have impact inside a body for Lyme and Bartonella treatment. More study is needed. I regret that we only examined cumanda for Bartonella and not Lyme.

Our conclusion was that cumunda hindered Bartonella more than Levofloxacin (levofloxacin), Zithromax (azithromycin), Rifabutin (mycobutin) and other proposed options. To determine treatment effect one needs to know **the indirect actions of Bartonella, Babesia, FL1953, Lyme, inflammation systems, etc. by lab analysis using different companies.**

Theophilus PA, Burugu D, Poururi A, Luecke DF, Sapi E. Effect of Medicinal Agents on the Different Forms of Borrelia burgdorferi Lyme disease or Lyme borreliosis is a tick-borne multisystemic disease caused by different species of Borrelia. <http://healthyats-nl.blogspot.com/2013/07/effect-of-medicinal-agents-stevia-and.html>

Erythromycin

Gomes found that erythromycin at low doses actually enhanced the growth of biofilms in *C. diphtheriae*. Penicillin acted the same way. Of further concern is that not only did these antibiotics increase biofilm formation but in this case they enhanced infections by strains of *C. diphtheriae*. Diphtheriae is a very dangerous infection without access to effective antibiotics. It is dangerous enough with good ones.

Returning to biofilm-promoted gum disease such as gingivitis, in the United States, over 50% of adults had gingivitis on an average of 3 to 4 teeth. Adult periodontitis, measured by the presence of periodontal pockets ≥ 4 mm, was found in about 30% of the population on an average of 3 to 4 teeth. Lost gum attachment to teeth of at least 3 mm was found in 40% of the population (Oliver).

The density of adherent *P. gingivalis* cells were significantly decreased by using erythromycin at very low dosing called “sub-MIC levels.” One strain was not affected by erythromycin. Finally, erythromycin was not effective for inhibition of *P. gingivalis* biofilm cells at very low dosing.

Erythromycin Key Findings

- Low doses actually grew some biofilms
- Penicillin also grew some biofilms
- It enhanced strains of dangerous *C. diphtheriae*
- Gum disease from *P. gingivalis* cells was much less sticky at very low dosing.
- Erythromycin was not effective for inhibition of *P. gingivalis* biofilm cells at very low dosing.

Contacting Dr. Schaller

Should you wish to talk to Dr. Schaller he offers individualized education consults, which can be arranged by calling 239-263-0133. Please leave all your phone numbers, a working email and a fax number. These consults are typically in 15 minute units and can last as long as you wish. All that is required is the completion of a short informed consent form.

If you would like a full diagnostic consult or to see Dr. Schaller as a patient, know he treats patients from all over the USA and from outside the country. He meets with you first and then does follow-up care with you by phone.

If you would like to fly in to see Dr. Schaller, his staff are very familiar with all the closest airports, and we have special hotel discounts.