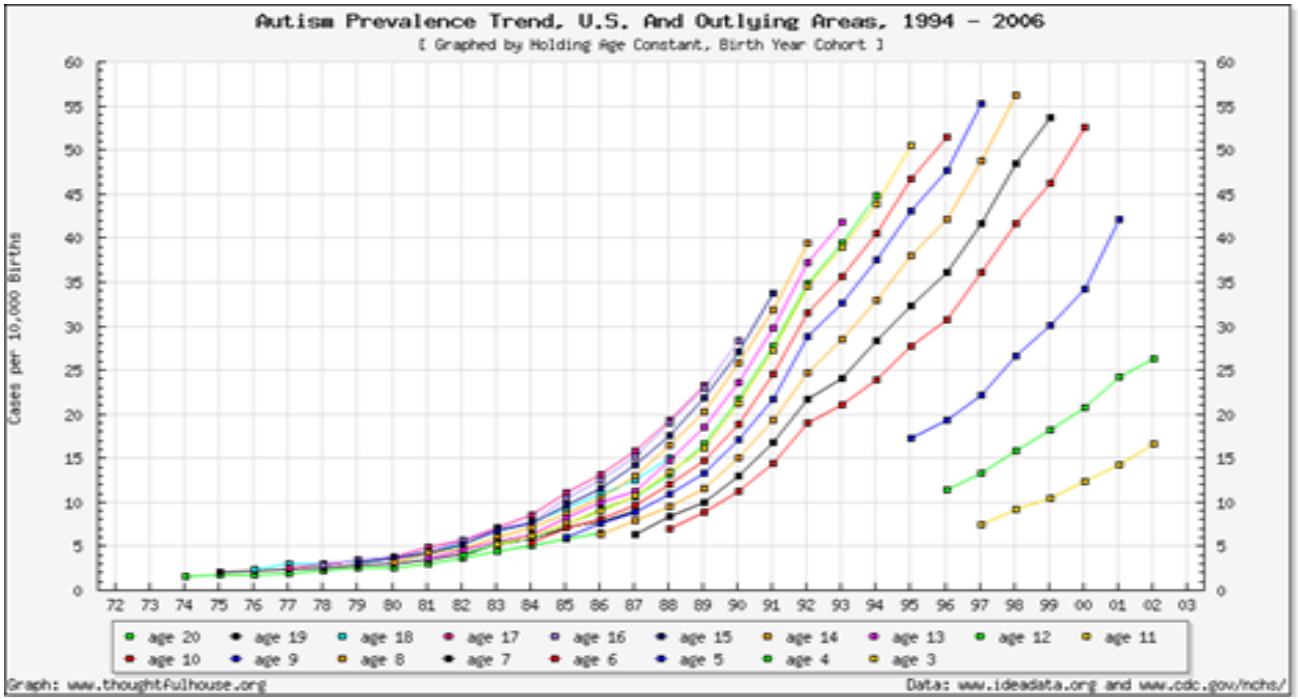
Die Grundlagen der logischen Medizin

Dr. med. Dietrich Klinghardt MD, PhD

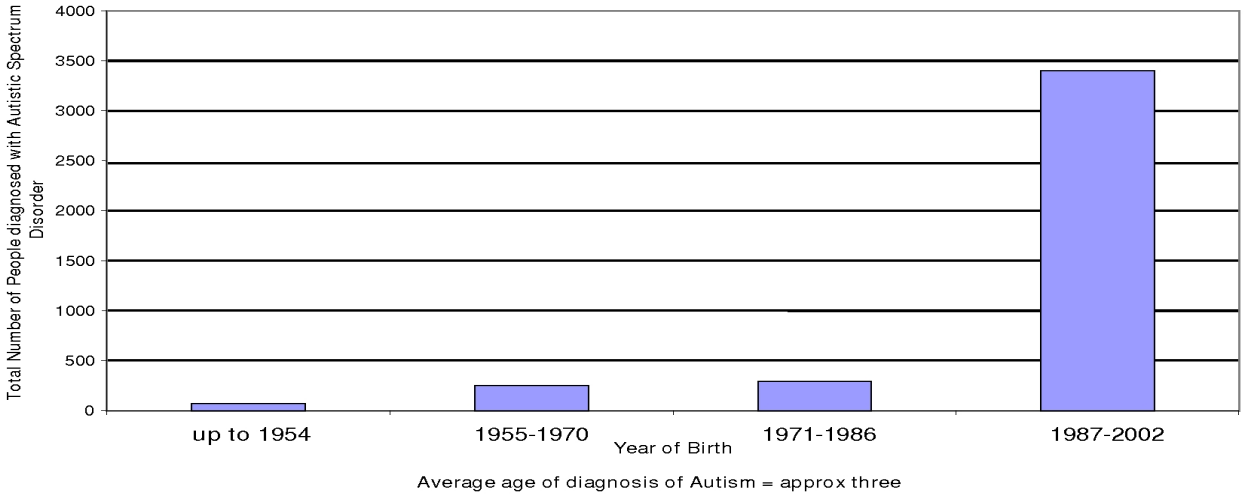
Klinghardt Institute
The Heart Of Healing
www.KlinghardtInstitute.com

Autismusprävalenz USA 1994-2006



Auftreten von Autismus nach Altersgruppen

Data Source: AUDIT OF SERVICES FOR PEOPLE WITH AUTISTIC SPECTRUM DISORDERS
Public Health Institute of Scotland (PHIS) Needs Assessment Report 2004.
Prepared for the Scottish Executive.

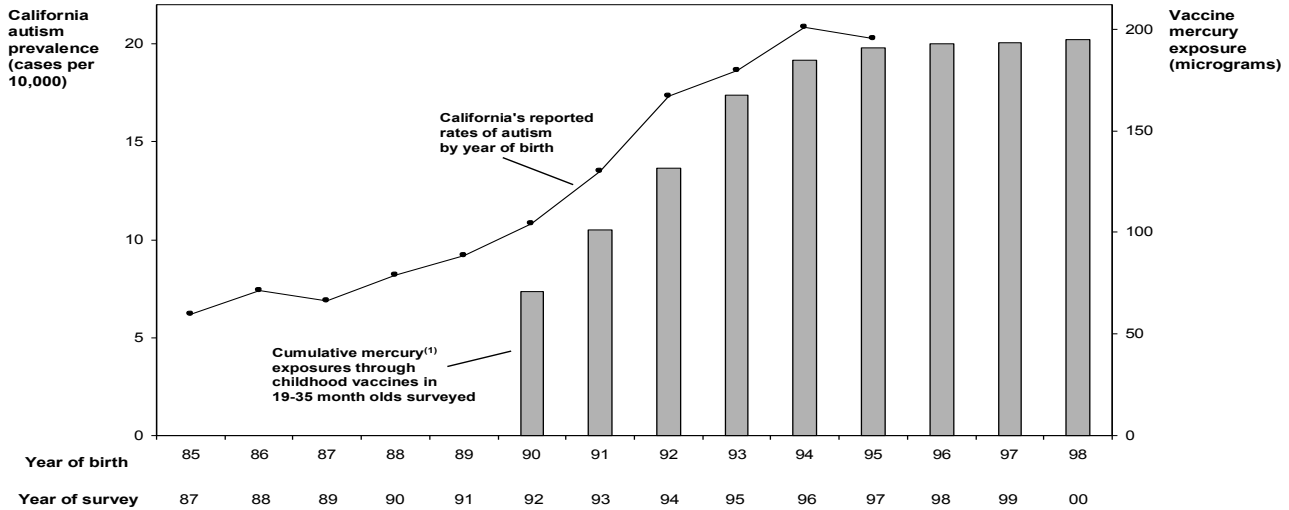


Average age of diagnosis of Autism = approx three

Kaum Auftreten von Autismus in höheren Altersgruppen!

Impfstoffbedingte Quecksilberbelastung und Autismus

FIGURE 1: VACCINE MERCURY BURDEN AND AUTISM RISK: UNITED STATES



(1) Includes DPT, haemophilus influenza B and hepatitis B exposures weighted by survey year compliance

Mineralienmangel

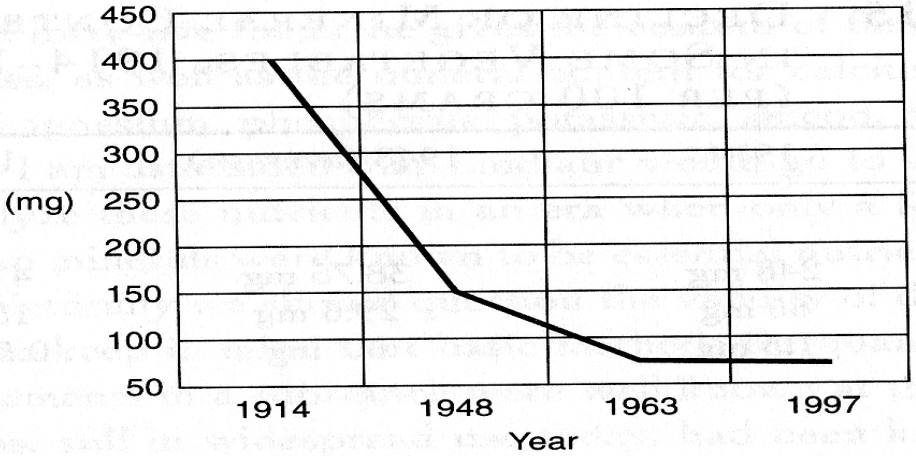


Figure 3.1 Average mineral content in selected vegetables, 1914–1997. Sums of averages of calcium, magnesium, and iron in cabbage, lettuce, tomatoes, and spinach. (Sources: Lindlahr, 1914; Hamaker, 1982; and U.S. Department of Agriculture, 1963 and 1997)

The healing power of Minerals, special nutrients and trace elements
Paul Bergner, 1997, Prima Publishing

Gibt es überhaupt ein Problem?

Eines von vier Kindern in Deutschland ist bei Schuleintritt bereits neurologisch auffällig (Verhalten, Legastenie, Hyperaktivität, usw.) (Information: von Übergewicht, Lustlosigkeit, usw.)

In den USA schätzt man, dass eines von zehn Kindern noch neurologisch und medizinisch völlig normal ist (Insider Information, die an niedergelassene Ärzte im Mai 2006 verschickt wurde von Regierungsstelle in Olympia, Washington)

In Deutschland bei Erwachsenen weit verbreitet: Verlust an Lebensfreude, Gedächtnis, Kreativität, sexuelle Potenz, Schlafqualität. Massive Zunahme von neurologischen und psychiatrischen Erkrankungen, die nach eigenen Untersuchungen direkt in Zusammenhang stehen mit der Dauer und Dosis der EMF-Strahlenbelastung

Nach eigenen Untersuhungen entstehen 90% dieser Erkrankungen durch den synergistischen Effekt von EMF-Strahlenbelastung, Metallvergiftung, Parasiten- und Hefepilzbelastung sowie chronischen Infektionen (vor allem Borreliose)

Erstaunliche Einsicht der Biologie: wir sind nicht separat von unserer Umwelt!

Das physische, emotionale, soziale, mentale und spirituelle Umfeld in dem wir aufwachsen und in dem wir leben hat viel damit zu tun wie wir fühlen, denken, Ereignisse um uns interpretieren – und wie unser Körper auf unsere Umgebung reagiert.

Wir befinden uns in einem osmotischen Gleichgewicht in einer Umgebung mit permanent zunehmenden toxischen Einflüssen. Von unserer Umgebung sind wir durch mehrere semipermeable Membranen getrennt: die Haut, die Lunge, dem Darmepithel sowie Schleimhäuten.

Langfristig entspricht die Toxizität der Umwelt derer in unserer Matrix und Zellen.

Einen positiven Gradienten aufrecht zu erhalten ist das Ergebnis von Billionen enzymatischer Pumpen in unseren Zellen, die 24/7 arbeiten und riesige Mengen an Energie verbrauchen. Diese steht nicht länger anderen Prozessen zur Verfügung – wie Spaziergänge zu unternehmen, Sex zu haben oder ein Essen mit Freunden zuzubereiten.

Die Toleranz unseres Systems gegenüber den ubiquitären Stressfaktoren unterscheidet sich von Individuum zu Individuum und ist durch eine Reihe vorhersagbarer Faktoren festgelegt: Genetik, Epigenetik, Lifestyle, politische, soziale und familiäre Umgebung, Liebe, Finanzen, Ernährung, Sport, toxische Einflüsse, elektromagnetisches Umfeld, Art der medizinischen Versorgung, Zufall und Schicksal, sowie Glück und Pech.

http://surgicalneurologyint.com/surgicalint_articles/neurological-deaths-of-american-adults-55-74-and-the-over-75s-by-sex-compared-with-20-western-countries-1989-2010-cause-for-concern/

Neurological deaths of American adults (55–74) and the over 75's by sex compared with 20 Western countries 1989–2010: Cause for concern

Colin Pritchard, Emily Rosenorn-Lanng

Surg Neurol Int 23-Jul-2015;6:123

Abstract

Background: Have USA total neurological deaths (TNDs) of adults (55-74) and the over 75's risen more than in twenty Western Countries

Methods: World Health Organization TND data are compared with control mortalities cancer mortality rates (CMRs) and circulatory disease deaths (CDDs) between 1989-1991 and 2008-2010 and odds ratios (ORs) and confidence intervals calculated.

Results: Neurological Deaths -- Twenty country (TC) average 55-74 **male rates** per million (pm) rose 2% to 503 pm, USA **increased by 82%** to 627 pm. TC average **females** rose 1% to 390 pm**, USA rising 48%** to 560 pm. TC average over 75's male and female increased 117% and 143%; **USA rising 368% and 663%,** significantly more than 16 countries. Cancer mortality -- Average 55-74 male and female fell 20% and 12%, USA down 36% and 18%. TC average over 75's male and female fell 13% and 15%, the USA 29% and 2%. Circulatory deaths -- TC average 55-74 rates fell 60% and 46% the USA down 54% and 53%. Over 75's average down 46% and 39%, USA falling 40% and 33%. ORs for rose substantially in every country. TC average 75's ORs for CMR: TND male and females were 1:2.83 and 1:3.04 but the USA 1:5.18 and 1:6.50. The ORs for CDD: TND male and females TC average was 1:3.42 and 1:3.62 but the USA 1:6.13 and 1:9.89.

Conclusions: Every country's neurological deaths rose relative to the controls, especially in the USA, which is a cause for concern and suggests possible environmental influences.

Keywords: Age, gender, international comparison, neurological deaths

Eine zentrale Frage in der Biologischen Medizin**: auf welchem Weg wird unser ZNS vergiftet**?

1. Bluthirn Schranke erst ab dem 18ten Monat. Vorher wandern Gifte aus dem Blut oder der Brustmilch der Mutter muehlos in das ZNS des Babys oder des Foeten

2. Die Hirnnerven: retrograd wandern endo-und exotoxine aus der Peripherie axonal in den Hirnnerven ins Gehirn unter Umgehung der Schranke: Quecksilber aus den Zaehnen (Halbwertzeit: 32 Jahre), Thioether aus dem Kieferknochen, Botulismus toxin, Aflatoxin usw von einem gestoerten Darmmikrobiom. Ueber den Nervus Olfactorius wandern Umweltgifte (Insektizide, Holzschutzmittel, Autoabgas, Kabinenluft etc.) direct ins Gehirn.

3. Elektrosmog laehmt die Entgiftungsenzyme und potenziert das Ganze. Titan und andere Mundmetalle haben Antennenfunktion und konzentrieren Mikrowelle (Handy) in das ZNS

Blood Brain Barrier Visual

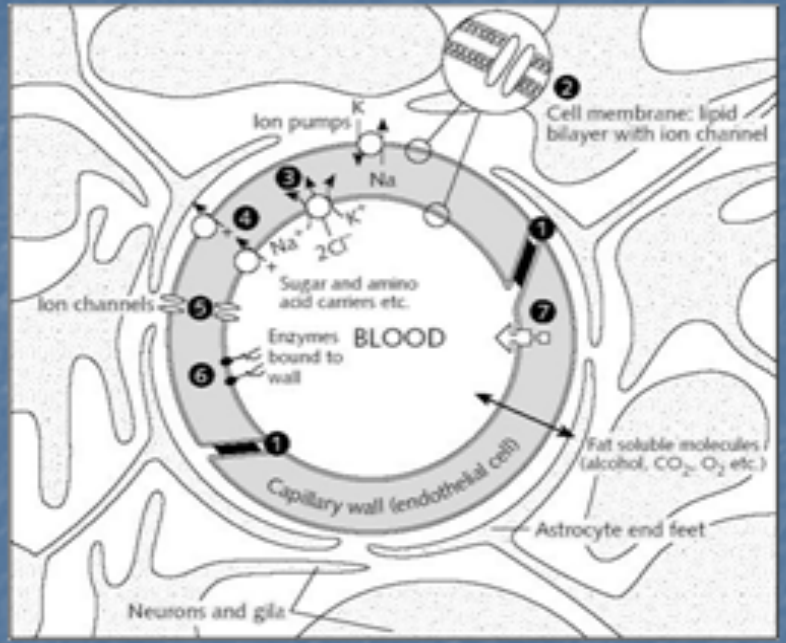


Diagram of a cerebral capillary enclosed in astrocyte end-feet. Characteristics of the blood-brain barrier are indicated: (1) tight junctions that seal the pathway between the capillary (endothelial) cells; (2) the lipid nature of the cell membranes of the capillary wall which makes it a barrier to water-soluble molecules; (3), (4), and (5) represent some of the carriers and ion channels; (6) the enzymatic barrier that removes molecules from the blood; (7) the efflux pumps which extrude fat-soluble molecules that have crossed into the cells

Was muessen wir wissen, um unser Gehirn zu entgiften?

Das Gehirn entgiftet sich ueber die Venen und ueber ein eigenes lymphatisches Sysem: das Glia abhaengiege Lymphatische System (Glymphatisches System).

Venen, cerebrospinalfluessigkeit und Lymphe laufen nebeneninander im Gehirn und sind in staendigem Austausch

Lymph-Abfluss: ueber Lamina Cribriformis der Schaedelbasis, von hier zur Rachenmandel, dann zur Gaumenmandel, dann zu den Lymphgefaessen neben dem Sterno-Cleidomastoideus Muskel, dann in die grossen Venen unter der Clavicula. Jede Vernarbung oder entzuendliche Veraenderung in diesem System fuehrt zu einem Ruekstau von metabolischen Abfallprodukten und Giftstoffen im Gehirn

The housecleaning system of the brain:

The Glymphatic System (glia + lymphatics)

- Studies published in 2012 and 2013 revealed that your brain actually has a unique method of removing toxic waste. This waste-removal system is now called the “glymphatic system” and operates in a way that is similar to your body's lymphatic system, which is responsible for eliminating cellular waste products
- The glymphatic system piggybacks on the blood vessels in your brain. Glial cells manage this system. It operates only during sleep

L. Xie, H. Kang, Q. Xu, M. J. Chen, Y. Liao, M. Thiyagarajan, J. O'Donnell, D. J. Christensen, C. Nicholson, J. J. Iliff, T. Takano, R. Deane, M. Nedergaard. **Sleep Drives Metabolite Clearance from the Adult Brain**. *Science*, 2013; 342 (6156): 373 DOI: 10.1126/science.1241224

The Glymphatic System clears the brain during the night

- By pumping cerebral spinal fluid through your brain's tissues, the glymphatic system flushes the waste from your brain back into your body's circulatory system. From there, the waste eventually reaches your liver, where it's ultimately eliminated.
- This system ramps up its activity *during sleep*, thereby allowing your brain to clear out toxins, including harmful proteins called amyloid-beta, the buildup of which has been linked to Alzheimer's.
- During sleep, the glymphatic system becomes 10 times more active than during wakefulness. Simultaneously, your brain cells shrink by about 60 percent, allowing for greater efficiency of waste removal.
- During the day, the constant brain activity causes your brain cells to swell in size until they take up just over 85 percent of your brain's volume, (8) thereby disallowing effective waste removal during wakefulness

NIH/National Institute of Neurological Disorders and Stroke. "Brain may flush out toxins during sleep; Sleep clears brain of molecules associated with neurodegeneration: Study." ScienceDaily. ScienceDaily, 17 October 2013. <www.sciencedaily.com/releases/2013/10/131017144636.htm>.

Chewing Ability and Tooth Loss: Association with Cognitive Impairment in an Elderly Population Study

Journal of the American Geriatrics Society (JAGS), online ahead of print 4 October 2012

Duangjai Lexomboon, Mats Trulsson, Inger Wårdh & Marti G. Parker (Karolinska Institute)

A team comprised of researchers from the Department of Odontology and the Aging Research Center (ARC) at Karolinska Institutet and from Karlstad University have looked at tooth loss, chewing ability and cognitive function in a random nationwide sample of 557 people aged 77 or older.

They found that those who had difficulty chewing hard food such as apples had a significantly higher risk of developing cognitive impairments.

This correlation remained even when controlling for sex, age, education and mental health problems, variables that are often reported to impact on cognition. Whether chewing ability was sustained with natural teeth or dentures also had no bearing on the effect.

Interpretation Dr.Klinghardt: : no effective chewing, no movement of the fluids in the glymphatic system of the brain. Result: no brain drainage with increased buildup of metabolic waste, toxins, microbes and Amyloid plaque and decreased transport of oxygen, water and nutrients into the brain cells

J.Kyoto Pref. Univ. Med. 98(10). 1077-1085. October 1989.

Systemic effects of the peripheral disturbance of the trigeminal system: Influences of the occlusal destruction in dogs.

Teruaki Sumioka, Department of Anesthesiology. Kyoto Prefectural University of Medicine

Abstract:

Although there is an increasing amount of information pertaining to intracranial pathways of the trigeminal nerve, its clinical significance still remains unclear in many ways. I assumed that dental disorders including malocclusion would lead to the disturbance of the central nervous system via the trigeminal nerve. Based on this belief, this study was conducted to find out systemic effects of the occlusal destruction by grinding teeth unilaterally in dogs. As the result: **abnormal involuntary movement and symptoms of autonomic failure** were observed.

These experimental results indicate that the trigeminal nuclear complex contains not only the functions of the sensory relay in the face and the control of chewing movement, but it is likely that it modulates motor, especially postural control and autonomic system. It is believed that the dental aspects, especially occlusion, play an important role for the proper functioning of the trigeminal system.

Behav Brain Res. 1997 Feb;83(1-2):239-42.

The effect of the loss of molar teeth on spatial memory and acetylcholine release from the parietal cortex in aged rats

Kato T1, Usami T, Noda Y, Hasegawa M, Ueda M, Nabeshima T.

Abstract

It has been demonstrated that a loss of teeth is a troublesome problem among age-related pathological phenomena of the oral cavity, which influences the entire body, due to the impairment of mastication. The present studies investigated the abilities of learning and memory and acetylcholine (ACh) release in the parietal cortex in aged rats without molar teeth (hereafter referred to as 'teethless'). After the molar teeth of rats were extracted, the rats were fed with powdered food for 135 weeks. Although the performance in the radial arm maze was progressively acquired by daily training, an increase in the number of errors and a decrease in the initial correct responses were observed in the teethless aged rats compared to the control aged rats, indicating impaired acquisition of spatial memory in the teethless aged rats. The basal level of extracellular ACh in the parietal cortex was not different between the teethless aged rats and the control aged rats. However, the extracellular ACh level of the teethless aged rats under high-concentration of K+ and atropine sulfate stimulation was significantly low compared to that of the control aged rats. These results suggest that the impairment of spatial memory in the teethless aged rats may be due to the functional deterioration of the cholinergic neuronal system induced by tooth loss and that there is a possibility that **the loss of teeth may be one of the risk factors for senile dementia.**

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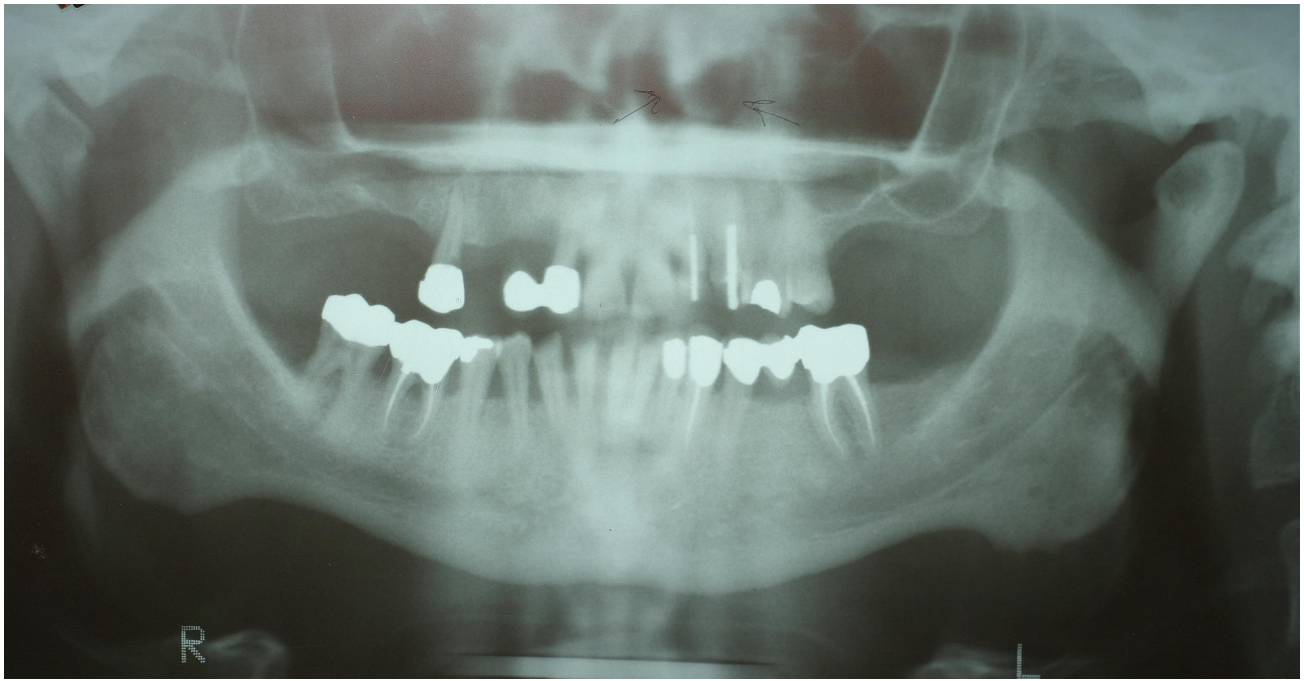
Patient with diagnosed MS and beginning Alzheimer's disease, rapid deterioration since 8 months. Good improvement over 3 year follow up after extraction of all root filled teeth and curettage of adjacent jaw bone



Tubules are colonized by microbes

from infected root canals

More than half the teeth studied with apical periodontitis had bacteria in tubules all the way to the cemental junction.

Peters et al JOE 2001 27:76-81.

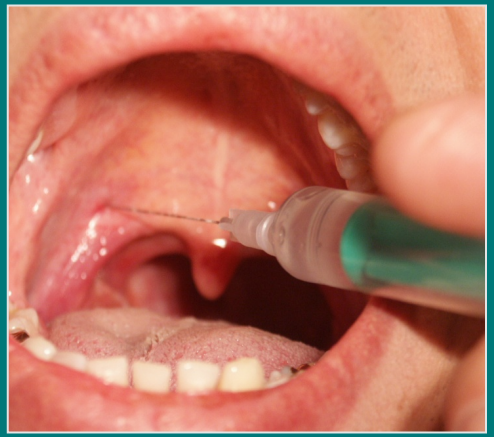
205 of 256 species isolated from human dentinal tubules were obligate anaerobes.

Ando et al Int Endod J. 1990 23:20-7.

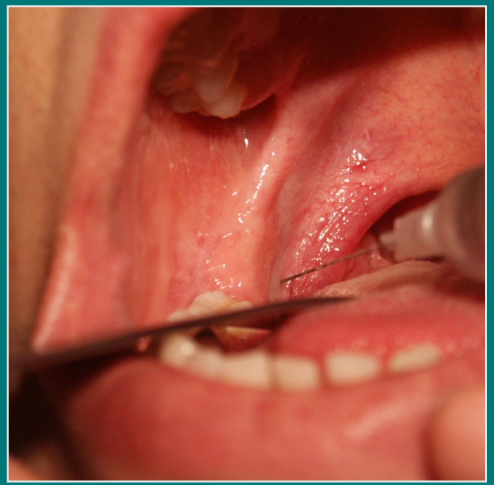
Four of ten specimens with apical periodontitis were heavily invaded by yeasts.

Sen et al Endod Dent Traumatol 1995 11:6-9.

Dental interference fields: diagnostic local anesthetic injections

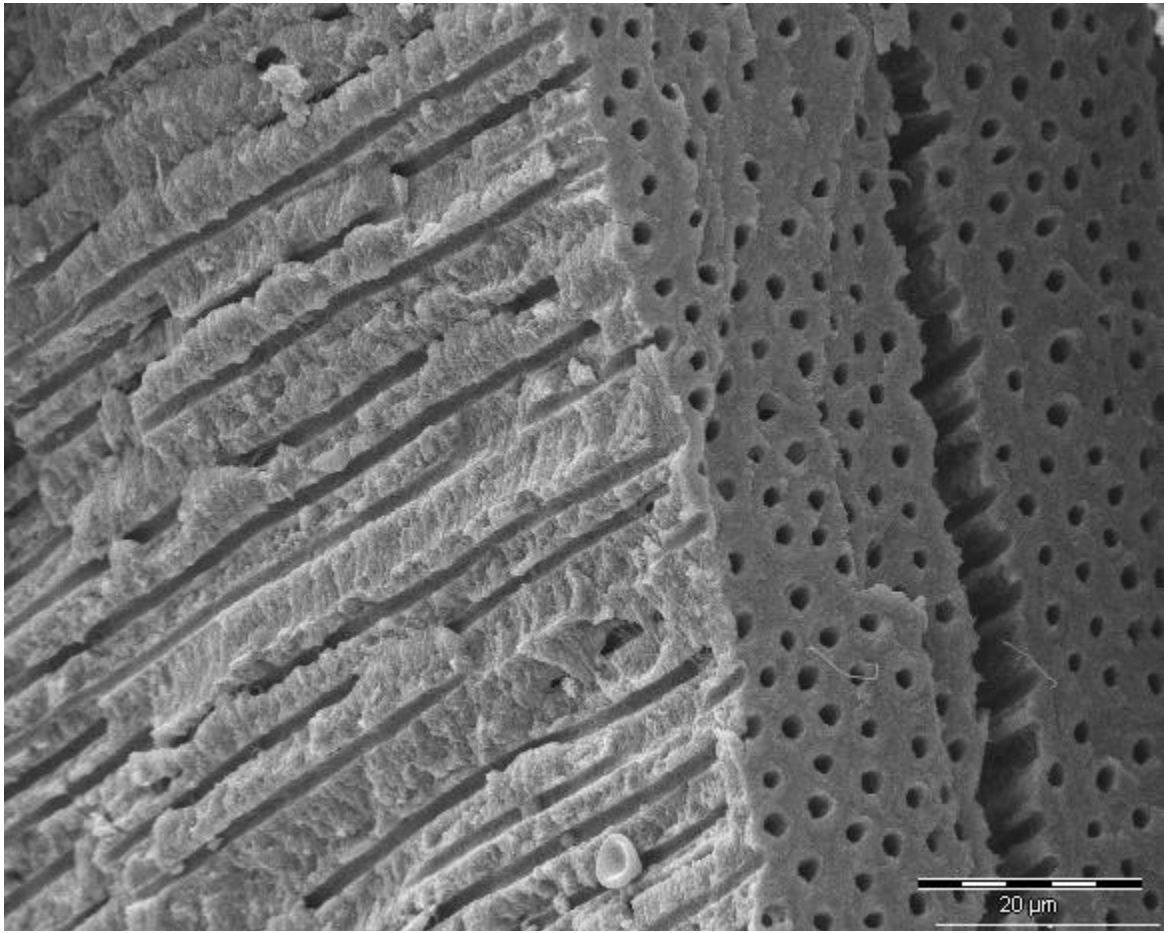


Upper Pole

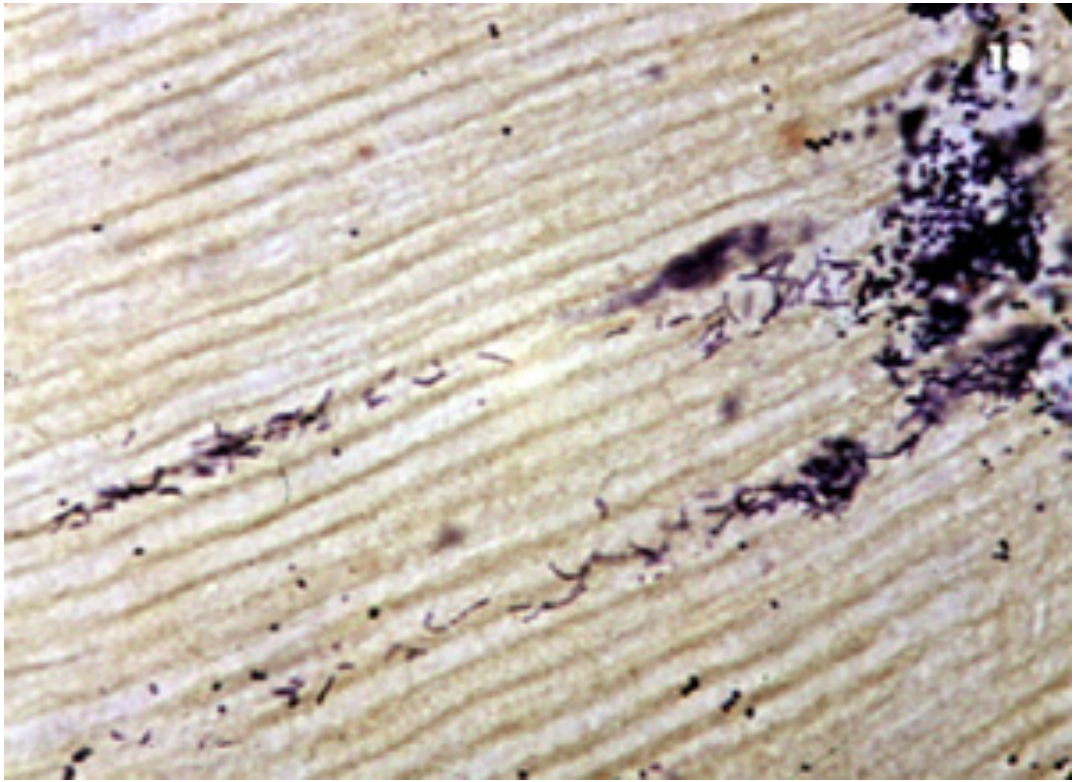


Lower Pole

Dentin block



Bacteria in tubules



CCSVI

CCSVI: chronic cerebro spinal venous insufficiency

- Microbes in chronic infections love to settle in the endothelium of the venous system, hiding behind a coat of fibrin.
- Endothelial infections are common: Rickettsia, Babesia, Borrelia, viruses (HHV-6, HSV 1) and many more
- Endothelial infections lead to immune reactions, inflammation, scarring and permanent vasoconstriction.
- This in turn leads to underperfusion of different parts of the CNS with degeneration, metal and other toxin deposits, infection in underperfused areas and resultant neurological deficits

J Neurol Neurosurg Psychiatry 2009;**80**:392-399 doi:10.1136/jnnp.2008.157164

Chronic cerebrospinal venous insufficiency in patients with multiple sclerosis

P Zamboni[1], R Galeotti[1], E Menegatti[1], A M Malagoni[1], G Tacconi[1], S Dall'Ara[1], I Bartolomei[2], F Salvi[2]

Vascular Diseases Center, University of Ferrara, Ferrara, Italy, Department of Neurology, Bellaria Hospital, Bologna, Italy

Professor P Zamboni, Vascular Diseases Center, University of Ferrara, 44100 Ferrara, Italy; zmp@unife.it

- **Background:** The extracranial venous outflow routes in clinically defined multiple sclerosis (CDMS) have not previously been investigated.
- **Methods:** Sixty-five patients affected by CDMS, and 235 controls composed, respectively, of healthy subjects, healthy subjects older than CDMS patients, patients affected by other neurological diseases and older controls not affected by neurological diseases but scheduled for venography (HAV-C) blindly underwent a combined transcranial and extracranial colour-Doppler high-resolution examination (TCCS-ECD) aimed at detecting at least two of five parameters of anomalous venous outflow. According to the TCCS-ECD screening, patients and HAV-C further underwent selective venography of the azygous and jugular venous system with venous pressure measurement.
- **Results:** CDMS and TCCS-ECD venous outflow anomalies were dramatically associated (OR 43, 95% CI 29 to 65, p<0.0001). Subsequently, venography demonstrated in CDMS, and not in controls, the presence of multiple severe extracranial stenosis, affecting the principal cerebrospinal venous segments; this provides a picture of chronic cerebrospinal venous insufficiency (CCSVI) with four different patterns of distribution of stenosis and substitute circle. Moreover, relapsing-remitting and secondary progressive courses were associated with CCSVI patterns significantly different from those of primary progressive (p<0.0001). Finally, the pressure gradient measured across the venous stenosies was slightly but significantly higher.
- **Conclusion:** CDMS is strongly associated with CCSVI, a scenario that has not previously been described, characterised by abnormal venous haemodynamics determined by extracranial multiple venous strictures of unknown origin. The location of venous obstructions plays a key role in determining the clinical course of the disease.

The infectious etiology of vasculitis

Autoimmunity 2009, Vol. 42, No. 5, Pages 432-438

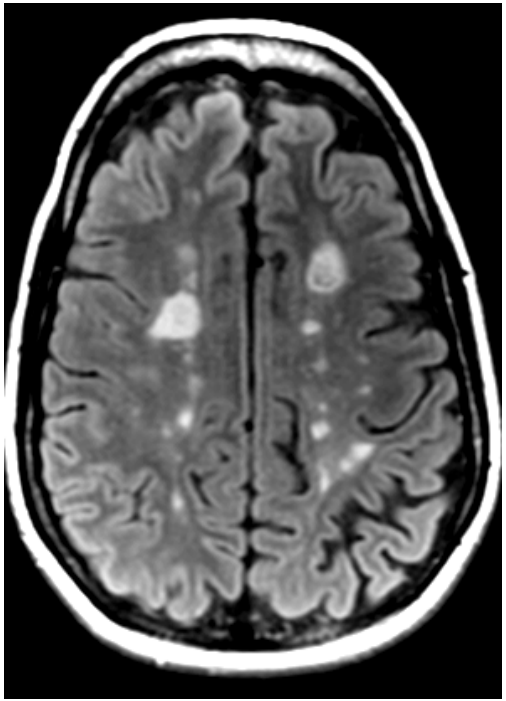
Merav Lidar, Noga Lipschitz, Pnina Langevitz and Yehuda Shoenfeld
Center for Autoimmune Diseases, Rheumatology Unit, Sheba Medical Center (SMC), Tel Hashomer and Sackler School of Medicine, Tel Aviv University, Tel Aviv, Israel

Abstract

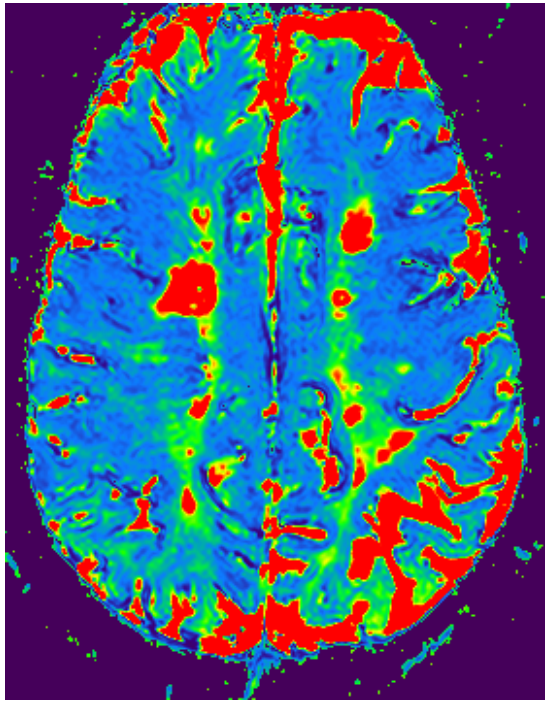
Infectious agents have been implicated in the etiopathogenesis of various vasculitides via numerous and overlapping mechanisms including direct microbial invasion of endothelial cells, immune complex mediated vessel wall damage and stimulation of autoreactive B and/or T cells through molecular mimicry and superantigens. While the causative role of hepatitis B virus in polyarteritis nodosa and hepatitis C virus in mixed cryoglobulinemia is clearly established, evidence for the association of other infectious agents with vasculitis, including human immunodeficiency virus, parvovirus B19, **cytomegalovirus, varicella zoster** virus, ***Staphylococcus*** *aureus*, **rickettsiaceae,** *Treponema pallidum* and ***Borrelia burgdorferi*****,** among numerous others, is accumulating. The spectrum of association of infectious agents; bacteria, viruses and parasites, with systemic vasculitides, will be reviewed herewith.

MULTIPLE SCLEROSIS LESIONS:
FLAIR and Perfusion Weighted Imaging (PWI can be used to study the hemodynamics of the brain)

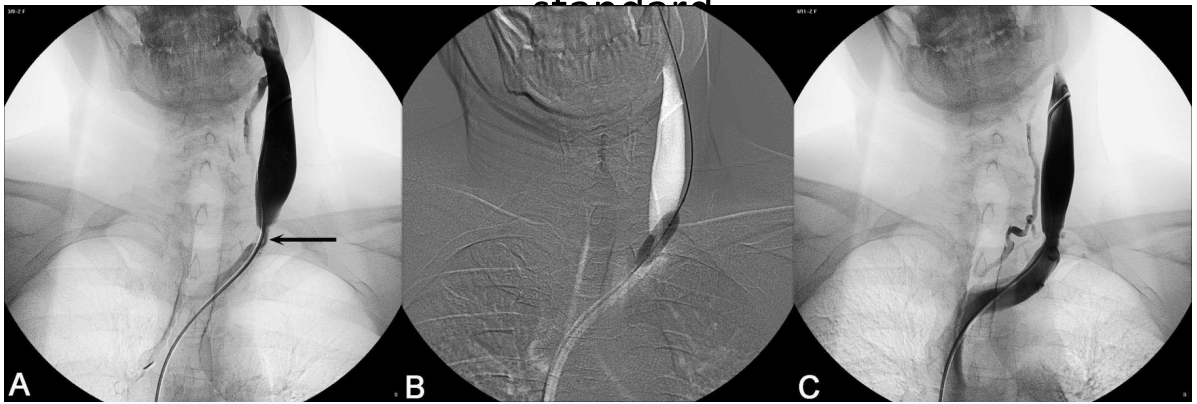
Anatomic evidence of lesions from FLAIR imaging



PWI shows all MS lesions have the same vascular characteristics

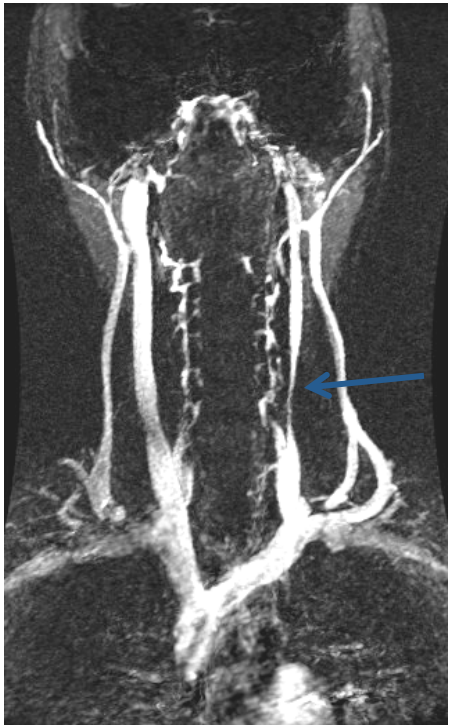


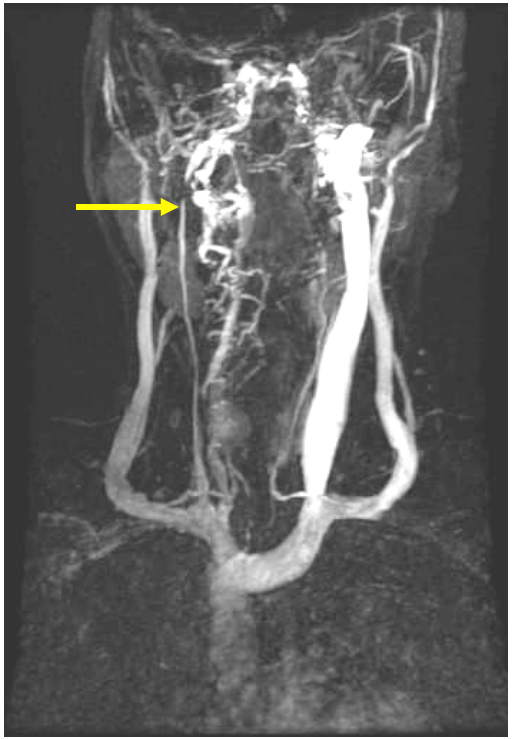
Paolo Zamboni and his team demonstrated that there were major venous abnormalities in MS patients both anatomically and functionally using angiograms as the gold standard



Zamboni P et al. Chronic cerebrospinal venous insufficiency in patients with multiple sclerosis. *J Neurol Neurosurg Psychiatry* 2009;80:392-399.

Left: Stenosis at the stump of the LIJV with collateral input from the vertebral system
Right: String like jugular in the RIJV





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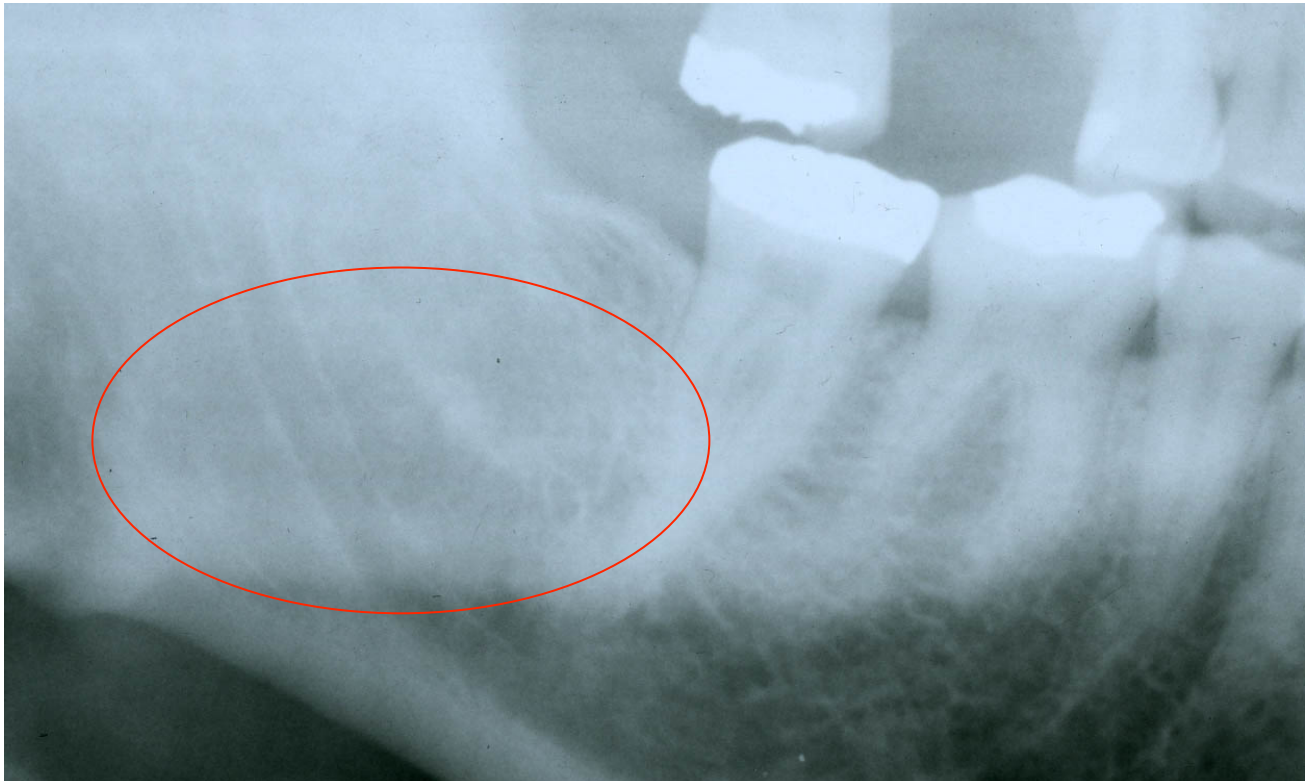
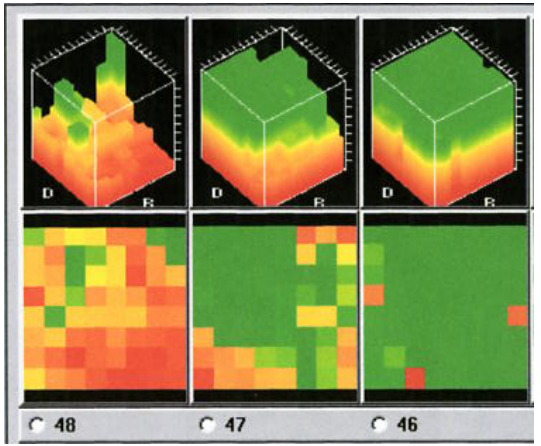
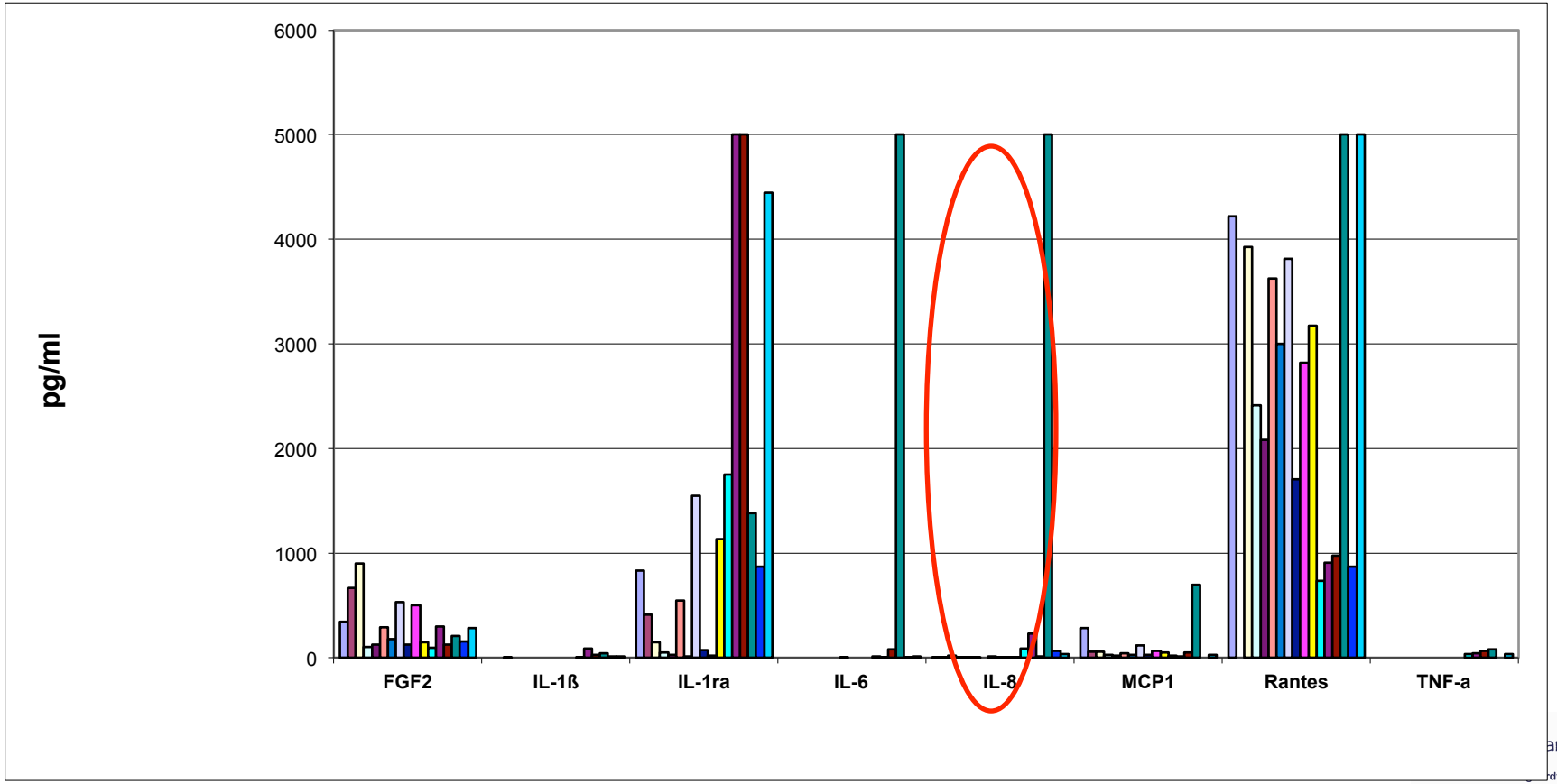




Systemische Effekte von NICO-RANTES **(R**egulated on **A**ctivation **N**ormal **T**-cell **E**xpressed and **S**ecreted**)** (17 NICO-Samples)



Sample Collected	Sample Received	Sample Tested	Test Reported
01/05/2016	01/07/2016	01/12/2016	01/13/2016

Sample type: **Urine** Test performed by: L. Douglas

This test utilizes the polymerase chain reaction (PCR) technology to detect the presence of targeted microbial DNA for the causative agent of Lyme disease and common tick-transmitted co-infections. Sensitivity of the test is 1 to 10 microbes with a specificity exceeding 5×10^{18}.

The highlighted microbes were detected in the submitted sample:

Borrelia burgdorferi F7-NSA

B. burgdorferi Osp A

B. burgdorferi Osp B-NSA

B. burgdorferi Osp C-NSA

Borrelia miyamotoi

Borrelia recurrentis

Anaplasma phagocytophilum

Babesia microti

Babesia divergens

Babesia duncani

Bartonella bacilliformis

Bartonella henselae-NSA

Bartonella quintana

Ehrlichia chaffeensis-NSA

NSA: Non-specific Amplification Product: Target DNA was detected that was not of expected size, possibly degraded DNA, mutation of species, unspecified subspecies, product smear, other.

Interpretation of Results Disclaimer: Dental DNA is not a clinical diagnostic laboratory and cannot provide a diagnosis for disease and/or subsequent treatment. These results are from DNA PCR testing, and indicate the presence of disease-causing agents known to be transferred by ticks. A positive result indicates the

Warum sind wir krank?

1. Die epigenetischen Konsequenzen der Weltkriege: Generations-uebergreifende biologische Vorraussetzungen fuer chronische Erkrankungen

Trauma blockiert die korrekte Transskription der DNA über Generationen:
a) Trauma in der frühen Kindheit

- Isabelle Mansuy (Univ. Zürich) setzte Rattenbabies in den ersten zwei Wochen nach der Geburt Stress aus. Die Tiere entwickelten Depressionen und Angststörungen in ihrem späteren Leben. Daraufhin wurden diese “Kinder” und auch deren Nachwuchs mit Liebe und Fürsorge behandelt. Dennoch entwickelten die nächsten drei Generationen (Studienende) dieselben Störungen. Mansu konnte somit nachweisen, dass diese Veränderungen epigenetisch weitergegeben wurden und nicht über genetische Vererbung. Wichtige Gene der Väter wurden falsch methyliert, genauso verschiedene Gene in Eizellen und Spermien der Nachkommen.

- Prof. Eric Richards (Univ. of Washington, St. Louis) konnte nachweisen, dass die Art der Fürsorge von Seiten der Mutter und Pfleger festlegt, ob und wie ein bestimmer Rezeptor im Hippocampus methyliert wird. Positive Erlebnisse aktivieren diesen Rezeptor permanent, ein einziges negatives Erlebnis reichte aus um diesen Rezeptor dauerhaft zu deaktivieren. Dieses Setting wurde an die folgenden Generationen weitergegeben!

- Eine aktuelle Studie aus den Niederlanden zeigt auf, dass Mädchen, die in der Nachkriegszeit des Zweiten Weltkrieges mit vermehrt Hunger, Armut und Krankheiten zur Welt kamen, eine doppelt so hohe Schizophrenierate aufzeigten wie die Kontrollgruppe. Die Forscher konnten nachweisen, dass hierfür Veränderungen in der epigenetischen Steuerung verschiedener Wachstums- und Entwicklungsgene verantwortlich waren.

Intrauterines Trauma führt nicht nur zu Erkrankungen im Erwachsenenalter, sondern auch bei eigenen Kindern, Enkelkindern und weiteren Nachkommen

- Eva Jablonka und Gal Raz (Univ. Tel Aviv) stellten dar, dass **chemische Giftstoffe,** die Einfluss auf Teile des hormonellen Systems im Bereich Fortpflanzung haben, hier zu permanenten Veränderungen führen und damit zu **reduzierter Fruchtbarkeit. Diese Veränderungen werden epigenetisch an die nachfolgenden Generationen weitergegeben,** bis dieser Zweig der Familie ausstirbt.

- "Annual Research Review: *Prenatal stress and the origins of psychopathology: an evolutionary perspective".* J Child Psychol Psychiatry. 2011 Apr;52(4):356-67. Glover V. **Emotionaler Stress im Mutterleib führt zu epigenetischen Veränderungen und psychischen Erkrankungen im Erwachsenenalter.**

- "*Epigenetics and prenatal influences on asthma and allergic airways disease*". Chest. 2011 Mar;139(3): 640-7. Martino D, Prescott S.: **Emotionaler Stress, Rauchen, Alkohol, Umweltgifte und Infektionen in der Schwangerschaft** sind verantwortlich für epigenetische **Veränderungen im Methylierungskreislauf** und verursachen **Asthma.**

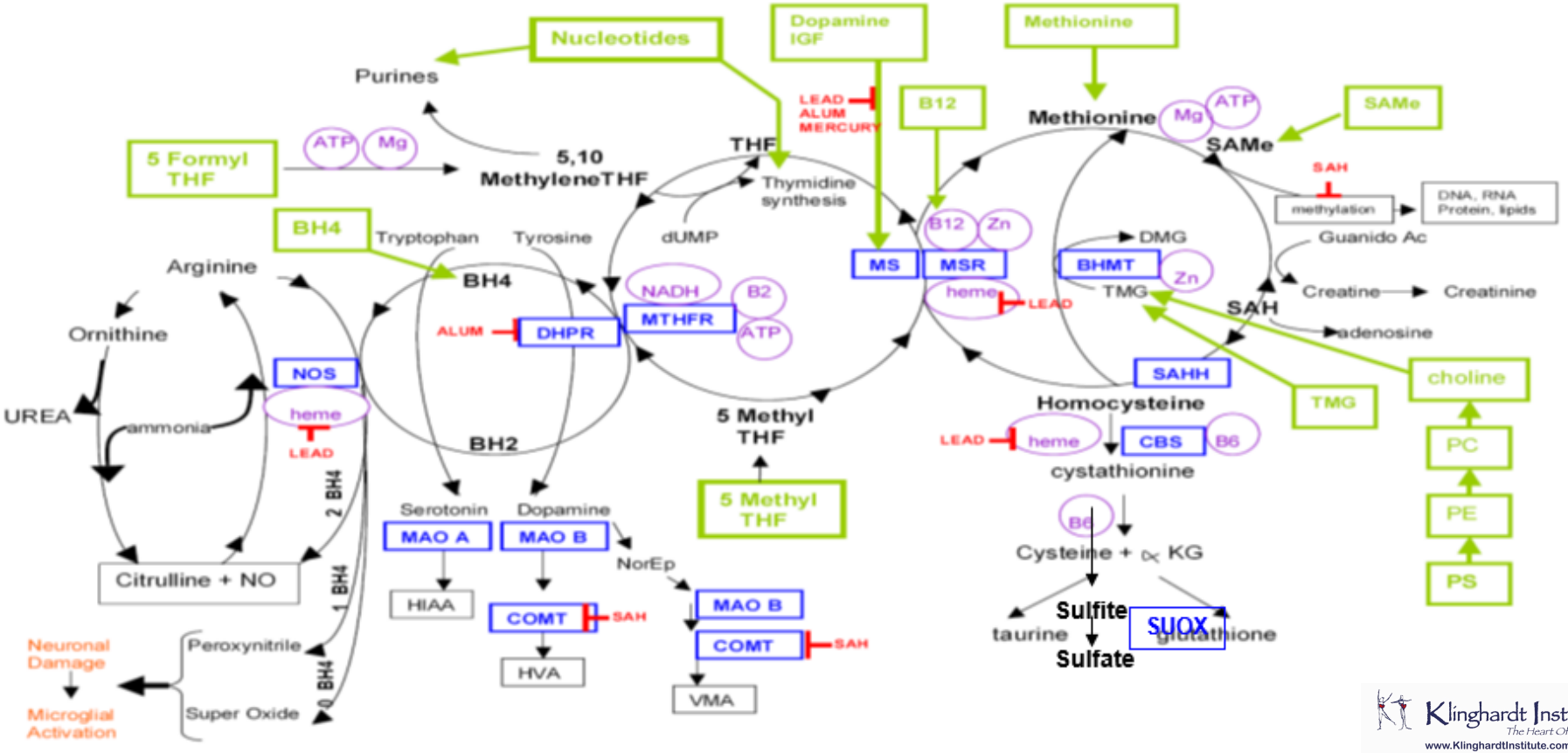
Das genetische Setup: Gaben und Limitationen

Unsere Genetik legt die Fähigkeit unseres Systems fest, die Herausforderungen, die unsere Umwelt an uns stellt zu beantworten oder uns anzupassen:

- Emotionale Vernachlässigung oder Stress (zu bedenken: nicht jeder, der in einer Familie aufwächst, in der Missbrauch vorkommt, entwickelt Dysfunktionen – aber die meisten).
- Physisches Trauma (zu bedenken: US-Footballspieler oder Hockeyspieler und Konkussionen – bei der gleichen Anzahl an Traumata resultiert nicht immer AD – aber meistens).
- Hunger und Nährstoffmangel, Kälte, Wassermangel über lange Zeiträume (manche sterben, andere gehen gestärkt daraus hervor).
- Infektionen (nicht jedes Kind, das im Mutterleib mit Borreliose infiziert wird entwickelt Autismus – aber die meisten).
- Toxine (nicht jeder Geimpfte entwickelt eine neurologische Entwicklungsstörung oder chronische Krankheit – aber viele. Nicht jeder mit wurzelbehandelten Zähnen stirbt an Krebs – aber viele. Nicht jeder, der fluoridiertes Wasser trinkt endet mit einem niedrigen IQ - die meisten schon. Nicht jeder, der Monsantos Version von Agent Orange aufnimmt (Glyphosate & Co) entwickelt Krebs oder chronische Krankheiten – die meisten tun es, aber eben nicht alle).

- Die Lösung: Lerne Dein System kennen, Deine Stärken und Deine Grenzen. Wisse Bescheid über Deine Gene. Schaffe Dir ein Leben innerhalb dieser Grenzen. Verbessere Deine Chancen, indem Du Deine schwachen Gene mit entsprechendem Verhalten übergehst, durch: Nahrungsmmittelauswahl, körperliche Aktivität, Vitamine, soziale und emotionale Umgebung (Literaturempfehlung Amy Yasko: Genetic Bypass).

Biochemische Abläufe mit Enzymen, Kofaktoren, Supplements und Schwermetallblockaden/SAH modifiziert von Amy Yasko PhD



Klinghardt Institute
The Heart Of Healing
www.KlinghardtInstitute.com

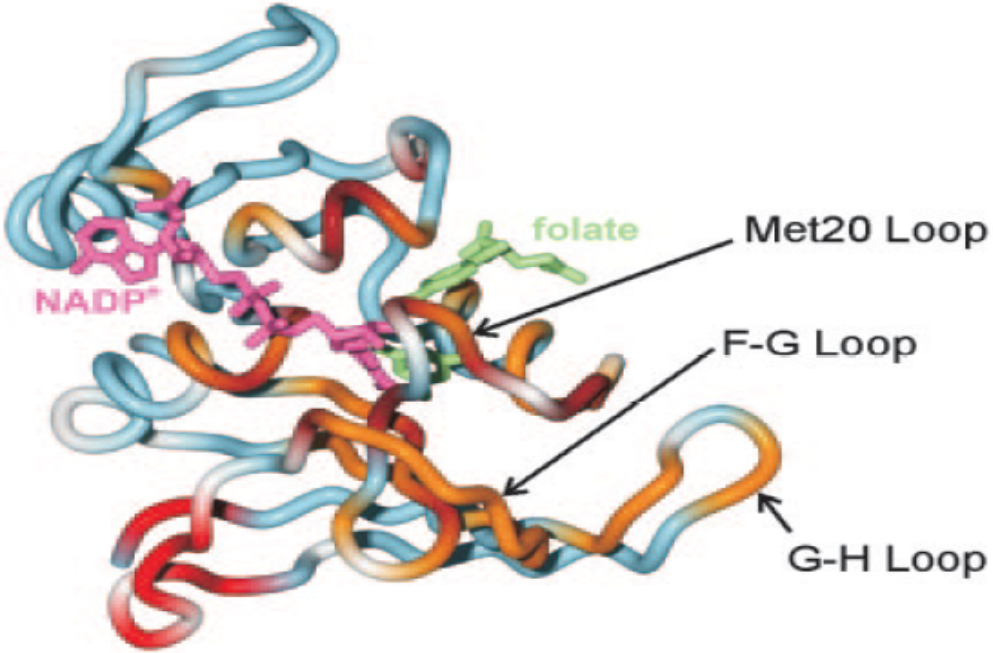
Viele unserer Tendenzen zu chronischen Krankheiten wurden schon vor Generationen in unseren Zellen vorprogrammiert

Epigenetik

Zeit hat noch nie etwas geheilt. Ungeheiltes wird über Abnormalitäten in der Methylierung an die nächste Generation weitergegeben – unabhängig von unserer DNA.

Unsere epigenetischen Regulationsmechanismen legen fest:

- Welche Gene exprimiert werden und welche deaktiviert sind
- Wann sie exprimiert werden und wann nicht
- Wie aktiv oder schnell unsere Enzym- und Proteinmaschinerie arbeitet
- Welche von über tausend Möglichkeiten der sphärischen Form ein Enzym annimmt (was wiederum dessen Aktivität beeinflusst)
- Wie schnell unsere Telomere abgenutzt werden (Alterung)
- Wie wir auf unsere Umgebung reagieren



Active site loop fluctuations. McElheny, et al. 2005

Die Windungen sind wellenlängenspezifische Lichtrezeptoren im Bereich von 280 nm (ultraviolett) bis über 20000 nm (infrarot)

Auswirkungen pränataler **Infektionen** (und/oder Entzündungen) auf Gehirnentwicklung und Verhalten: Ein Review über Erkenntnisse aus Tiermodellen. Aus
Brain Behav. Immun. (2010), Boksa, P.

Infektionen im Mutterleib sind häufig und führen zu **dauerhaften Veränderungen der neurologischen Entwicklung,** vermittelt durch Abweichungen im Methylierungskreislauf

Pränatale, übermäßige Exposition mit Glucocorticoiden verursacht dauerhafte Anstiege renaler Erythropoietin- expression und roter Blutkörperchenmasse in Rattenpopulationen. Aus
Endocrinology. 2011Jul;152(7):2716-21 Tang JI, Seckl JR, Nyirenda MJ

Stress im Mutterleib verändert und resetted das Blutgerinnungssystem und viele angiologische Parameter, wodurch Grundlagen für **Schlanganfall, Herzinfarkt und chronische Infektionen im Erwachsenenalter gelegt werden.**

Thompson JA, Regnault, TR.: “In utero origins of adult **insulin resistance** and **Vascular dysfunction**”.
Semin. Reprod. Med. ,2011 May;29(3):211-24. Epub 2011 Jun 27

Fetal Origins of Heart Disease, D J P Barker ; BMJ 311: 171 (Published 15 July 1995)

Beeinträchtigter Sulfatmetabolismus und Epigenetik: Gibt es eine Verbindung zu Autismus?

Entropy 2012, *14*(10), 1953-1977; doi:10.3390/e14101953
Review
Impaired Sulfate Metabolism and Epigenetics: Is There a Link in Autism? Samantha Hartzell and Stephanie Seneff

Abstract
Autism is a brain disorder involving social, memory, and learning deficits, that normally develops prenatally or early in childhood. Frustratingly, many research dollars have as yet failed to identify the cause of autism. While twin concordance studies indicate a strong genetic component, the **alarming rise in the incidence of autism in the last three decades suggests that environmental factors play a key role** as well. This dichotomy can be easily explained if we invoke **a heritable epigenetic effect as the primary factor**. Researchers are just beginning to realize the huge significance of epigenetic effects taking place during gestation in influencing the phenotypical expression. Here, we propose the novel hypothesis that sulfates deficiency in both the mother and the child, brought on mainly by excess exposure to environmental toxins and inadequate sunlight exposure to the skin, **leads to widespread hypomethylation in the fetal brain with devastating consequences.** We show that many seemingly disparate observations regarding serum markers, neuronal pathologies, and nutritional deficiencies associated with autism can be integrated to support our hypothesis.

Die Assoziation zwischen Zeckenbissinfektionen, Lyme-Borreliose und autistischen Störungen

Medical Hypotheses
Volume 70, Issue 5, 2008, Pages 967–974 “The association between tick-borne infections, Lyme borreliosis and autism spectrum disorders” Robert C. Bransfield , Jeffrey S. Wulfman, William T. Harvey, Anju I. Usman

Summary
Chronic infectious diseases, including tick-borne **infections such as *Borrelia burgdorferi*** may have direct effects, promote other infections and create a weakened, sensitized and immunologically vulnerable state **during fetal development and infancy leading to increased vulnerability for developing autism spectrum disorders**. A dysfunctional synergism with other predisposing and contributing factors may contribute to autism spectrum disorders by provoking innate and adaptive immune reactions to cause and perpetuate effects in susceptible individuals that result in inflammation, molecular mimicry, kynurenine pathway changes, increased quinolinic acid and decreased serotonin, oxidative stress, mitochondrial dysfunction and excitotoxicity that impair the development of the amygdala and other neural structures and neural networks resulting in a partial Klüver–Bucy Syndrome and other deficits **resulting in autism spectrum disorders** and/or exacerbating autism spectrum disorders from other causes throughout life.
Support for this hypothesis includes multiple cases of mothers with Lyme disease and children with autism spectrum disorders; fetal neurological abnormalities associated with tick-borne diseases; similarities between tick-borne diseases and autism spectrum disorder regarding symptoms, pathophysiology, immune reactivity, temporal lobe pathology, and brain imaging data; positive reactivity in several studies with autistic spectrum disorder patients for*Borrelia burgdorferi* (22%, 26% and 20–30%) and 58% for mycoplasma; similar geographic distribution and improvement in autistic symptoms from antibiotic treatment. It is imperative to research these and all possible causes of autism spectrum disorders in order to prevent every preventable case and treat every treatable case until this disease has been eliminated from humanity.

Epigenetisch-vertikale Störungsübertragung

Lösung:

Heile so viel wie möglich bevor Du Kinder bekommst. Entgifte, esse gut, schlafe gut, nimm Psychotherapie inklusive transpersonaler Aufarbeitung und Ahnenarbeit.

Diagnose und energetische Behandlung:

1. Bert Hellingers Familienaufstellung
2. Dietrich Klinghardts Psychokinesiologie

Physisches/biochemische Behandlung:

1. Quinton-Wasser
2. Methylierungsfaktoren, orale Darreichung oder per Photopherese (5-MTHF, B12, Glyzin etc.)

Traumen und persönliche Biographie

Tiefe Flüsse fließen in uns, die wir möglicherweise niemals verstehen werden, aber sie begründen Gesundheit oder Krankheit…

- Traumatisch Ereignisse sind Erfahrungen, die nicht als nützliche Lernerfahrung verarbeitet werden können. Wir haben Biorhythmen – abhängig davon, wann während eines Tages in einem Individuum ein Ereignis auftritt kann es traumatische Folgen haben oder nicht (“Ultradian Rhythms in Life Processes”; Ernest Rossi, Springer, 1992)
- Nicht geheilte Traumen werden im späteren Leben eine häufige Ursache für Krankheit oder Phänomene, die mit Alterung einhergehen, toxischen Expositionen oder Infektionen. Günstige Ereignisse, wie eine gesegnete Kindheit oder in eine gute Ehe einzutreten, können massiv vorteilhafte Folgen auf Gesundheit und Wohlergehen haben. (Psychological Factors in Chronic Pain: An Introduction to Psychosomatic Pain Management; Dr. Dietrich Klinghardt, MD, PhD; This lecture was presented at the 14 annual meeting of the American Association of Orthopaedic Medicine, Tempe Arizona Feb.21, 1997th)
- Die durschnittlich höchste Lebenserwartung wurde Bevölkerungsgruppen zugeschrieben, die über das Leben hinweg moderatem Stress unterlagen, aber die Möglichkeit und Disziplin hatten, die Ereignisse, die eine Traumatisierung hinterließen, auszuheilen (“Childhood psychological trauma correlates with unsuccessful lumbar spine surgery. Spine, Vol17,no6, pp 138-144, J Schofferman; Lehrbuch der Psychokinesiologie, D.Klinghardt, INK Verlag, 1996).
- Lösung: Finde einen guten Psychotherapeuten, der auch Energiepsychologie mit einbezieht und familienorientierte, systemische Therapie versteht. Suche Dir auch einen Heiler, einen Schamanen und eine spirituelle Verbindung. Diese Bemühung muss ein Leben lang anhalten, nicht nur ein oder zwei Jahre.

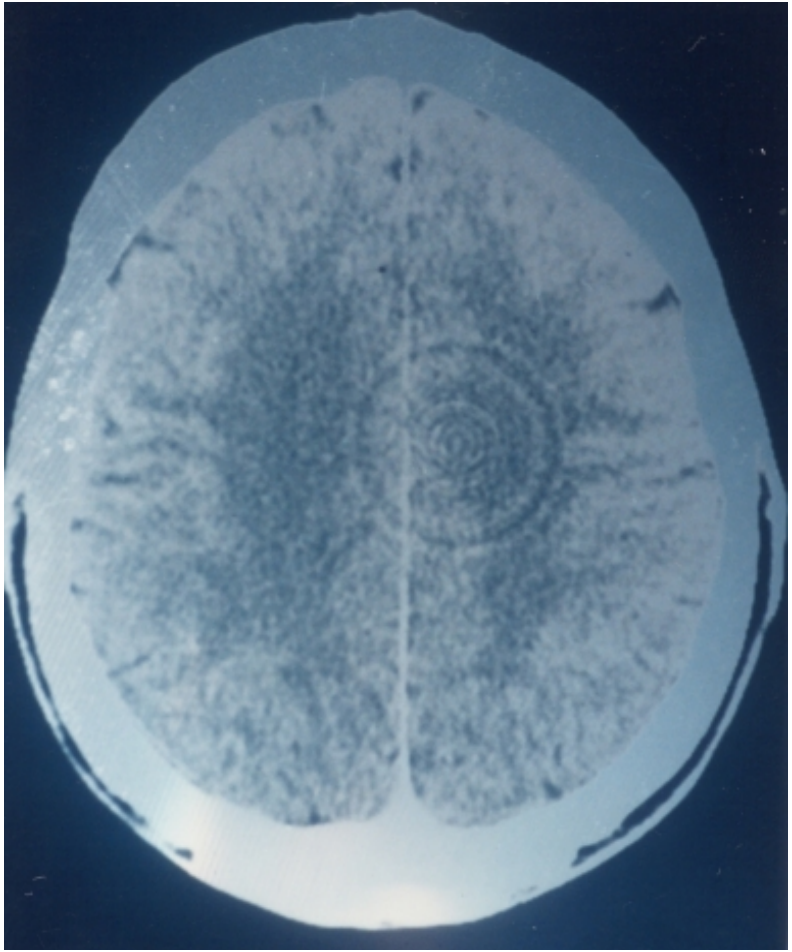
Wer ist der Patient?

Wir alle sind durch vier Beziehungen definiert:

1. Beziehungen zu anderen: Vorfahren, Eltern, Familie, Freunde, Bekanntschaften, Kollegen, Gesellschaft, Land, religiöse Gruppen. Beziehungen können hilfreich und gebend oder destruktiv und fordernd sein. Behandlung: mit Freunden und Kollegen haben wir die Wahl: arbeite an Beziehungen oder ziehe Dich zurück. Familie: heile die Beziehungen (Konstellation, Arbeit, systemische PK). Mit dem Partner: lerne zu lieben, ohne etwas zu erwarten.
2. Beziehung zu sich selbst (Beziehung zu den Unterpersönlichkeiten): Disharmonie erzeugt Dysfunktionen in allen Untersystemen: Chakras, Meridiane, Nervensystem, Metabolismus, Hormon- und Verdauungssystem. Behandlung: Psychotherapie, Veränderung des inneren Dialoges. Veränderung von schlechten Angewohnheiten in gesundheitsförderliche.
3. Die Beziehung zur Natur und der materiellen Welt: Geld, Gegenstände, Haus und Heim, die umgebende Natur, die Natur insgesamt. Behandlung: schaue genau hin. Beute ich die Natur aus mit meinem Investment und der Art meiner Arbeit oder bin ich ein guter Verwalter des Landes. Wie setze ich mein Geld ein?
4. Die Beziehung zum Göttlichen: Wie führt es uns? Was wird geschehen wenn ich sterbe? Was ist die Wahrheit?

Genetik: Schau nach Krankheitsmustern in einem Genogramm über drei Generationen und bei den eigenen Kindern. Estrogenomics und Detox genomics sind hilfreich, sowie R. Shoemakers Haplotypisierung.

Hormone: Der Umwelteinfluss auf unsere Hormone ist enorm und immer negativ (EM-Wellen und Toxine). Wir nutzen Dr. D. Rosensweet's "Target Method" als Behandlungsmethode.

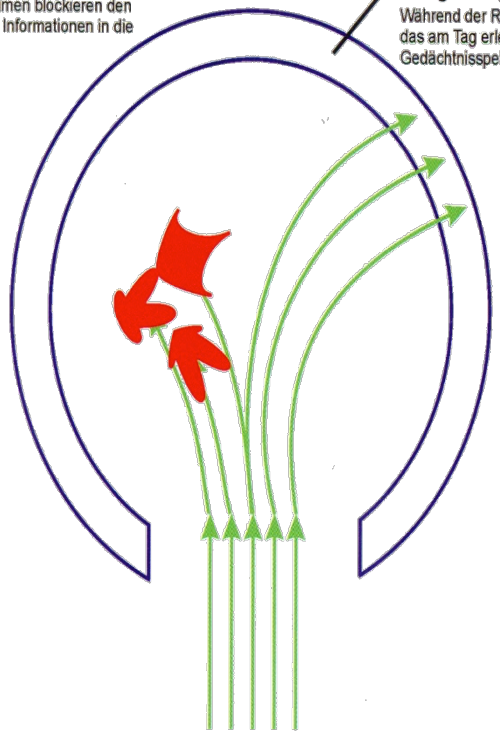


Trauma blockiert neues Leben

Unverarbeitete Traumen blockieren den Transfer von neuen Informationen in die Langzeitspeicher.

Langzeitspeicher

Während der REM-Schlafphasen wird das am Tag erlernte in die Langzeit-Gedächtnisspeicher verschoben.



Sinneswahrnehmungen

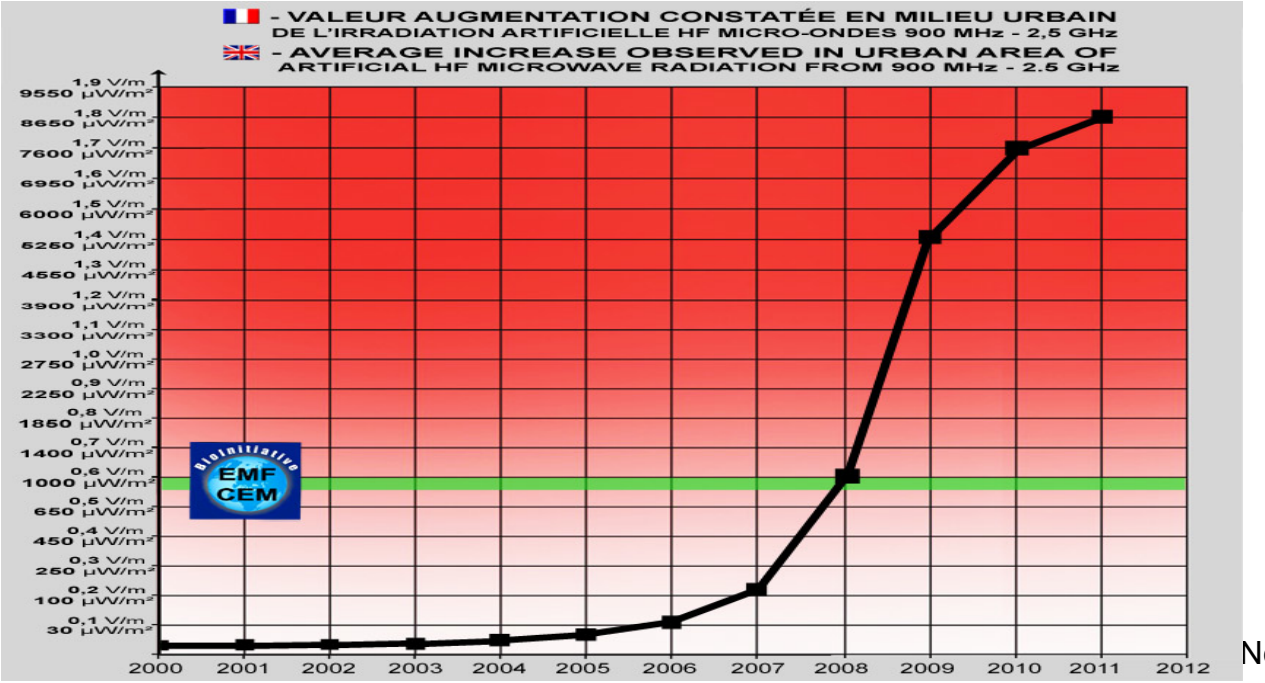
Warum sind wir krank?

2. Elektrosmog

Der Schaden an Zellwänden, Mitochondrien und DNA verursacht durch Elektrosmog aus den verschiedenen Quellen ist kumulativ: WLAN, Schnurlostelefon, Sendemasten, Radio- und Fernsehsender, Polizeifunk (Tetra), Smart Meters und elektrischen und magentischen Stromfeldern im Haushalt.

Elektromagnetische Mikrowellenstrahlung

Zunahme der Exposition mit Mikrowellenstrahlung von 2000-2010



Next-Up Organisation

Mikrowellen: Der Teufel in unseren Kirchen

Unexponiert

Exponiert

Die gleiche Art von Wasserkresse angepflanzt in einem Klassenzimmer mit identischer Sonneneinstrahlung, wobei die rechte direkt neben einem WLAN-Router platziert war.

Wireless-LAN

International Agency for Research on Cancer

World Health Organization

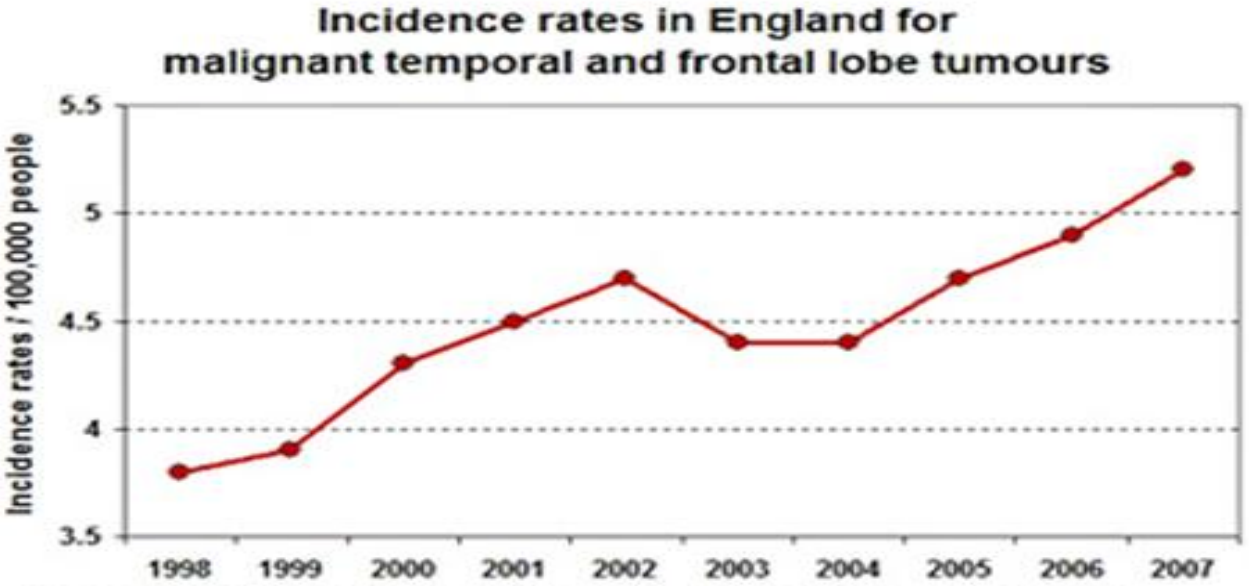
PRESS RELEASE
N° 208

31 May 2011

IARC CLASSIFIES RADIOFREQUENCY ELECTROMAGNETIC FIELDS AS POSSIBLY CARCINOGENIC TO HUMANS

Lyon, France, May 31, 2011 -- The WHO/International Agency for Research on Cancer (IARC) has classified radiofrequency electromagnetic fields as possibly carcinogenic to humans (Group 2B), based on an increased risk for glioma, a malignant type of brain cancer[1], associated with wireless phone use.

Bösartige Tumore in Temporal- und Frontallappen UK 1998-2007



Data extracted from Table 1 in de Vocht F, Burstyn I, Cherrie JW. Time trends in brain cancer incidence rates in relation to mobile phone use in England. PMID:21280060 Bioelectromagnetics 2011 Jul;32(5):334-9.

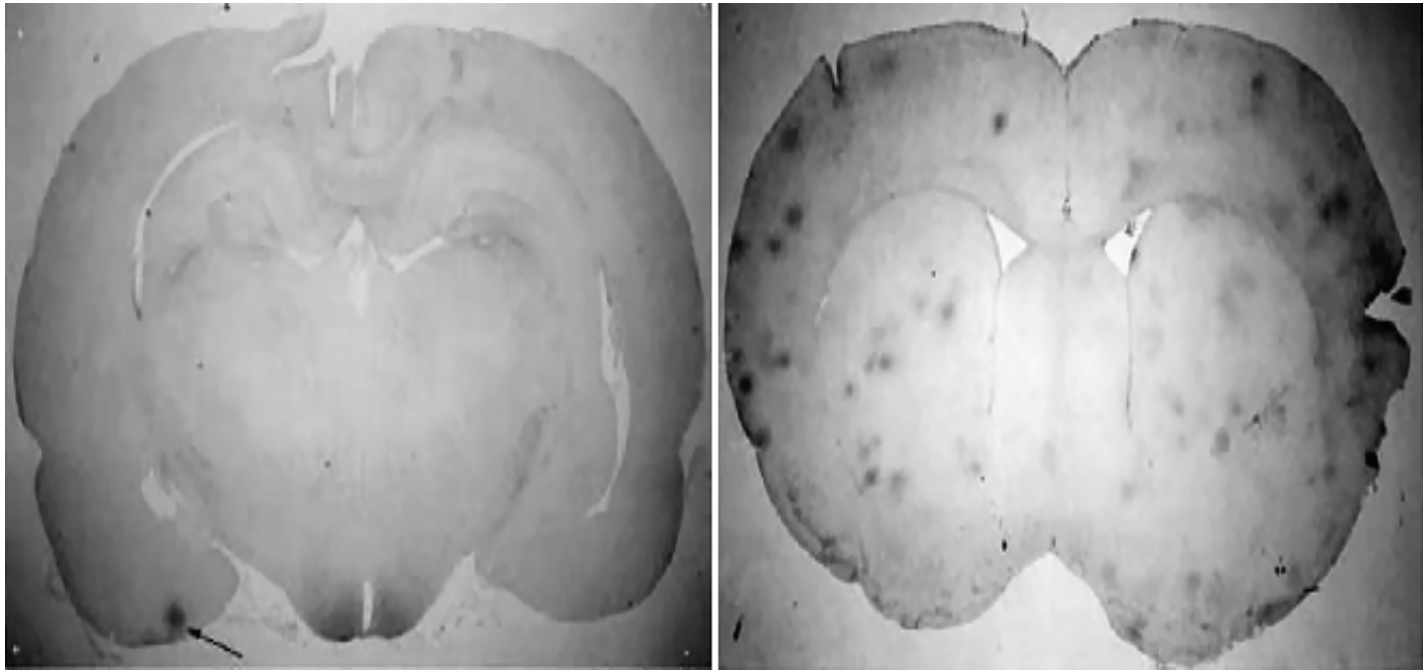
“Brain proteome response following whole body exposure of mice to mobile phone or wireless DECT base radiation”

Electromagnetic Biology and Medicine; Posted online on January 20, 2012.
(doi:10.3109/15368378.2011.631068 (1–25) Adamantia F. Fragopoulou, Athina Samara, Marianna H. Antonelou, Anta Xanthopoulou, Aggeliki Papadopoulou, Konstantinos Vougas, Eugenia Koutsogiannopoulou, Ema Anastasiadou, Dimitrios J. Stravopodis, George Th. Tsangaris, Lukas H. Margaritis Department of Cell Biology and Biophysics, Athens University

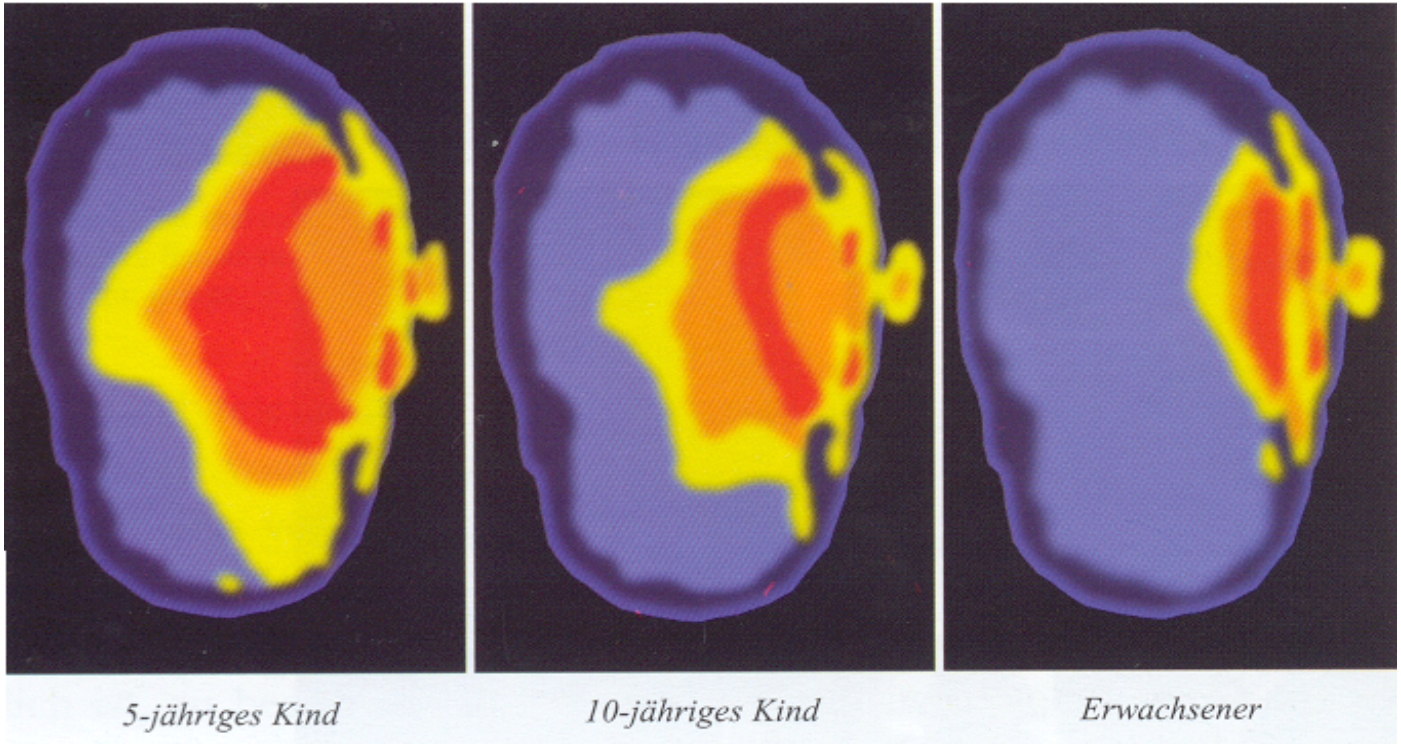
Abstract:

The objective of this study was to investigate the effects of two sources of electromagnetic fields (EMFs) on the proteome of cerebellum, hippocampus, and frontal lobe in Balb/c mice following long-term whole body irradiation. Three equally divided groups of animals (6 animals/group) were used; the **first** group was exposed to a **typical mobile phone**, at a SAR level range of 0.17–0.37 W/kg for 3 h daily for 8 months, the **second** group was exposed to a **wireless DECT base** (Digital Enhanced Cordless Telecommunications/ Telephone) at a SAR level range of 0.012–0.028 W/kg for 8 h/day also for 8 months and the t**hird** group comprised the **sham**-exposed animals. Comparative proteomics analysis revealed that long-term irradiation from **both EMF sources altered significantly ($p < 0.05$) the expression of 143 proteins** in total (as low as 0.003 fold downregulation **up to 114 fold overexpression**). Several neural function related proteins (i.e., Glial Fibrillary Acidic Protein (GFAP), Alpha synuclein, Glia Maturation Factor beta (GMF), and apolipoprotein E (apoE)), heat shock proteins, and cytoskeletal proteins (i.e., Neurofilaments and tropomodulin) are included in this list as well as proteins of the brain metabolism (i.e., Aspartate aminotransferase, Glutamate dehydrogenase) to nearly all brain regions studied. Western blot analysis on selected proteins confirmed the proteomics data. The observed **protein expression changes may be related** to **brain plasticity** alterations, indicative of **oxidative stress in the nervous system** or involved in **apoptosis** and might potentially explain human health hazards reported so far, such as **headaches, sleep disturbance, fatigue, memory deficits, and brain tumor long-term induction** under similar exposure conditions.

Salford 2003: Ratbrain, 50 days post 2-hour exposure to cellphone



Absorption von Mobilfunk-, DECT-, W-LAN und Mikrowellenstrahlung nach Alter.
Metalle im Mund-/Kieferbereich erhöhen die Aufnahme.



5-jähriges Kind | 10-jähriges Kind | Erwachsener

Journal of Microscopy and Ultrastructure 2 (2014) 197–204

Why children absorb more microwave radiation than adults: The consequences

L. Lloyd Morgana,*, Santosh Kesarib, Devra Lee Davisa;
Environmental Health Trust, USA; University of California, San Diego, USA

Abstract: Computer simulation using MRI scans of children is the only possible way to determine the microwave radiation (MWR) absorbed in specific tissues in children. **Children absorb more MWR than adults** because their brain tissues are more absorbent, their skulls are thinner and their relative size is smaller. MWR from wireless devices has been declared a possible human carcinogen. Children are at greater risk than adults when exposed to any carcinogen. Because the average **latency time between first exposure and diagnosis of a tumor** can be decades, tumors induced in children may not be diagnosed until well into adulthood**. The fetus is particularly vulnerable to MWR**. MWR exposure can result in degeneration of the protective myelin sheath that surrounds brain neurons. MWR-emitting toys are being sold for use by young infants and toddlers**. Digital dementia has been reported in school age children**. A case study has shown when **cellphones are placed in teenage girls'** bras multiple times **primary breast cancers** develops beneath where the phones are placed. MWR exposure limits have remained unchanged for 19 years. All manufacturers of smartphones have warnings which describe the minimum distance at which phone must be kept away from users in order to not exceed the present legal limits for exposure to MWR. The exposure limit for laptop computers and tablets is set when devices are tested 20 cm away from the body. Belgium, France, India and other technologically sophisticated governments are passing laws and/or issuing warnings about children's use of wireless devices

Extremely-Low Frequency (ELF) and Radiofrequency (RF) Electromagnetic Fields Have Very Similar Biological Effects

- Genetic Effects
- Cancer
- Cellular/Molecular Effects
- Electrophysiology
- Behavior
- Nervous System
- Blood-brain barrier
- Calcium
- Cardiovascular
- Warm sensation
- Hormones
- Immunology
- Metabolic rate/effects
- Reproduction/growth
- Subjective symptoms
- Stress

Source: Dr. Henry Lai, Research Professor, Department of Bioengineering, University of Washington. Presentation March 21, 2008 at Council on Wireless Technology Impacts EMF Panel, San Francisco, CA.

Magnetische Niedrigfrequenz- (ELF) und Radiofrequenzfelder (RF) besitzen sehr ähnliche biologische Effekte auf

- Genetische Effekte
- Krebs
- Zelluläre/molekulare Effekte
- Elektrophysiologie
- Verhalten
- Nervensystem
- Blut-Hirn-Schranke
- Kalzium
- Kardiovaskuläres System
- Wärmeemfindung
- Hormonelles System
- Immunologie
- Stoffwechselrate
- Reproduktion/Wachstum
- Subjektive Symptome
- Stress

Quelle: Dr. Henry Lai, Research Professor, Department of Bioengineering, University of Washington. Presentation March 21, 2008 at Council on Wireless Technology Impacts EMF Panel, San Francisco, CA.

Die Suche nach Umwelteinflüssen auf die Kindergesundheit: Eine Navigation zwischen Scylla und Charybdis.

The search for environmental effects on children's health: navigating between Scylla and Charybdis

Epidemiology (Cambridge, Mass.) [2008, 19(4):530-1] (PMID:18497700)

Division of Cancer Epidemiology and Genetics, National Cancer Institute, Bethesda, MD, USA.

Abstract

The report by Divan et al linking early exposures to cell phone radiation (from WiFi , Chordless phones or cellphone) with behavioral problems in young children, published in this issue of Epidemiology, provides an opportunity to consider pursuit of high-risk hypotheses that could open new areas of understanding in contrast with the more common assessment of lower-risk leads. Other key considerations for epidemiologists are the requirements for selecting plausible risk factors while remaining alert to serendipitous discovery, for validating proxy measures of complex disease outcomes and exposures, and for pursuing replication of unexpected results in independent settings. In the face of unexpected findings, research consortia provide opportunities for pursuing exploratory and follow-up studies of high-risk hypotheses. Reviewers and editors also play major roles.

W-LAN in Schulen: Kinder, die drahtlosen Netzwerken ausgesetzt sind erkranken häufiger und entwickeln öfter ernsthafte gesundheitliche Probleme.

Disturbance of the immune system by electromagnetic fields—A potentially underlying cause for Cellular damage and tissue repair reduction which could lead to disease and impairment.

Pathophysiology, Volume 16, Issue 2 , Pages 157-177, August 2009, Olle Johansson
Affiliations
The Experimental Dermatology Unit, Department of Neuroscience, Karolinska Institute, Stockholm, Sweden, Tel.: +46 852487073; fax: +46 8 303904.

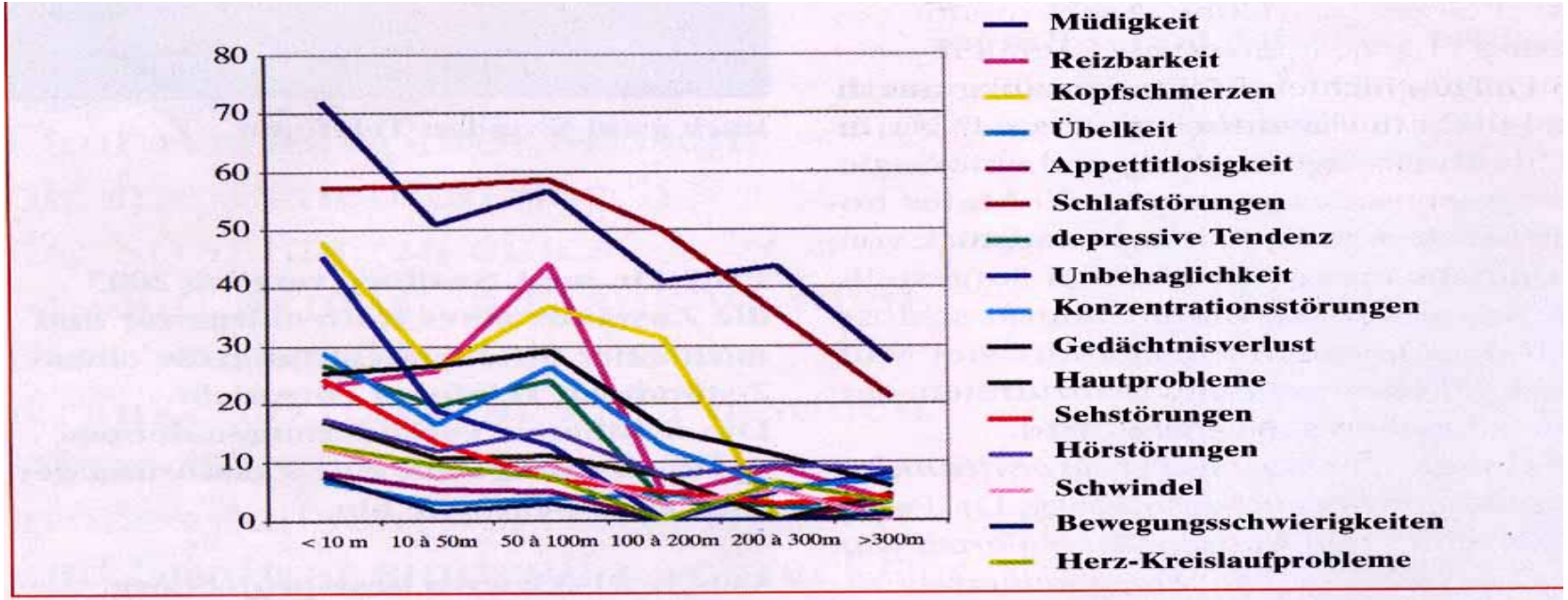
Abstract

A number of papers dealing with the effects of modern, man-made electromagnetic fields (EMFs) on the immune system are summarized in the present review. EMFs disturb immune function through stimulation of various allergic and inflammatory responses, as well as effects on tissue repair processes. Such disturbances increase the risks for various diseases, including cancer. These and the EMF effects on other biological processes (e.g. DNA damage, neurological effects, etc.) are now widely reported to occur at exposure levels significantly below most current national and international safety limits. Obviously, biologically based exposure standards are needed to prevent disruption of normal body processes and potential adverse health effects of chronic exposure.

Based on this review, as well as the reviews in the recent Bioinitiative Report [http://www.bioinitiative.org/] [C.F. Blackman, M. Blank, M. Kundi, C. Sage, D.O. Carpenter, Z. Davanipour, D. Gee, L. Hardell, O. Johansson, H. Lai, K.H. Mild, A. Sage, E.L. Sobel, Z. Xu, G. Chen, The Bioinitiative Report—A Rationale for a Biologically-based Public Exposure Standard for Electromagnetic Fields (ELF and RF), 2007)], it must be concluded that the existing public safety limits are inadequate to protect public health, and that new public safety limits, as well as limits on further deployment of untested technologies, are warranted.

Keywords: Immunology, Radiofrequency fields, Magnetic fields, Power-frequency

EMR-Elektrosmog



Dr. R. Santini untersuchte 1999 den Zusammenhang zwischen dem Auftreten bestimmter Krankheiten und der Nähe zu Mobilfunk-Basisstationen in Frankreich. Anhand einer Befragung von 530 Personen kam er zu dem Ergebnis, dass sich innerhalb einer 300 m Zone folgende Symptome häufen: Müdigkeit, Schlafstörungen, Reizbarkeit, Kopfschmerzen, Gedächtnisverlust, Konzentrationschwierigkeiten etc.

www.funkenflug.de

Quellen von Elektrosmog

Sende-
masten

Der unverantwortliche Einsatz drahtloser Technologien
Wir kooperieren mit einer wissentlich destruktiven Technologie.

- In den meisten, wenn nicht allen Lebensräumen, sind wir 24/7 Mikrowellenstrahlung in einem Ausmass ausgesetzt, das weder nachhaltig noch hilfreich für menschliches Leben ist. Die Anzahl und Entfernung bis zum nächsten Mobilfunksendemasten bestimmen viele Aspekte unserer Gesundheit (www.AntennaSearch.com). Gesundheitsauswirkung (Krebsrate) wurden aufgezeigt, wenn sich die Sendeanlage innerhalb in einer Entfernung von 2 km zum Wohnort befindet.
- W-LAN-Router und Schnurlostelefone sind Sendemasten, die innerhalb unseres eigenen Schutzraumes stationiert wurden. Das smart meter außerhalb der Wohnräume sendet Wellen destruktiver Energie durch das ganze Haus in Amplituden, die die Energien aus anderen Quellen, denen man bisher ausgesetzt war, weit übersteigen.
- Der frühere Mi-6 Wissenschaftler Barry Trower hat Untersuchungen angestellt, um die Frequenz herauszufinden, die eine gesamte Bevölkerung nach drei Generationen unfruchtbar machen würde: 2,4 Gigahertz. Genau diese Frequenz wird von allen Technologieträgern und Schnurlosgeräten im Haushalt genutzt.
- Exposition mit Mikrowellen blockieren die Fähigkeit des Körpers zu entgiften und beschleunigen das Wachstum und die Virulenz von Pathogenen.

- Lösung: Schütze Dich selbst, Deine Kinder und Dein Umfeld. Nutze die verfügbaren Technologien verantwortungsbewusst. Werde politisch aktiv.

Handy Nutzung der Mutter führt zu verminderter Melatoninproduktion und vermindertem Schutz des Fötus.

Melatonin metabolite excretion among cellular telephone users

Int J Radiat Biol. 2002 Nov;78(11):1029-36 Burch JB, Reif JS, Noonan CW, Ichinose T, Bachand AM, Koleber TL, Yost MG.

Department of Environmental and Radiological Health Sciences, Colorado State University, Fort Collins, CO 80523, USA. james.burch@colostate.edu

PURPOSE:

The relationship between cellular telephone use and excretion of the melatonin metabolite 6-hydroxymelatonin sulfate (6-OHMS) was evaluated in two

populations of male electric utility workers (Study 1, n=149; Study 2, n=77). MATERIALS AND METHODS: Participants collected urine samples and recorded

cellular telephone use over 3 consecutive workdays. Personal 60-Hz magnetic field (MF) and ambient light exposures were characterized on the same days

using EMDEX II meters. A repeated measures analysis was used to assess the effects of cellular telephone use, alone and combined with MF exposures, after

adjustment for age, participation month and light exposure.

RESULTS:

No change in 6-OHMS excretion was observed among those with daily cellular telephone use >25 min in Study 1 (5 worker-days). Study 2 workers with >25

min cellular telephone use per day (13 worker-days) had lower creatinine-adjusted mean nocturnal 6-OHMS concentrations (p=0.05) and overnight 6-OHMS

excretion (p=0.03) compared with those without cellular telephone use. There was also a linear trend of decreasing mean nocturnal 6-OHMS/creatinine

concentrations (p=0.02) and overnight 6-OHMS excretion (p=0.08) across categories of increasing cellular telephone use. A combined effect of cellular

telephone use and occupational 60-Hz MF exposure in reducing 6- OHMS excretion was also observed in Study 2.

CONCLUSIONS:

Melatonin reinigt das Gehirn nachts von Toxinen. Es ist das potenteste antioxidativ und entgiftend wirkende Mittel

1. Melatonin wirkt schlafanregend. Wir heilen und entgiften nur in tiefem, Non-REM Schlaf. Ohne Melatonin findet keine Regeneration und keine Entgiftung statt.

2. Melatonin ist die effektivste und potenteste neuroprotektiv wirkende Substanz im ZNS. Es beugt Schäde aus Quecksilber, Blei, Aluminium, Chemicalien, Mykotoxinen, Viren, Zigarettenrauch, bakteriellen und parasitären Endo- und Exotoxinen (Lyme, Clostridia, Ascaris), Ausdünstungen von Teppichen und neuen Plastikteilen in Autos etc. vor.

Sener, G.et al: “Melatonin protects against mercury induced oxidative tissue damage”. Basic and Clinical Pharmacology&Toxicology Vol 93, Dec 2003, pp 290-296

L. Xie, H. Kang, Q. Xu, M. J. Chen, Y. Liao, M. Thiyagarajan, J. O'Donnell, D. J. Christensen, C. Nicholson, J. J. Iliff, T. Takano, R. Deane, M. Nedergaard. ”Sleep Drives Metabolite Clearance from the Adult Brain”. Science, 2013; 342 (6156): 373 DOI:10.1126/science.1241224

Effekte von Melatonin gegenüber oxidativem Stress und Resistenz auf bakterielle, parasitäre und virale Infektionen.

Acta Trop. 2014 Sep;137:31-8. doi: 10.1016/j.actatropica.2014.04.021. Epub 2014 May 6.
Effects of melatonin on oxidative stress, and resistance to bacterial, parasitic, and viral infections: a review.
Vielma JR, Bonilla E, Chacín-Bonilla L, Mora M, Medina-Leendertz S, Bravo Y

Abstract
Melatonin, a hormone secreted by the pineal gland, works directly and indirectly as a free radical scavenger. Its other physiological or pharmacological activities could be dependent or independent of receptors located in different cells, organs, and tissues. In addition to its role in promoting sleep and circadian rhythms regulation, it has important immunomodulatory, antioxidant, and neuroprotective effects suggesting that this indole must be considered as a therapeutic alternative against infections. The aim of this review is to describe the effects of melatonin on oxidative stress and the resistance to bacterial (Klebsiella pneumoniae, Helicobacter pylori, Mycobacterium tuberculosis, and Clostridium perfringens), viral (Venezuelan equine encephalomyelitis virus and respiratory syncytial virus), and parasitic (Plasmodium spp., Entamoeba histolytica, Trypanosoma cruzi, Toxoplasma gondii, and Opisthorchis viverrini) infections.

Protektive Eigenschaften von Melatonin gegen aluminiuminduzierte neuronale Verletzungen.

Int J Exp Pathol. 2015 Apr 19. doi: 10.1111/iep.12122. [Epub ahead of print]
The protective properties of melatonin against aluminium-induced neuronal injury.
Al-Olayan EM1, El-Khadragy MF, Abdel Moneim AE

Abstract
Aluminium (Al) toxicity is closely linked to the pathogenesis of Alzheimer's disease (AD). This experimental study investigated theneuroprotective effect of melatonin (Mel; 10 mg/kg bwt) on aluminium chloride (AlCl3 ; 34 mg/kg bwt) induced neurotoxicity and oxidative stress in rats. Adult male albino Wistar rats were injected with AlCl3 for 7 days. The effect on brain structure, lipid peroxidation (LPO), nitric oxide (NO) levels, glutathione (GSH) content, antioxidant enzymes (SOD, CAT, GPx and GR), apoptotic proteins (Bax and Bcl-2) and an apoptotic enzyme (caspase-3) was investigated. No apparent changes occurred following the injection of melatonin. **Melatonin** pre-treatment of the AlCl3 -administered rats **reduced brain damage**, and the tissues appeared like those of the control rats. Compared to treatment with AlCl3 , pre-treatment with melatonin **decreased LPO and NO levels** and **increased the GSH** content **and antioxidant enzyme activity**. Moreover, melatonin increased the levels of the anti-apoptotic protein, Bcl-2, decreased the levels of the pro-apoptotic protein, Bax, and inhibited caspase-3 activity.
Therefore, our results indicate that melatonin may provide therapeutic value against aluminium-induced oxidative stress and histopathological alternations in the rat brain and that these effects may be related to anti-apoptotic and antioxidant activities.

Was sind die Konsequenzen chemischer und elektromagnetischer Verschmutzung?

Ein kontaminierter See verliert seine Fische und wunderschönen Seepflanzen. Diese werden durch toxische Algen und schädliche Bakterien, Protozoen, Pilze und Viren ersetzt. Nur die höher entwickelten Lebewesen sterben aus. Ein solcher See stinkt nun und sieht hässlich aus. Er befindet sich in einem Zustand des Zerfalls. Dasselbe geschieht bei giftiger Besiedlung im menschlichen Organismus: wir sehen schlecht aus, fühlen uns schlecht und riechen schlecht. Wenn die Toxinbelastung zunimmt, werden unsere gesundheitsförderlichen Mikroben durch Pathogene wie Schimmelpilze, Streptokokken, Staphylokokken, Borrelien, Bartonellen etc. in allen Bereichen der mikrobiellen Flora des Menschen (Darm, Lunge, Harnwege, Sinus) ersetzt. Als Resultat brechen die Barrieren unseres Systems zusammen und andere opportunistische Entitäten siedeln sich in uns an. Jede schafft dabei ihre eigene Unterart an Symptomen: Ascaris, Babesien, Pilze, Lungenwürmer, Herpesviren, Retroviren etc.
In dem Maß wie der Einzelne abbaut, in dem Maß tut es auch seine Familie, Gemeinschaft und soziales Umfeld. Jeder von uns kann ein solches Individuum sein. Wir befinden uns in einem Zustand des Zerfalls.

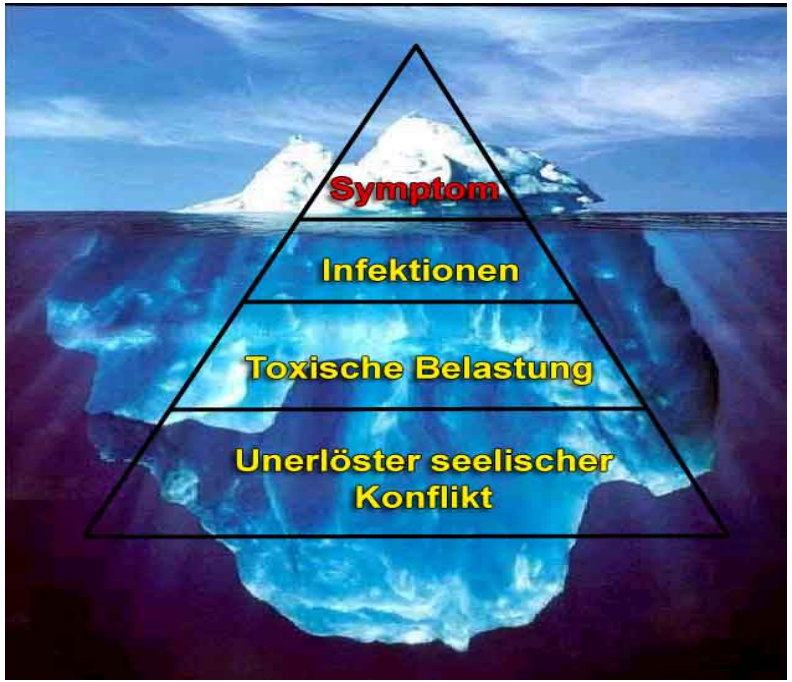
Lösung: Wir müssen unsere Aufmerksamkeit steigern und politisch aktiv werden. Wir brauchen eine wirklich grüne Partei. So lange bis das Leiden unerträglich wird, wird es keinen politischen Willen geben, Dinge zu verändern. Bis dahin müssen wir alles schützen, was wir können. In großem Mass wird Gesundheit immer mehr ein Privileg der Reichen.

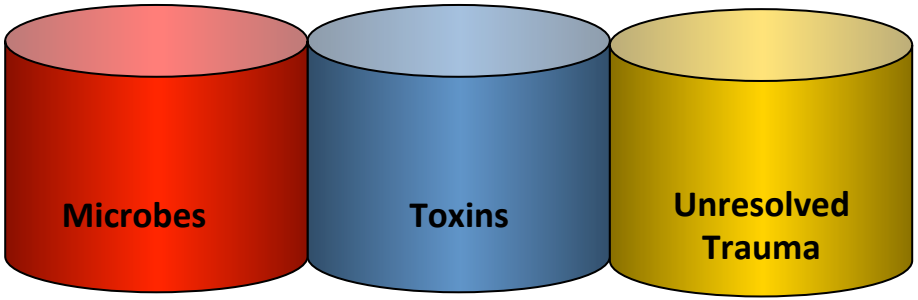
Strahlenschutz

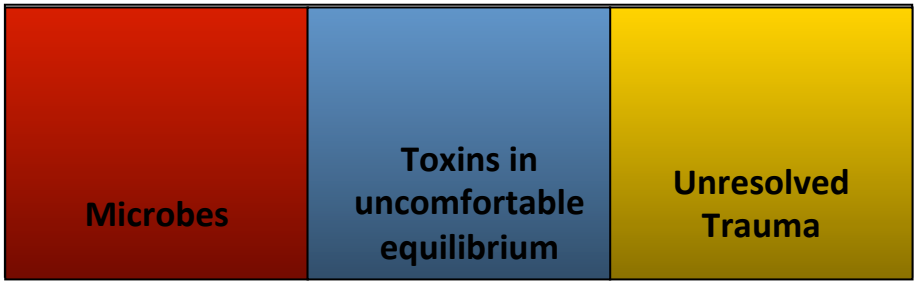
1. Tagsüber:
Keine drahtlosen Netzwerke im Haus, keine Schnurlostelefone. Kinder sollten spezielle Schutzkleidung tragen
Rosmarin Tinktur: “highly significant protective anti-mutagenic activity”. “Even the most powerful water-soluble antioxidants lack the capacity to protect against gamma ray induced damage”. (British Journal of Radiology, February 2 edition, 2015)
Benutze Stetzer-Filter im gesamten Haus und Schule um “schmutzige Elektrizität” zu verringern
2. Abends:
Liposomales Melatonin (+ 50-100 mg DMSA über einige Wochen)
Versuch mit 5 HTP (Erwachsenendosis: 200 mg)
Propolis+ Rosmarin Tinktur 4-6 Pipetten nach dem Abendessen. Ein Propolis Präparat (CAPE) schützt Lymphozyten gegen Strahlung (2008 Journal of Biochemical and Molecular Toxicology)
TD-Magnesium, Epsom Salzbäder zwei Mal täglich, oral Mag. Glyzinat. Magnesium wirkt als Calziumkanal Blocker. Spannungsabhängige Kalziumkanäle werden hochreguliert durch EMR (M.Pall, 2013)
3. Nachts:
Sicherungen raus im Schlafbereich
Samina Bett

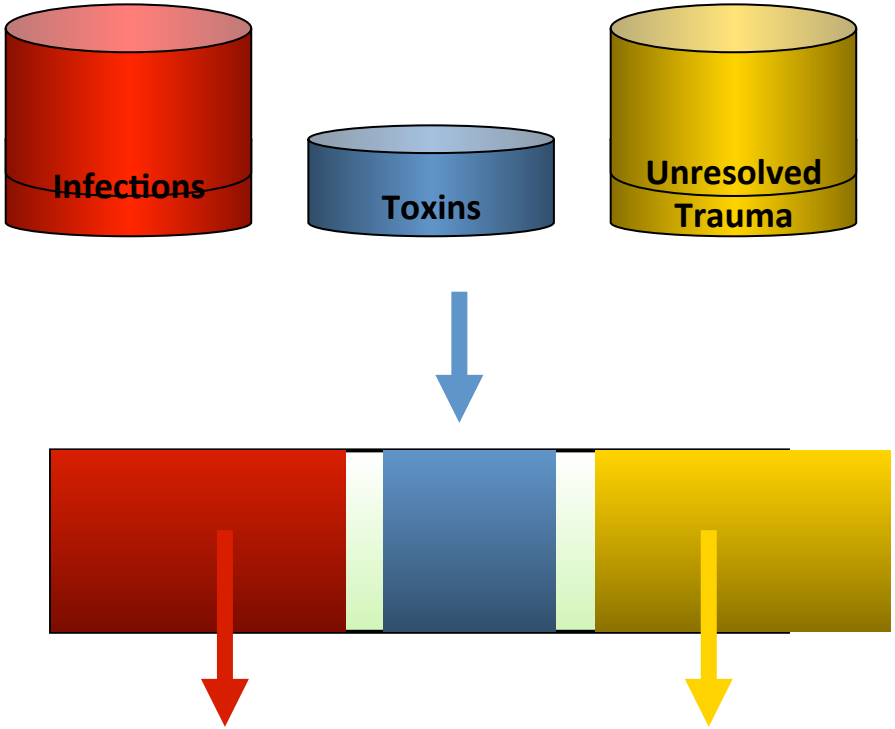
Umgang mit Elektrosmog in einem „krankhaften“ Schlafumfeld: Der Faraday‘sche Käfig

Es gibt eine Verbindung zwischen Symptomen, Pathogenen, Giften und ungelösten psycho-emotionalen Konflikten









Ungleichgewicht:
Der Patient wird in eine „Heilungskrise“ eintreten (wenn die Entgiftungsbehandlung nicht ausgesetzt wird).
Die Symptome werden vorhersagbarerweise sowohl durch Infektion/ Immunantwort, als auch psychologisch bedingt sein.

Warum sind wir krank?

3. Vergiftung durch Insektizide und Pestizide

Das Meiste ist unnötig, absichtlich und böse

Es gibt über 80.000 menschengemachte Toxine in unserer Umwelt, mit denen unser System jeden Tag und jede Nacht umgehen muss. Fünf davon befinden sich auf dem Gipfel dieses Giftberges.

1. Aluminium (wird mit gängigen Impfstoffen injiziert, als Fallout aus Geoingeneering eingeatmet). Aluminium ist ein Gefäß- und DNA-Gift.
2. Quecksilber (gast aus Amalgam-Zahnfüllungen aus, aus CFLs, Grippeimpfstoffen, Rhogane) und dentalen Toxinen aus kavitätenbildenden Kieferabschnitten. Quecksilber hat das Potential jedes Enzym unseres Stoffwechsels zu blockieren.
3. Blei (regnet täglich aus Flugzeugabgasen herab, die immer noch verbleit sind, Rückstand aus verbleitem Benzin, aus einigen chinesischen Kräutern und Spielzeug). Der durchschnittliche US-Amerikaner hat 400-1000 mal mehr Blei in seinen Knochen als unsere Vorfahren. Blei macht stumpfsinnig.
4. Glyphosat: In den meisten der in den USA konsumierten Lebensmitteln kommen Glyphosatrückstände vor, in biologisch angebauter Nahrung etwa 20% weniger. Golfer nehmen es jedes Mal, wenn sie einen Golfball mit der ungeschützten Hand aufheben auf und atmen es ein, wenn sie morgens über den Golfplatz laufen. Es wird auf Feldern und oft in Städten und Gemeinden versprüht. Glyphosat ist ein Karzinogen, ein Räuber von Spurenelementen, verstärkt Darmpathogene, wirkt toxisch auf Drüsen (Thyroid, Nebennieren) und arbeitet synergistisch beim Transport von Aluminium ins Gehirn mit.
5. Fluoride: Im Großteil der US Wasserverorgung, lässt die Bevölkerung verblöden.

Lösung: Wachsamkeit und ein weniger toxischer Lebensstil, Entgiftung und soziale/politische Aktivität.

7 Fragen des Biologischen Behandlers an den Patienten:

1. Wo und wie lebt der Patient? Alleine, mit einem Partner, mit Familienmitgliedern, mit Freunden?
2. Trainiert die Person? 30 Minuten Laufen = natürlichstes und notwendigstes Training. Eine Vorgeschichte mit übermäßigem Training vor einer Krankheitsentstehung ist häufig!
3. Ernährung: Verschiedene Phasen im Leben erfordern unterschiedliche Arten der Ernährung. Kinder benötigen eine proteinreiche, fischöllastige, weniger vegetarischen Versorgung. Je älter wir werden, desto weniger Kalorien benötigen wir (wenn gegen Parasiten behandelt wurde) und desto mehr sollte unsere Ernährung vegetarisch sein). Blutgruppendiäten und Metabolismus Typisierung sind gute Mittel, Nutrigenomik wird entwickelt. mercola.com und nutritionfacts.org bieten gute und relevante Anleitung zu Ernährung und Bewegung. Nie zu vernachlässigen sollte eine Glutenüberempfindlichkeit sein.
4. Wie sieht das Zuhause aus? Muffig? Chaotisch? Voller möglicher Allergene und Toxine (Teppich, Möbel)? Wie ist die Belüftung (Staub, Schimmel)? Klimaanlage (Legionellen etc.) www.mycometrics.com, VCS, C3a, C4a, TGF beta1, Mycotoxin Urintest, Schimmel im Blutbild IgG/IgM
5. Wie schläft der Patient? Lösen sich Gifte aus der Matratze? WiFi und Schnurlostelefone? TV oder Computer im Schlafzimmer? – Ich empfehle das Samina Bettensystem!!
6. Wie viel Zeit wird für freudebringenden Aktivitäten aufgewendet? Hat sich die Person mit der Krankheit abgefunden? Dreht sich das Leben darum, Vitamine oder Medikamente einzunehmen? Wann wurde aufgehört zu tanzen und zu singen?
7. Exposition mit Mikrowellenstrahlung: WLAN? Schnurlostelefone? Smart meters? Babymonitore? Alarmsysteme? Diagnose: Messung mit entsprechenden Geräten (GigahertzSolutions). Körperspannung: schalte alle Sicherungen für 6 Wochen aus: besser oder schlechter? Behandlung: schalte nachts alle Stromkreise aus. Oder: ziehe um, oder mach Dein Schlafzimmer zu einem Heiligtum, wall shielding paint (Y-shield). Mache Dein Zuhause zu einem Heiligtum! Benutze Elektrogeräte nur wenn es unbedingt nötig ist. Bade nicht in Elektrosmog wenn es nicht unbedingt nötig ist.

Kinderzeichungen

Fünfjährige Jungen

Geringe Pestizidexposition

Starke Pestizidexposition

Vierjährige Mädchen

Geringe Pestizidexposition

Starke Pestizidexposition

Gentechnisch modifiziertes Saatgut, Glyphosat und der Zerfall der Gesundheit in den Vereinigten Staaten von Amerika.

Journal of Organic Systems, 9(2), 2014
Genetically engineered crops, glyphosate and the deterioration of health in the United States of America

Nancy L. Swanson, Andre Leu, Jon Abrahamson and Bradley Wallet
Abacus Enterprises, Lummi Island, WA, USA
International Federation of Organic Agricultural Movements, Bonn, Germany
Abacus Enterprises, Lummi Island, WA, USA
Crustal Imaging Facility, Conoco Phillips School of Geology and Geophysics, University of Oklahoma, USA * Corresponding author: andreleu.al@gmail.com

URL for the full paper:
http://www.organic-systems.org/journal/92/JOS_Volume-9_Number-2_Nov_2014-Swanson-et-al.pdf

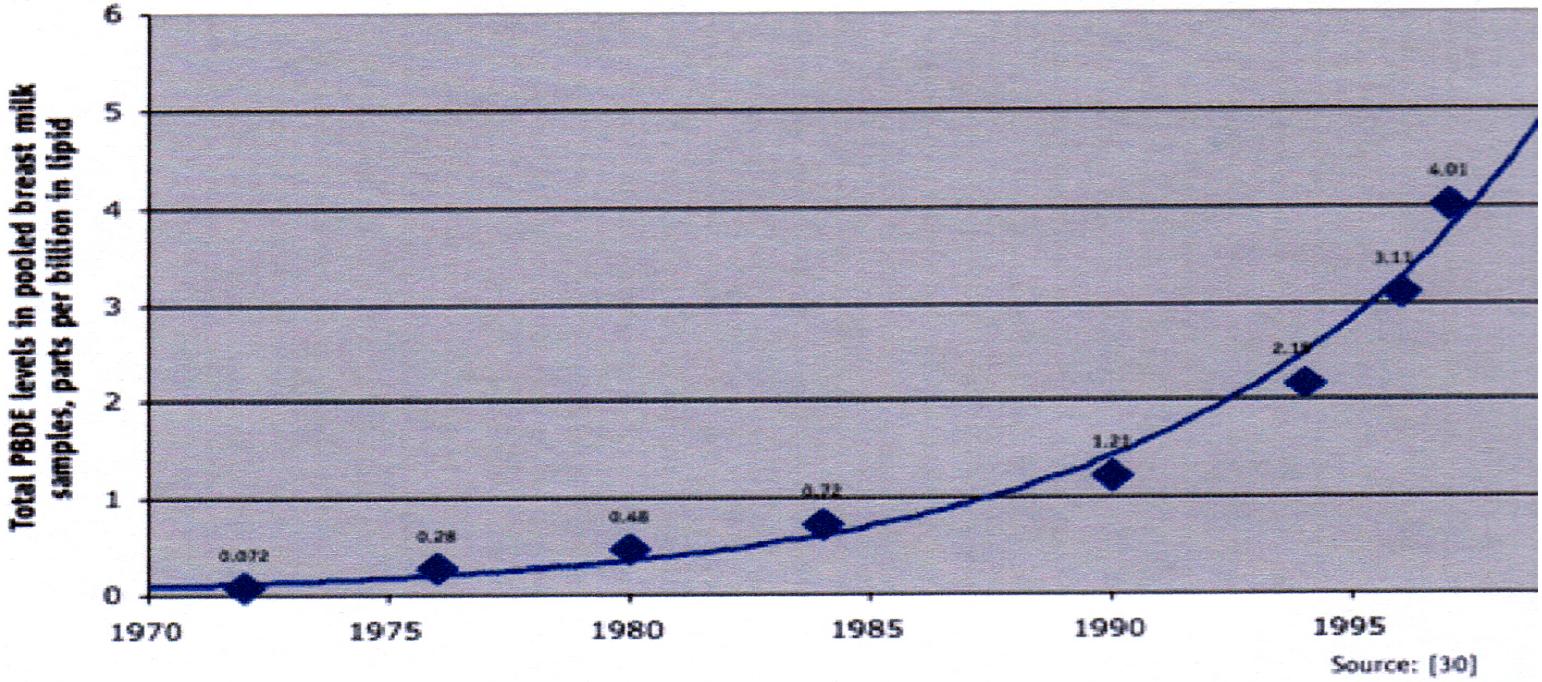
Abstract
A huge increase in the incidence and prevalence of chronic diseases has been reported in the United States (US) over the last 20 years. Similar increases have been seen globally. The herbicide glyphosate was introduced in 1974 and its use is accelerating with the advent of herbicide-tolerant genetically engineered (GE) crops. Evidence is mounting that glyphosate interferes with many metabolic processes in plants and animals and glyphosate residues have been detected in both. Glyphosate disrupts the endocrine system and the balance of gut bacteria, it damages DNA and is a driver of mutations that lead to cancer. In the present study, US government databases were searched for GE crop data, glyphosate application data and disease epidemiological data. Correlation analyses were then performed on a total of 22 diseases in these time-series data sets.

Journal of Organic Systems, 9(2), 2014

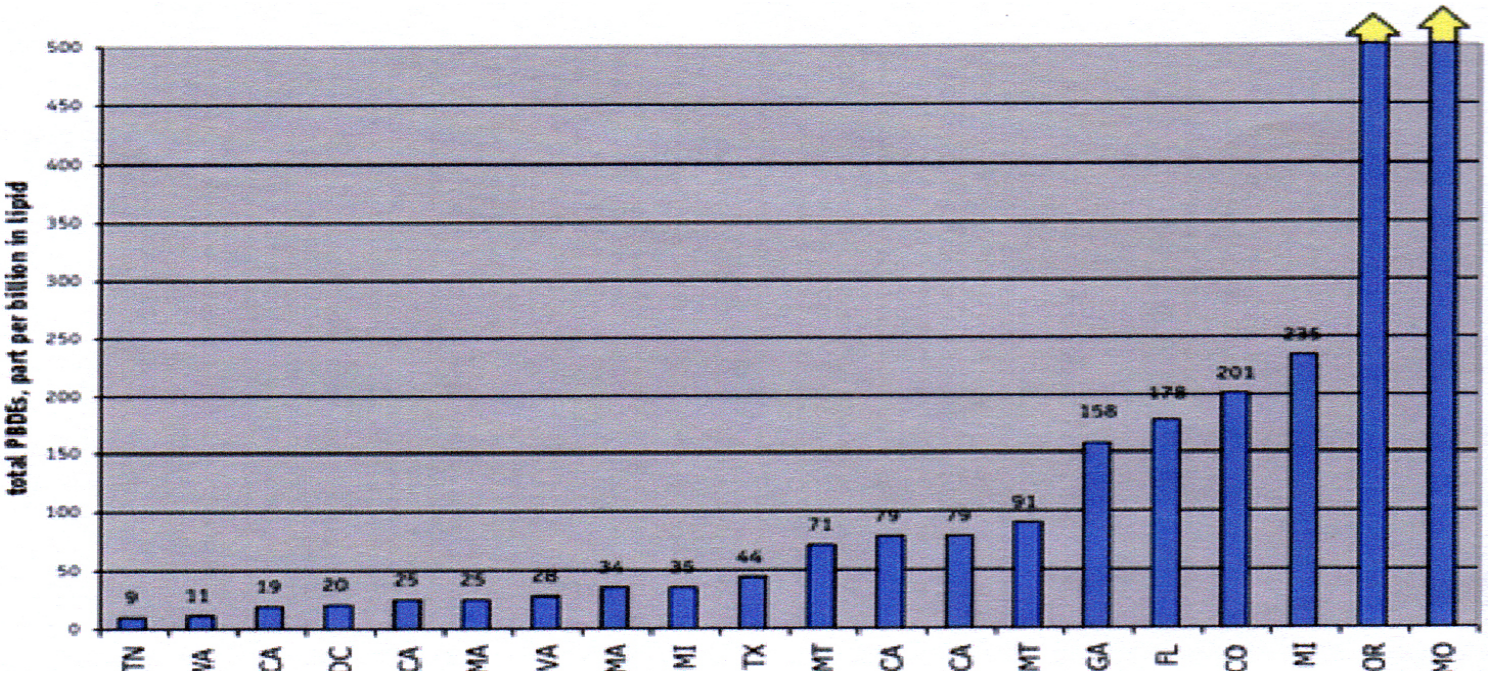
Die Pearson-Korrelations-Koeffizienten zu dem in den USA angebauten gentechnisch veränderten Mais und Soja sind hoch signifikant

- Bluthochdruck, Schlaganfall
- Diabetesriskio
- Diabetesprävalenz
- Fettleibigkeit
- Störungen im Lipoproteinmetabolismus
- M. Alzheimer, Demenz
- M. Parkinson
- Multiple Sklerose
- Autismus
- Entzündliche Darmerkrankungen (M. Crohn, Colitis ulcerosa)
- Gastroenteritis
- Terminale Nierenerkrankungen
- Akute Niereninsuffizienz
- Tumoren von
  - Schilddrüse
  - Leber
  - Blase
  - Bauchspeicheldrüse
  - Niere
  - Myeloische Leukämien

Dramatischer Anstieg der Konzentrationen von Flammenschutzmittel in Körpern schwedischer Frauen



Mutter-Kind-Transfer von Toxinen: Konzentration Polybromierter Diphenylether (PBDE) in Muttermilch: EWG Studie



Phthalate

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Vernebelte Gehirne: Exposition mit Plastik

US BioTek LABORATORIES

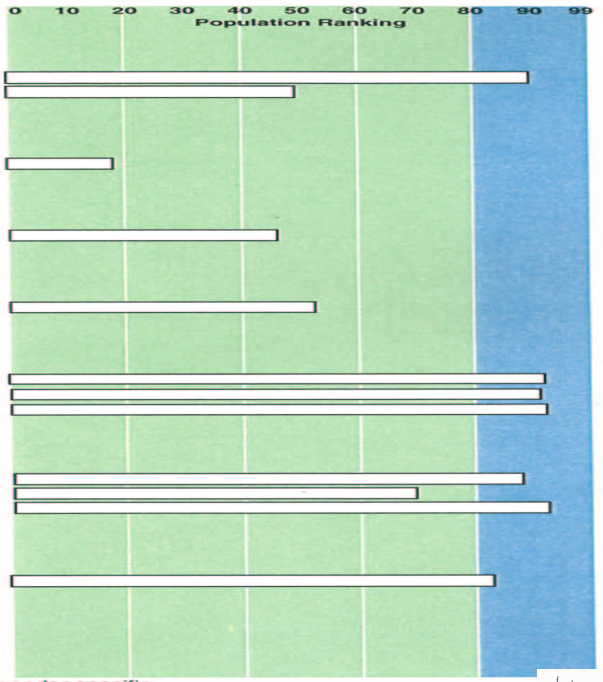
Environmental Pollutants Biomonitor

13500 Linden Ave North • Seattle, Washington 98133 USA Tel: (206) 365-1256 • Fax: (206) 363-8790 • www.usbiotek.com

Physician: Joel Grimwood, DC
Patient: Anika Schauss
Accession #: 200504349
Age: 2 years
Sex: F

Assay Batch #: 050308OA
Collected: 02/23/05
Received: 02/25/05
Completed: 03/11/05

	Result (µg/dg creatinine)	**Reference Range	
Xylene Exposure			
3-Methylhippurate	3.18	0 - 2.5	(H)
2-Methylhippurate	0.00	0 - 1.5	
Toluene Exposure			
*Hippurate	118	130 - 1000	
# *Benzoate*	1.95	0 - 5	
Benzene Exposure			
t,t-Muconic Acid	1.85	0 - 4	
Trimethylbenzene Exposure			
3,4-Dimethylhippurate	0.28	0 - 3	
Styrene Exposure			
Mandelate	9.05	0 - 5	(H)
Phenylglyoxylate	5.59	0 - 3.5	(H)
Mandelate + Phenylglyoxylate	14.64	0 - 8	(H)
Phthalate Exposure			
Monoethyl Phthalate	2.02	0 - 1.5	(H)
Phthalic Acid	1.47	0 - 2	
*Quinolinate	19.44	0 - 15	(H)
Urban Pollution Index			
HVA / 5HIAA Ratio	1.72	0 - 1.6	(H)
Homovanillate (HVA)	11.75	2.8 - 5.25	(H)
5-Hydroxyindoleacetate (5HIAA)	6.84	3 - 5	(H)



Benzoate is metabolized to Hippurate. Elevations may cause elevated Hippurate independent of Toluene

*(µg/mg creatinine)

** Reference ranges are gender specific

CLIA #: 50D0965661

US BioTek Laboratories has developed and determined the performance characteristics of this test.
This test has not been evaluated by the U.S. Food and Drug Administration.
This test does not assess for neonatal inborn errors of metabolism and is based on stable renal function and normal renal clearance in the adult.

Chlorella bei werdenden und stillenden Müttern

Wir können dazu beitragen gesunde Babys in einer toxischen Umgebung zur Welt zu bringen und heranwachsen zu lassen

- “Effect of chlorella pyreneidosa on fecal excretion and liver accumulastion of polychlorinated dibenzo-p-dioxin in mice” Chemosphere 2005;59 297-304

- „Maternal-fetal distribution and transfer of dioxins in pregnant women in Japan, and attempts to reduce maternal transfer with Chlorella (Chlorella pyrenoidosa) supplements“
- S.Nakano et al Chemosphere, April 2005

- „Chlorella Pyreneidosa supplementation decreases Dioxin and increases Immunoglobulin A concentrations in breast milk“
- Shiro Nakano et al J Med Food 10 (1) 2007, 134-142)

- “Beneficial immunostimulatory effect of short-term Chlorella supplementation: enhancement of natural killer cell activity”
  Nutr J. 2012 Jul 31;11:53. doi: 10.1186/1475-2891-11-53 Kwak JH[1], Baek SH, Woo Y, Han JK, Kim BG, Kim OY, Lee JH.

Ausleitung von Pestiziden, Phthalaten, Bisphenol-A

- Gefriergetrocknet: Acai, Granatapfel, Pflaume
- Hagebutte – gefriergetrocknet (Vitamin C, Pflanzenschutzstoffe)
- Vitamin E, Glyzin und Selen
- Klinghardt homöopathische Eigenurintherapie

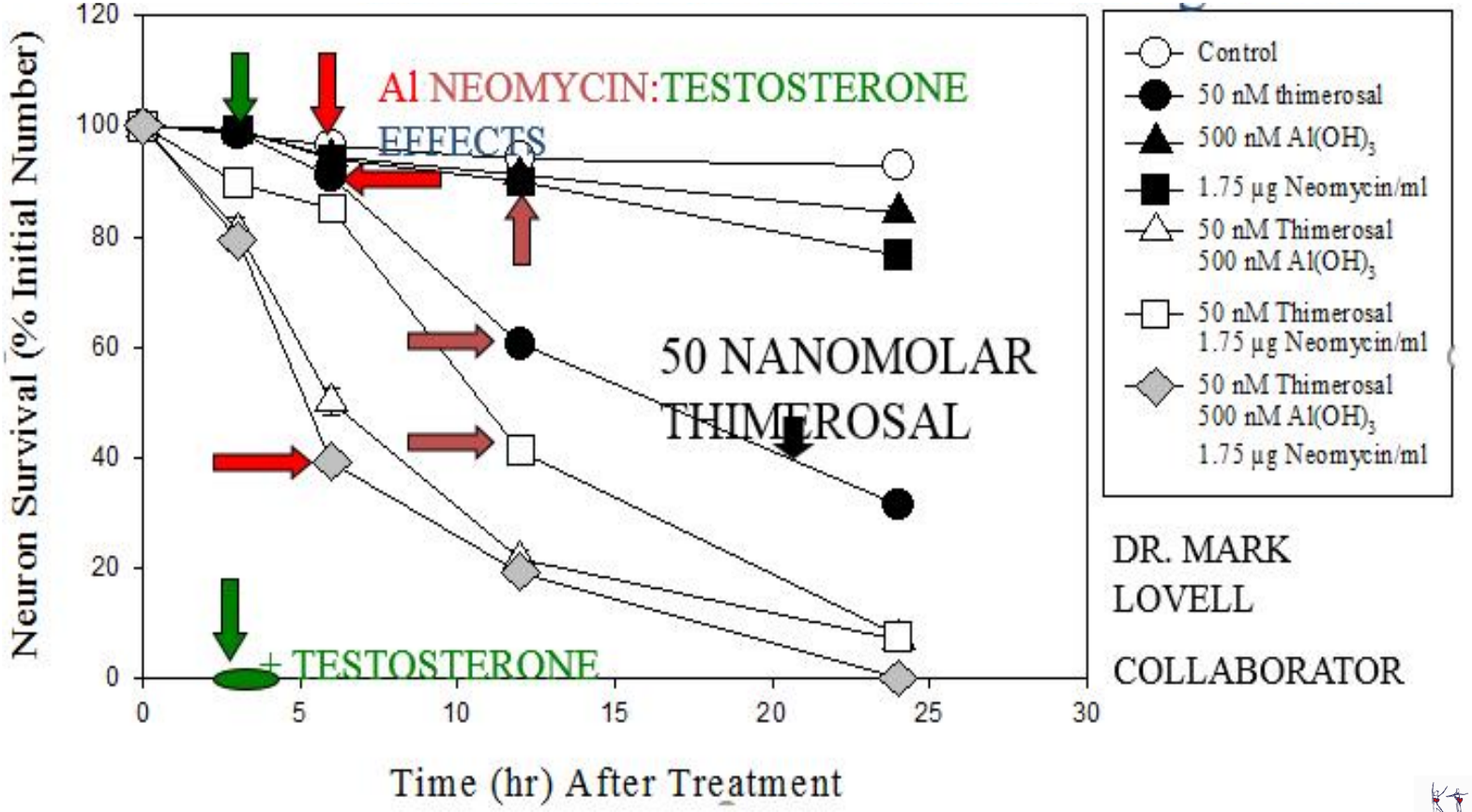
Warum sind wir krank?

4. Die Vergiftung mit Aluminium

- Obwohl Aluminium selbst nicht sehr toxisch ist, hat es zusammen mit kleinsten Mengen von Quecksilber einen katastrophalen synergistischen Effekt.

- Es gibt derzeit keinen Fluss der Welt, auch nicht hoch oben im Himalaya, kein Getreide, kein Fleisch, keine Gemüse und keinen Fisch in dem nicht kleine Mengen von Quecksilber gefunden werden. Es gibt daher auch keinen quecksilber-freien Menschen.

Synergistische Toxizität von Hg und Al



Die Vergiftung unseres Gehirns mit Aluminium

Oral aufgenommenes Aluminium ist allein nicht sehr toxisch. Mit Spuren von Quecksilber im Körper hat es jedoch verheerende synergistische Wirkung.
Ein Mensch ohne Quecksilberbelastung existiert nicht. Kein Fluss, kein Körper ist quecksilberfrei, es ist in der Luft, in der Nahrung und oft in Zähnen zu finden.
Gegen eingeatmetes Aluminium, das aus anhaltenden und offensichtlichen aber verheimlichten Klimaveränderungsprogrammen stammt, ist keine biologische Barriere vorhanden.
Aluminiumentgiftung verbessert Gehirn- und ZNS-Funktionen, beseitigt Entzündungen im Körper und führt zu zahlreichen weiteren Verbesserungen von Gesundheitsparametern. Die steigende Aluminiumbelastung entspricht der zunehmenden parasitären Körperbelastung und ist möglicherweise der Grund dafür.

Neue Evidenz für eine aktive Rolle von Aluminium bei Morbus Alzheimer.

Can J Neurol Sci. 1989 Nov;16(4 Suppl):490-7.
New evidence for an active role of aluminum in Alzheimer's disease.
McLachlan DR, Lukiw WJ, Kruck TP.
Department of Physiology, University of Toronto, Ontario, Canada.
Abstract
Application of molecular biological techniques and sensitive elemental analysis have produced new evidence implicating aluminum as an important factor in down regulation of neuronal protein metabolism. Aluminum in Alzheimer's disease may act by electrostatically crosslinking proteins, particularly the methionine containing histone H1(0), and DNA. The Consequence of such crosslinking is reduced transcription of at least one neuron specific gene, the low molecular weight component of neurofilaments. In the superior temporal gyrus in Alzheimer's disease, down regulation of this gene occurs in approximately 86% of surviving neurons and, therefore, aluminum must be considered as having an active role in the pathogenesis.Epidemiological studies are reviewed that independently support the hypothesis that environmental aluminum is a significant risk factor. Preliminary evidence also suggests that a disorder inphosphorylation may be an important initiating factor.
PMID: 2680008 [PubMed - indexed for MEDLINE]

Nanomolekulares Aluminium induziert pro-inflammatorische und pro-apoptotische Genexpression in menschlichen Gehirnzellen in Primärkulturen.

Journal of Inorganic Biochemistry, Volume 99, Issue 9, September 2005, Pages 1895–1898
Nanomolar aluminum induces pro-inflammatory and pro-apoptotic gene expression in human brain cells in primary culture
Walter J. Lukiw[a, ⁎], Maire E. Percy[b], Theo P. Kruck[b]
Lancet, Volume 337, Issue 8753, 1 June 1991, Pages 1304–1308
Originally published as Volume 1, Issue 8753,
Intramuscular desferrioxamine in patients with Alzheimer's disease
T.Kruck, PhD, et al

Aluminium, Tau and Alzheimer's Disease. Exley C (2007) Journal of Alzheimer's Disease 12, 313-315.

Impfstoffe verursachen möglicherweise lebenslange kognitive Dysfunktion und CFIDS

J Inor Biochem. 2009 Nov;103(11):1571-8. doi: 10.1016/j.jinorgbio.2009.08.005. Epub 2009 Aug 20.
Long-term persistence of vaccine-derived aluminum hydroxide is associated with chronic cognitive dysfunction. Couette M, Boisse MF, Maison P, Brugieres P, Cesaro P, Chevalier X, Gherardi RK, Bachoud-Levi AC, Authier FJ.

Abstract:
Macrophagic myofasciitis (MMF) is an emerging condition, characterized by specific muscle lesions assessing long-term persistence of aluminum hydroxide within macrophages at the site of previous immunization. Affected patients mainly complain of arthromyalgias, chronic fatigue, and cognitive difficulties. We designed a comprehensive battery of neuropsychological tests to prospectively delineate MMF-associated cognitive dysfunction (MACD). Compared to control patients with arthritis and chronic pain, MMF patients had pronounced and specific cognitive impairment. MACD mainly affected (i) both visual and verbal memory; (ii) executive functions, including attention, working memory, and planning; and (iii) left ear extinction at dichotic listening test. Cognitive deficits did not correlate with pain, fatigue, depression, or disease duration. Pathophysiological mechanisms underlying MACD remain to be determined. In conclusion, long-term persistence of vaccine-derived aluminum hydroxide within the body assessed by MMF is associated with cognitive dysfunction, not solely due to chronic pain, fatigue and depression

Exley C, Swarbrick L, Gheradi R & Authier J-F (2009) “A role for the body burden of aluminium in vaccine-associated macrophagic myofasciitis and chronic fatigue syndrome”. Medical Hypotheses 72, 135-139.

HPV-Vakzine und Aluminium

Vorsichtsmassnahmen bei Patienten, die mit amorphen Aluminum Hydroxyphosphate Sulfaten belastet sind

Wende keine Therapien an, die die Sauerstoffversorgung steigern, aufgrund des amorphen Aluminium-hydroxyphosphate-sulfat in Gardasil Impfstoff. Das Aluminium muss durch Chelatbildner ausgeleitet werden, mit prä- und posttherapeutischer Gewebe- und Fäzeskontrolle auf Aluminium. Das Aluminium verlagert die Phosphatausscheidung aus den Nieren in den Gastrointestinaltrakt.

Aluminium verursacht Blockaden im Verdauungstrakt, Bauchschmerzen und Blähungen, Lethargie, Anorexie, ernährungsbedingte Hypophosphatämie und verursacht einen gestörten Kohlehydratstoffwechsel mit Hypoglykämie, Hyperglykämie und Hyperinsulinämie. Die Lethargie wird bedingt durch Phosphor-Depletion, Depletion der roten Blutkörperchen von ATP.

Aluminiumsalze verursachen saure Hydrolyse und können Anästhesien in den Extremitäten (Finger und Zehen) auslösen.

Inhaltsstoffe, die mit Aluminium Amalgame bilden und problematisch in Impfstoffen sind, sind folgende:

Polysorbat 80 (ein Zellgift, Allergen, Peroxidierer & Hämolyseförderer)

Virale Proteine (wenn sie mit Polysorbate 80 kombiniert werden, können sie Thrombozytopenien verursachen)

L-Histidine (konvertieren zu Histamin und können allergische Reaktionen beschleunigen & können fatale Blutgerinnsel auslösen, wenn sie mit Polysorbate 80 kombiniert werden)

Amorphes Aluminium Hydroxyphosphat Sulfate (siehe oben).

Das Aluminium und Polysorbat 80 muss anfangs mit Chlorella und Cilantro entfernt werden. Wenn der Patient in der in der Lage ist regulär zu defäkieren, sollten intravenöse Infusionen von tapiokabasiertem Natriumascorbat, α-Liponsäure und Glutathion über eine 3-4 Stundenperiode zweimal wöchentlich verabreicht werden, bis der Patient asymptomatisch wird.

Mineralien, Aminosäuren und Vitamin-Supplementierung sollten für den Patienten nach Laboruntersuchungen zusammengestellt werden und dem Patienten zur Unterstützung verabreicht werden.

Der Patient sollte über einen Zeitrahmen von 1-2 Jahren Erholungszeit mit genügend Bettpausen und sehr kontrollierten kurzzeitigen Übungsperioden einplanen. Eine erneute Aluminiumbelastung muss vermieden werde durch Ernährung ausschließlich mit hochwertigen Bio-Lebensmitteln, Vermeidung von großstädtischen Luftquellen und Pestizidbelastung auch in Gebäuden und Flugzeugen.

Aluminium potenziert Borreliose.

Occurrence of Severe Destructive Lyme Arthritis in Hamsters Vaccinated with Outer Surface Protein A and Challenged with Borrelia burgdorferi

Infect. Immun.February 2000 vol. 68 no. 2 658-663 Cindy L. Croke1,2, Erik L. Munson1,2, Steven D. Lovrich3,John A. Christopherson1,2, Monica C. Remington1,2,Douglas M England4,5, Steven M. Callister3,6 and Ronald F. Schell1,2,7,*

ABSTRACT

Arthritis is a frequent and major complication of infection with Borrelia burgdorferi sensu stricto. The antigens responsible for the induction of arthritis are unknown. Here we provide direct evidence that a major surface protein, outer surface protein A (OspA), can induce arthritis. Hamsters were vaccinated with 30, 60, or 120 μg of recombinant OspA (rOspA) in aluminum hydroxide and challenged with B. burgdorferi sensu stricto isolate 297 or C-1-11. Swelling of the hind paws was detected in 100, 100, and 50% of hamsters vaccinated with 30, 60, or 120 μg of rOspA, respectively. In addition, arthritis developed in 57% of hamsters vaccinated with a canine rOspA vaccine after infection with B. burgdorferisensu stricto. When the canine rOspA vaccine was combined with aluminum hydroxide, all vaccinated hamsters developed arthritis after challenge with B. burgdorferi sensu stricto. Histopathologic examination confirmed the development of severe destructive arthritis in rOspA-vaccinated hamsters challenged with B. burgdorferisensu stricto. These findings suggest that rOspA vaccines should be modified to eliminate epitopes of OspA responsible for the induction of arthritis. Our results are important because an rOspA vaccine in aluminum hydroxide was approved by the Food and Drug Administration for use in humans

Lasst sie dumm und müde sein: Langzeitpersistenz von aus Impfstoffen stammendem Aluminiumhydroxid ist assoziiert mit chronisch kognitiver Dysfunktion

J Inorg Biochem. 2009 Nov;103(11):1571-8. doi: 10.1016/j.jinorgbio.2009.08.005.
Epub 2009 Aug 20.

Long-term persistence of vaccine-derived aluminum hydroxide is associated with chronic cognitive dysfunction.

Couette M, Boisse MF, Maison P, Brugieres P, Cesaro P, Chevalier X, Gherardi RK, Bachoud-Levi AC, Authier FJ
INSERM, Unite U955, Team 1, Creteil F-94010, France.

Abstract
Macrophagic myofasciitis (MMF) is an emerging condition, characterized by specific muscle lesions assessing long-term persistence of aluminum hydroxide within macrophages at the site of previous immunization. Affected patients mainly complain of arthromyalgias, chronic fatigue, and cognitive difficulties. We designed a comprehensive battery of neuropsychological tests to prospectively delineate MMF associated cognitive dysfunction (MACD). Compared to control patients with arthritis and chronic pain, MMF patients had pronounced and specific cognitive impairment. MACD mainly affected (i) both visual and verbal memory; (ii) executive functions, including attention, workingmemory, and planning; and (iii) left ear extinction at dichotic listening test. Cognitive deficits did not correlate with pain, fatigue, depression, or disease duration. Pathophysiological mechanisms underlying MACD remain to be determined. In conclusion, long-term persistence of vaccine-derived aluminum hydroxide within the body assessed by MMF is associated with cognitive dysfunction, not solely due to chronic pain, fatigue and depression.

Exley C, Swarbrick L, Gheradi R & Authier J-F (2009) A role for the body burden of aluminium in vaccine-associated mac myofasciitis and chronic

Aluminium-Impfstoffe sind nicht ohne Gefahr.

Immunologic Research
July 2013, Volume 56, Issue 2-3, pp 299-303
Adverse events following immunization with vaccines containing adjuvants
S. Cerpa-Cruz, P. Paredes-Casillas, E. Landeros Navarro, A. G. Bernard-Medina, G. Martínez-Bonilla, S. Gutiérrez-Ureña

Abstract
A traditional infectious disease vaccine is a preparation of live attenuated, inactivated or killed pathogen that stimulates immunity. Vaccine immunologic adjuvants are compounds incorporated into vaccines to enhance immunogenicity. Adjuvants have recently been implicated in the new syndrome named ASIA autoimmune/inflammatory syndrome induced by adjuvants. The objective describes the frequencies of post-vaccination clinical syndrome induced by adjuvants. We performed a cross-sectional study; adverse event following immunization was defined as any untoward medical occurrence that follows immunization 54 days prior to the event. Data on vaccinations and other risk factors were obtained from daily epidemiologic surveillance. Descriptive statistics were done using means and standard deviation, and odds ratio adjusted for potential confounding variables was calculated with SPSS 17 software. Forty-three out of 120 patients with moderate or severe manifestations following immunization were hospitalized from 2008 to 2011. All patients fulfilled at least 2 major and 1 minor criteria suggested by Shoenfeld and Agmon–Levin for ASIA diagnosis. The most frequent clinical findings were pyrexia 68 %, arthralgias 47 %, cutaneous disorders 33 %, muscle weakness 16 % and myalgias 14 %. Three patients had diagnosis of Guillain–Barre syndrome, one patient had Adult-Still's disease 3 days after vaccination. A total of 76 % of the events occurred in the first 3 days post-vaccination. Two patients with previous autoimmune disease showed severe adverse reactions with the reactivation of their illness. Minor local reactions were present in 49 % of patients. Vaccines containing adjuvants may be associated with an increased risk of autoimmune/inflammatory adverse events following immunization.

Geimpfte Kinder haben 14 mal mehr Allergien und neurologische Erkrankungen!

Preterm birth, vaccination and neurodevelopmental disorders: a cross-sectional study of 6- to 12-year-old vaccinated and unvaccinated children

Anthony Mawson et al

Journal of Translational Sciences Volume 3(3): 1-8, 2017

Abstract

From about 8% to 27% of extremely preterm infants develop symptoms of autism spectrum disorder, but the causes are not well understood. Preterm infants receive the same doses of the recommended vaccines and on the same schedule as term infants. The possible role of vaccination in neurodevelopmental disorders (NDD) among premature infants is unknown, in part because pre-licensure clinical trials of pediatric vaccines have excluded ex-preterm infants. This paper explores the association between preterm birth, vaccination and NDD, based on a secondary analysis of data from an anonymous survey of mothers, comparing the birth history

and health outcomes of vaccinated and unvaccinated homeschool children 6 to 12 years of age. A convenience sample of 666 children was obtained, of which 261 (39%) were unvaccinated, 7.5% had an NDD (defined as a learning disability, Attention Deficit Hyperactivity Disorder and/or Autism Spectrum Disorder), and 7.7% were born preterm. No association was found between preterm birth and NDD in the absence of vaccination, but vaccination was significantly associated with NDD in children born at term (OR 2.7, 95% CI: 1.2, 6.0). However, vaccination coupled with preterm birth was associated with increasing odds of NDD, ranging from 5.4 (95% CI: 2.5, 11.9) compared to vaccinated but non-preterm children, to 14.5 (95% CI: 5.4, 38.7) compared to children who were neither preterm nor vaccinated. The results of this pilot study suggest clues to the epidemiology and causation of NDD but question the safety of current vaccination practices for preterm infants. Further research is needed to validate and investigate these associations in order to optimize the impact of vaccines on children's health.

Der Nachweis der Unschädlichkeit von Aluminium in Impfstoffen wurde nie erbracht.

Trends in Immunology, Volume 31, Issue 3, 103-109, 11 February 2010

10.1016/j.it.2009.12.009

Authors

Christopher Exley , Peter Siesjö, Håkan Eriksson

The Birchall Centre, Lennard-Jones Laboratories, Keele University, Staffordshire, ST5 5BG, UK Department of Clinical Sciences, Glioma Immunotherapy Group, The Rausing Laboratory, Division of Neurosurgery, BMC D14, Lund University, SE-221 84 Lund, Sweden Department of Biomedical Laboratory Science, Health and Society, Malmö University, SE-20506 Malmö, Sweden

Summary

Aluminium adjuvants potentiate the immune response, thereby ensuring the potency and efficacy of typically sparingly available antigen. Their concomitant critical importance in mass vaccination programmes may have prompted recent intense interest in understanding how they work and their safety. Progress in these areas is stymied, however, by **a lack of accessible knowledge pertaining to the bioinorganic chemistry of aluminium adjuvants**, and, consequently, the inappropriate application and interpretation of experimental models of their mode of action. The objective herein is, therefore, to identify the many ways that aluminium chemistry contributes to the wide and versatile armoury of its adjuvants, such that future research might be guided towards a fuller understanding of their role in human vaccinations.

ELSEVIER

Journal of the Neurological Sciences xx (2008) xxx–xxx

Journal of the Neurological Sciences

www.elsevier.com/locate/jns

Thimerosal exposure in infants and neurodevelopmental disorders: An assessment of computerized medical records in the Vaccine Safety Datalink

Heather A. Young[a], David A. Geier[b], Mark R. Geier[c,*]

[a] The George Washington University School of Public Health and Health Services, Department of Epidemiology and Biostatistics, United States
[b] The Institute of Chronic Illnesses, Inc., Silver Spring, MD 20905, United States
[c] The Genetic Centers of America, United States

Toxicological & Environmental Chemistry
Vol. 90, No. 5, September–October 2008, 997–1008

Taylor & Francis
Taylor & Francis Group

Hepatitis B triple series vaccine and developmental disability in US children aged 1–9 years

Carolyn Gallagher* and Melody Goodman

Graduate Program in Public Health, Stony Brook University Medical Center, Health Sciences Center, State University of New York at Stony Brook, Stony Brook, New York, USA

(Final version received 14 November 2007)

SOPHIAHEALTH
INSTITUTE

Bestimmung	Resultat		Referenzbereich
Untersuchungsmaterial:	Eluat		
Aluminium	90	µg/l	
Barium	14.0	µg/l	
Strontium	90.8	µg/l	

Toxischer Fallout aus persistierenden Kondensstreifen: Patient leidet unter chronisch vernebeltem Bewusstsein und moderater Erschöpfungssymptomatik

Multielementanalyse (TOX)

Untersuchungsmaterial: **Eluat**

Nur orientierend sind nachfolgend die Referenzwerte für Serum in µg/l angegeben:
Arsen < 2,1; Blei <0.8; Cadmium < 0,4; Cobalt < 0,4; Gold < 0.2; Indium < 0.2;
Molybdän 0,3-1,2; Nickel < 3; Palladium < 0,2; Platin < 0.2; Quecksilber < 2; Silber < 0,3; Wismut < 0,2; Thallium < 0,3; Zinn < 2; Zink 700-1500.

Aluminium	120	µg/l
Arsen		

Nach neueren Erkenntnissen ist eine Bestimmung des Arsens im eingesandten Röhrchen aufgrund von Kontaminationen aus dem Glas nicht sinnvoll.

Blei	0.9	µg/l
Cadmium	0.2	µg/l

Klimakontrolle: Die Quelle von Aluminium in unseren Lungen und Körpern

SOPHIAHEALTH INSTITUTE

Beobachtungsort: Deutschland

Quelle: flikr.com,
Pandoozy Photos,
South Downs, Woodingdean

Militäroperationen: Militarisierung des Himmels

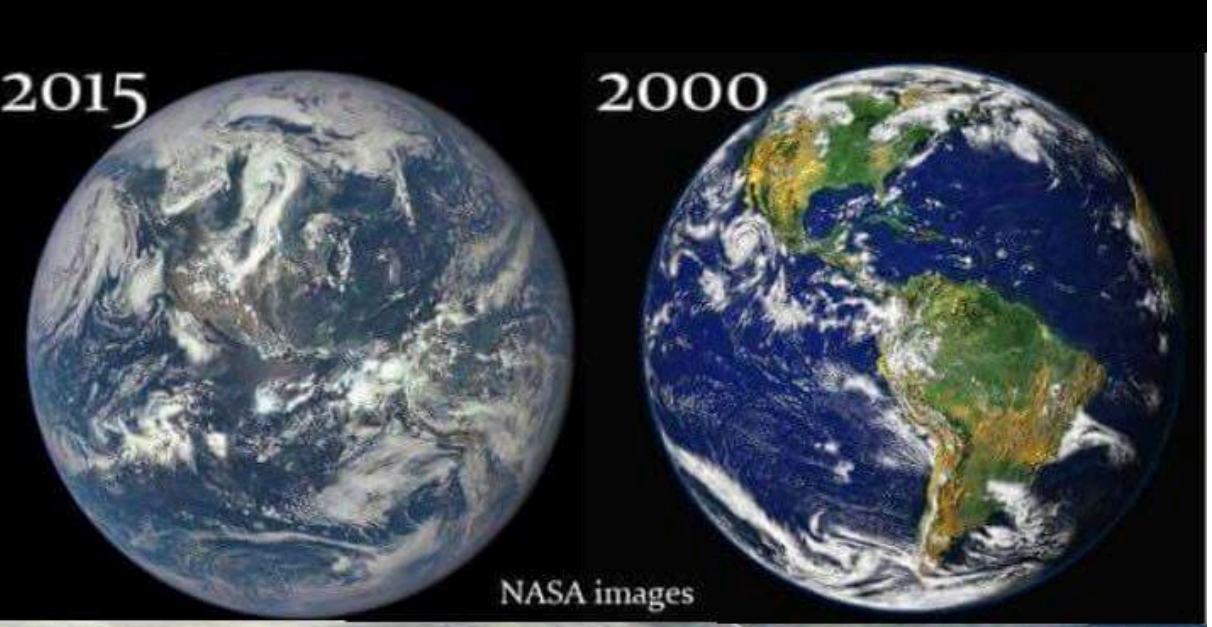
Int. J. Environ. Res. Public Health 2015, 12, 9375-9390
J. Marvin Herndon, *Received: 29 June 2015 / Accepted: 5 August 2015 / Published: 11 August 2015*

Abstract: The widespread, intentional and increasingly frequent chemical emplacement in the troposphere has gone unidentified and unremarked in the scientific literature for years. The author presents evidence that toxic coal combustion fly ash is the most likely aerosolized particulate sprayed by tanker-jets for geoengineering, weather-modification and climate-modification purposes and describes some of the multifold consequences on public health. Two methods are employed: (1) Comparison of 8 elements analyzed in rainwater, leached from aerosolized particulates, with corresponding elements leached into water from coal fly ash in published laboratory experiments, and (2) Comparison of 14 elements analyzed in dust collected outdoors on a high-efficiency particulate air (HEPA) filter with corresponding elements analyzed in un-leached coal fly ash material. The results show: (1) the assemblage of elements in rainwater and in the corresponding experimental leachate are essentially identical. At a 99% confidence interval, they have identical means (T-test) and identical variances (F-test); and (2) the assemblage of elements in the HEPA dust and in the corresponding average un-leached coal fly ash are likewise essentially identical.
The consequences on public health are profound, including exposure to a variety of toxic heavy metals, radioactive elements, and neurologically-implicated chemically mobile aluminum released by body moisture *in situ* after inhalation or through transdermal induction.

Toxischer Regen in den USA – Bewusste Vergiftung eines Landes. Weitere stark betroffene Länder: UK, Deutschland

Location	Sample	Aluminium	Barium
Redding, US	Rain	1010	25
California, US	Rain	2190	43
California, US	Rain	3450	
Lincolnshire, UK	Rain	70	<10
Portsmouth, UK	Rain	350	16
Florida, US	Rain	182	
Florida, US	Rain	127	
California, US	Snow	61,100	83
Brisbane, AU	Rain	1900	11
Hawaii, US	Rain	400	39

Normales Aluminiumvorkommen im Regen:
0 - 0.5 µg/l



Gras-Analyse nach Chemtrail-Fallout

Ch emi s c h -Te c h n i s c h e s La b o r a t o r i um Lu e r s KG
E-Mail labor@luers.de www.luers.de
Amtsgericht Bremen HRA 21432 HB Datum 25.10.2012

Probenart :	**Soil**	**Plants**
• Aluminium mg/kg TS	soil: 25.150	grass: 22.900
• Barium mg/kg TS	140	155
• Blei (Lead) mg/kg TS	29	16
• Arsen mg/kg TS	4,8	2,8
• Cadmium mg/kg TS	0,28	0,18
• Nickel mg/kg TS	21	20
• Palladium mg/kg TS	< 5	< 5

Aluminium-Nanopartikel induzieren die Expression endothelialer Zelladhäsionsmoleküle.

Toxicol Lett. 2008 May 30;178(3):160-6. doi: 10.1016/j.toxlet.2008.03.011. Epub 2008 Mar 27.
Alumina nanoparticles induce expression of endothelial cell adhesion molecules.
Oesterling E, Chopra N, Gavalas V, Arzuaga X, Lim EJ, Sultana R, Butterfield DA, Bachas L, Hennig B

Abstract
Nanotechnology is a rapidly growing industry that has elicited much concern because of the lack of available toxicity data. Exposure to ultrafine particles may be a risk for the development of vascular diseases due to dysfunction of the vascular endothelium. Increased endothelial adhesiveness is a critical first step in the development of vascular diseases, such as atherosclerosis. The hypothesis that alumina nanoparticles increase inflammatory markers of the endothelium, measured by the induction of adhesion molecules as well as the adhesion of monocytes to the endothelial monolayer, was tested. Following characterization of alumina nanoparticles by transmission electron microscopy (TEM), electron diffraction, and particle size distributionanalysis, endothelial cells were exposed to alumina at various concentrations and times. Both porcine pulmonary artery endothelial cells and human umbilical vein endothelial cells showed increased mRNA and protein expression of VCAM-1, ICAM-1, and ELAM-1. Furthermore, human endothelial cells treated with alumina particles showed increased adhesion of activated monocytes. The alumina particles tended to agglomerate at physiological pH in serum-containing media, which led to a range of particle sizes from nano to micron size during treatment conditions.
These data show that alumina nanoparticles can elicit a proinflammatory response and thus present a cardiovascular disease risk.

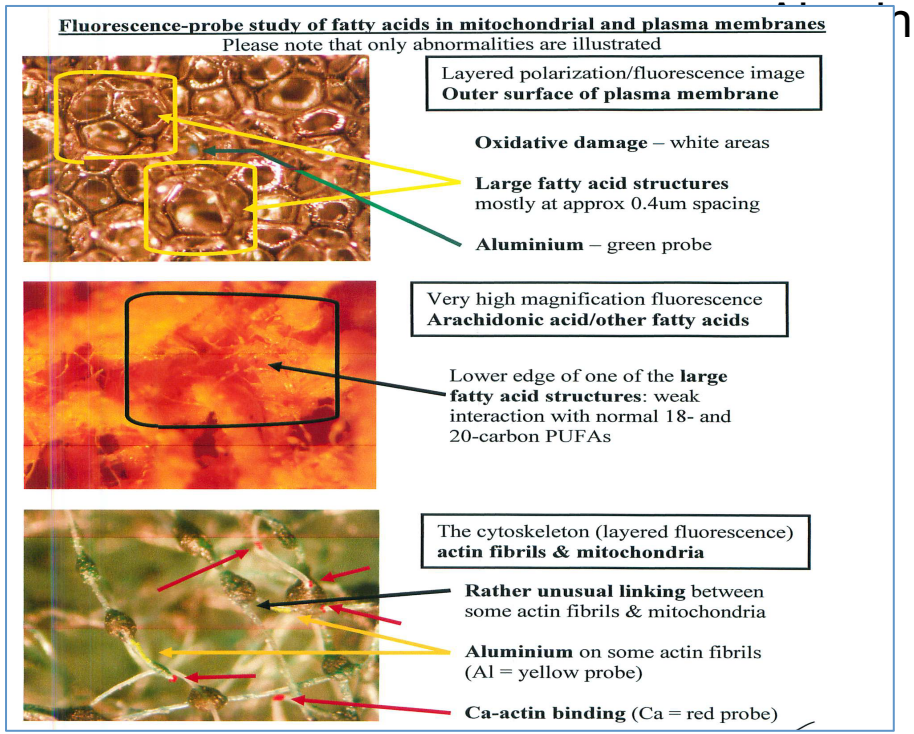
Synthetische Aluminiumoxid-Nanopartikel setzen die Expression von tight junctions herab.

Journal of Neuroimmune Pharmacology
December 2008, Volume 3, Issue 4, pp 286-295
Manufactured Aluminum Oxide Nanoparticles Decrease Expression of Tight Junction Proteins in Brain Vasculature Lei Chen, Robert A. Yokel, Bernhard Hennig, Michal Toborek

Abstract

Manufactured nanoparticles of aluminum oxide (nano-alumina) have been widely used in the environment; however, their potential toxicity provides a growing concern for human health. The present study focuses on the hypothesis that nano-alumina can affect the blood-brain barrier and induce endothelial toxicity. In the first series of experiments, human brain microvascular endothelial cells (HBMEC) were exposed to alumina and control nanoparticles in dose- and time-responsive manners. Treatment with nano-alumina markedly reduced HBMEC viability, altered mitochondrial potential, increased cellular oxidation, and decreased tight junction protein expression as compared to control nanoparticles. Alterations of tight junction protein levels were prevented by cellular enrichment with glutathione. In the second series of experiments, rats were infused with nano-alumina at the dose of 29 mg/kg and the brains were stained for expression of tight junction proteins. Treatment with nano-alumina resulted in a marked fragmentation and disruption of integrity of claudin-5 and occludin. These results indicate that cerebral vasculature can be affected by nano-alumina. In addition, our data indicate that alterations of mitochondrial functions may be the underlying mechanism of nano-alumina toxicity.

Geoengineering: Krankheitsauslösende Belastung unserer Mitochondrien durch
nium sowie mitochondriale Dysfunktion durch eingeatmete Aluminium Nanopartikel



Aluminium Ausleitung mit “Zeolite from www.KiScience.com”

Foglio E, Buffoli B, Exley C, Rezzani R and Rodella LF (2012) Regular consumption of a silicic acid-rich water prevents aluminium-induced alterations of nitrergic neurons in mouse brain: histochemical and immunohistochemical studies.
Histology and Histopathology 27,
1055-1066.

Exley C (2012) Reflections upon and recent insight into the mechanism of formation of hydroxyaluminosilicates and the therapeutic potential of silicic acid.
Coordination Chemistry Reviews 256, 82-88.

Exley C (2008) Comment on “Avoidance of aluminium toxicity in freshwater snails involves intracellular silicon-aluminium biointeraction”.
Environmental Science & Technology 42, 5374.
Exley C (2007) Organosilicon therapy in Alzheimer’s disease?
Journal of Alzheimer’s Disease 11, 301-302.

Diagnose: Aluminium lässt sich am besten in Vollblut Metalluntersuchungen nachweisen (darauf muss hingewiesen werden!).

Allerbester Test: Aluminium in Apherese-Eluat

Aluminium-Entgiftung: Biological: Omura's Cilantro Soup

Wasser aufkochen. Eine Hand voll fein gehackter Koriander dazugeben und 10 Minuten ziehen lassen um Parasiten zu eliminieren (an Petersilie befinden sich oft kleine mit Lungenwurm infizierte Schnecken). Dann 1 Teelöffel organisch fermentiertes Miso-Soja dazugeben. Dann trinken!

Jede Nacht – ein Leben lang. Omura's Tierstudie:

Nach 39 Tagen war ½ der Körper-Aluminiumbelastung entfernt, obwohl die Testtiere weiter vergiftet wurden.
Omura, Y. et al: Acupunct.Electrother.Res.1995; 20(3-4): 195-229

Medical: 1 Ampulle rekonstitutiertes Desferal i.m oder sub-cutan angewendet wie bei Neuraltherapie, 1-2 mal wöchentlich

Horsetail-Tee (Silica), ZeoCLear und MicroSilica als Binder

EDTA hat wohl einen mittelmäßigen Effekt, DMSA und DMPS haben nur einen sehr kleinen. Es wurde aufgezeigt, dass es das intrazelluläre Glutathion hoch hält.

Oligoscan: Konzentration essentieller Mineralien in der Matrix

Dietrich Klinghardt
In den Engematten 5

D-79286 Glottertal
Tel: +49 7684 9088360

Patient: Dietrich Klinghardt

Date: 2016/01/26
Male 65 years
Date of Birth: 1950/10/
Blood group: A
Weight: 75 Kg
Size: 1m 74

Mineral Test Report

		Result	Normal		Low-	Low	Normal	OK	Normal+	High	High+
Calcium	(Ca)	**532.5**	279.0	598.0							
Magnesium	(Mg)	**22.1**	30.5	75.7							
Phosphorus	(P)	**114.5**	144.0	199.0							
Silicon	(Si)	**10.5**	15.0	31.0							
Sodium	(Na)	**46.7**	21.0	89.0							
Potassium	(K)	**16.2**	9.0	39.0							
Copper	(Cu)	**17.4**	11.0	28.0							
Zinc	(Zn)	**130.6**	125.0	155.0							
Iron	(Fe)	**8.9**	5.0	15.0							
Manganese	(Mn)	**0.38**	0.31	0.75							
Chromium	(Cr)	**0.64**	0.82	1.25							
Vanadium	(V)	**0.024**	0.009	0.083							
Boron	(B)	**2.32**	0.84	2.87							
Cobalt	(Co)	**0.026**	0.025	0.045							
Molybdenum	(Mo)	**0.042**	0.035	0.085							
Iodine	(I)	**0.43**	0.32	0.59							
Lithium	(Li)	**0.059**	0.052	0.120							
Germanium	(Ge)	**0.018**	0.003	0.028							
Selenium	(Se)	**0.62**	0.95	1.77							
Sulphur	(S)	**48.3**	48.1	52.0							

Mineral Balance

Klinghardt Institute
The Heart Of Healing
www.KlinghardtInstitute.com

Oligoscan: Konzentration essentieller Mineralien in der Matrix

Dietrich Klinghardt
In den Engematten 5

D-79286 Glottertal
Tel: +49 7684 9088360

Patient: Dietrich Klinghardt

Date: 2016/01/26
Male 65 years
Date of Birth: 1950/10/14
Blood group: A
Weight: 75 Kg
Size: 1m 74

Heavy Metal Test Report

		Result	Normal	High -	High +	Excess
Aluminium	(Al)	0.01137				
Antimony	(Sb)	0.00243				
Silver	(Ag)	0.01384				
Arsenic	(As)	0.00487				
Barium	(Ba)	0.00624				
Beryllium	(Be)	0.00606				
Bismuth	(Bi)	0.00774				
Cadmium	(Cd)	0.01244				
Mercury	(Hg)	0.01744				
Nickel	(Ni)	0.00350				
Platinum	(Pt)	0.00235				
Lead	(Pb)	0.00678				
Thallium	(Tl)	0.00151				
Thorium	(Th)	0.00093				

Heavy Metals Intoxication

Overall Intoxication

0% 85% 100%

Suspicion of the blockage for the elimination of heavy metals due to the possible lack of sulfur conjugation.

0% 75% 100%

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Schimmelpilzexposition verursacht häufig lang anhaltende Hochregulation des Immunsystems, Neurotoxizität und Chronische Krankheiten

Diagnose:
Symptome ähnlich bei Lyme-Borreliose, Hg-Toxizität und andere Erkrankungen
TGF-β-1 erhöht
Hoher ERMI Schimmel-Index bei Mycometrics.com
Urinausscheidung von Mycotoxinen (Test sehr teuer)
Schimmelpilz Antikörpertestung
Kutaner Test auf Schimmelpilzallergie (+ Beobachtung auf Reaktionen – AAEM Protokolle)
C4a hoch, C3a normal = Schimmelpilz
C4a hoch, C3a hoch = Borreliose
ART Untersuchung

Schimmelpilzbehandlung

Zu Hause und am Arbeitsplatz:
Wenn möglich Pilzsanierung (Test: mycometrics.com) und Behandlung: Propolisverdampfer (www.propolair.eu).
Behandlung des Patienten:
Bindung der Neurotoxine: (Zeobind: Spezieller Zeolit) 1/2 – 1 Teelöffel t.i.d. nach den Malzeiten (bessere Wirkung als Cholestyramine).

Fungizide:
Artemisia Tinktur, O3oil Gamma 15 Tropfen t.i.d., Medizinische Antimykotika (Itraconazol etc.)
Mycotoxinelimination: i.v. Glutathion, α- Liponsäure (am besten beides 1-2 mal wöchentlich)
Nase/Sinus:
MARCONS (multiple antibiotic resistant coagulase negative Staphylococcus aureus): Ag 23 Nasenspray 2 Pumpstöße 3-4 mal täglich (KiScience.com). Auch in die Augen sprühen (Lyme kommt in Tränendrüsengägnen und Ziliardrüsen vor)

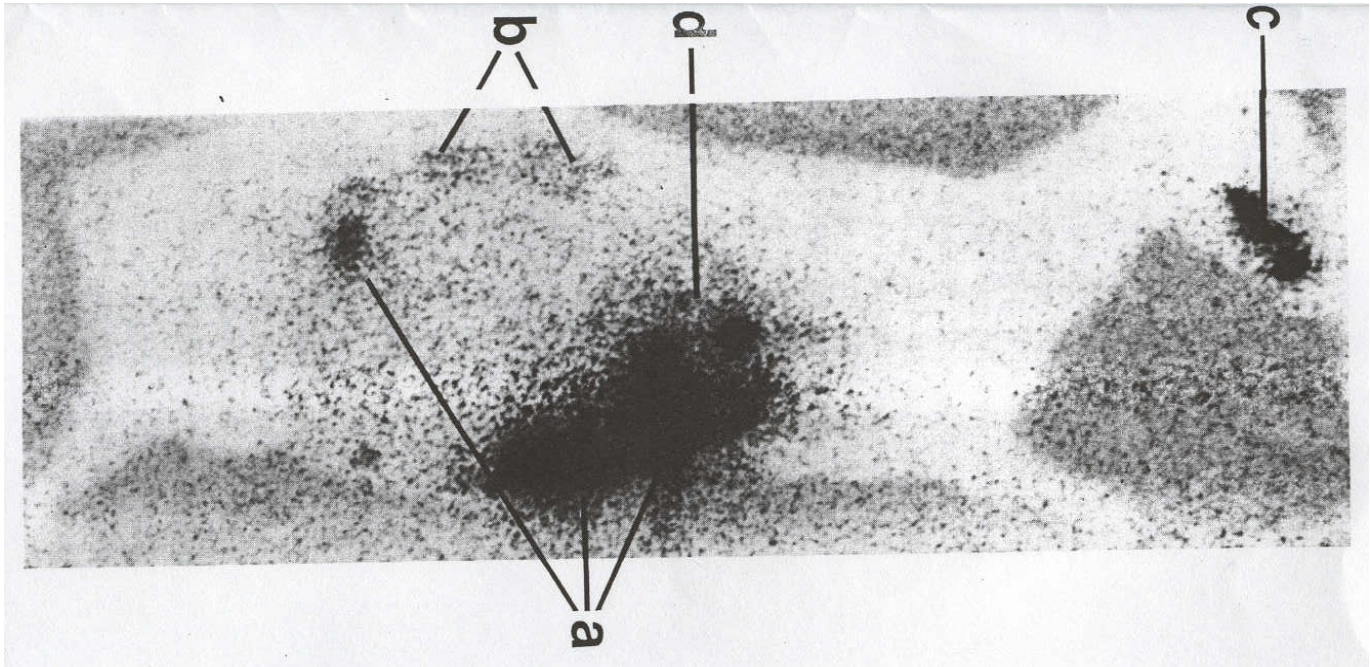
Warum sind wir krank?

6. Die Sulfhydryl-affinen Schwermetalle (Hg,Pb, Cd, Sb, Ti usw.)

Quecksilber Toxizität: ZNS Symptome

- Unruhe/Nervosität, oft mit Atemproblemen
- Ruhelosigkeit
- Übermäßige Reaktion auf Reize
- Ängstlichkeit
- Emotionale Instabilität
- Mangelnde Selbstkontrolle
- Wutanfälle mit Gewalttätigkeit, irrationalem Verhalten
- Verlust des Selbstvertrauens
- Unentschlossenheit
- Suizidale Tendenzen
- Schüchternheit oder Ängstlichkeit, schnell verlegen sein
- Gedächtnisverlust
- Unfähigkeit sich zu konzentrieren
- Lethargie/Trägheit
- Schlaflosigkeit
- Depression, Niedergeschlagenheit
- Zurückgezogenheit
- Reizbarkeit
- Manische Depression

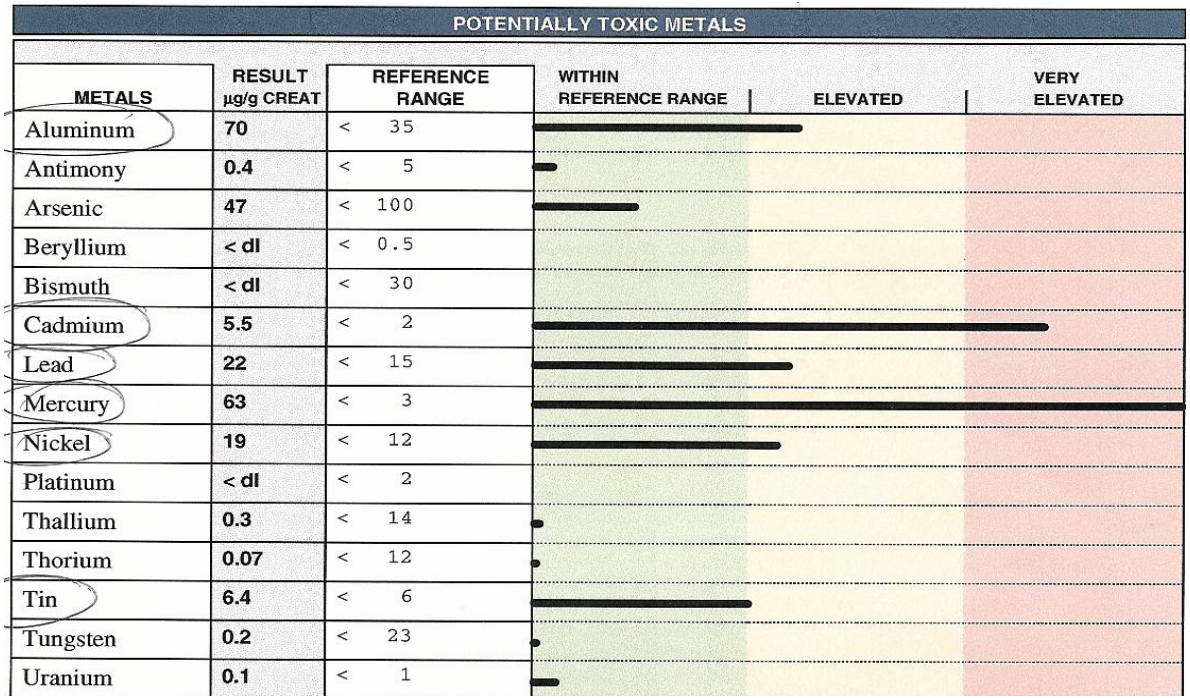
Quecksilber lagert sich in einzelnen Bereichen eines Schafs an, nachdem mehrere Amalgamfüllungen gelegt worden waren (Vimy, Lorscheider et al.)



Diagnose von Metalltoxizität

- Krankengeschichte und Symptome
- Neurologie (Hyperreflexie, klonische Spasmen, Babinski-Reflex, Hautbrennen, Taubheitsgefühle, etc.)
- Vollblutanalyse
- Rote Blutkörperchen
- Weiße Blutkörperchen
- Haare
- Stuhl
- Serum
- Urin
- Urin Porphyrine
- ART
- EDS
- Apherese

Urinanalyse



POTENTIALLY TOXIC METALS

METALS	RESULT µg/g CREAT	REFERENCE RANGE	WITHIN REFERENCE RANGE / ELEVATED / VERY ELEVATED
Aluminum	70	< 35	
Antimony	0.4	< 5	
Arsenic	47	< 100	
Beryllium	< dl	< 0.5	
Bismuth	< dl	< 30	
Cadmium	5.5	< 2	
Lead	22	< 15	
Mercury	63	< 3	
Nickel	19	< 12	
Platinum	< dl	< 2	
Thallium	0.3	< 14	
Thorium	0.07	< 12	
Tin	6.4	< 6	
Tungsten	0.2	< 23	
Uranium	0.1	< 1	

LABORATOIRE de BIOLOGIE MEDICALE

LABORATOIRE PHILIPPE AUGUSTE
119 Ave Philippe Auguste 75011 Paris France
Tel (33) 1 43 67 57 00 fax (33) 1 43 79 00 27
Email : contact@labbio.net

07/11/2007

Urinary porphyrins

HPLC-UV+Fluorescence

	nmol/l	nmol/gCr	%	reference nmol/gCr	Interpretation
Uroporphyrins I &III (UP)	37	33	7,9%	8-20	Increased rate
Heptacarboxy porphyrin (7cxP)	4,2	3,8	0,9%	2,5-4,5	Average Rate
Hexacarboxy porphyrin (6cxP)	1,3	1,1	0,3%	0,5-1,5	Average Rate
Pentacarboxy porphyrin (5cxP)	5,8	5,2	1,2%	2-4	Slighitly increased rate
Precoproporphyrin (PrCP)	18,0	16,0	3,8%	5-9	Increased rate
Coproporphyrins I & III (CP)	405	362	89,3%	100-200	Increased rate
PrCP/UP PrecoP/Uro ratio		0,48		0,2-0,5	
(5cxP+PrCP)/(UP+7cxP) ratio		0,6		0,3-0,6	
PrCP/5cxP		3,1		1,5-3	
PrCP/CP PrecoP/COP ratio		4,4	%	2-6	
CP / UP copro/uro ratio		10,90		5-9	

Interpretation

Urinary Porphyrin Profile suggestive a moderate mercury toxic effect on bodily physiology high in coproporphyrin

Urinary porphyrin profile ia a powerful biochemical tool in diagnosis of intoxication associating sensitivity, specificity and quantificity

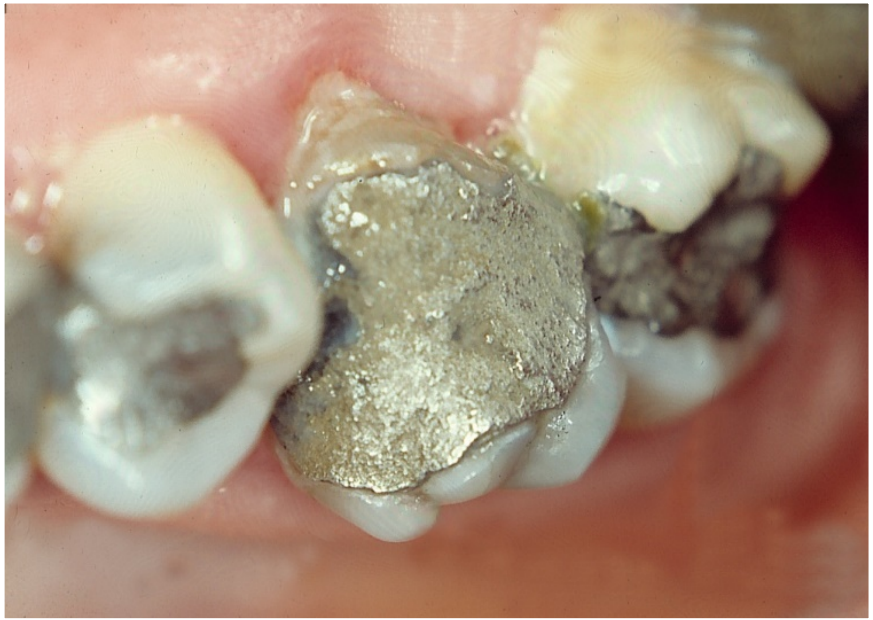
* sensitivity- because heme biosynthesis is highly sensitive to inhibition by many inorganic toxicants such as Mercury, Lead, Arsenic, Aluminium as well as organic agents: chlorinated benzene, biphenyls (PCB), dioxins (TCDD) and also alcohol.

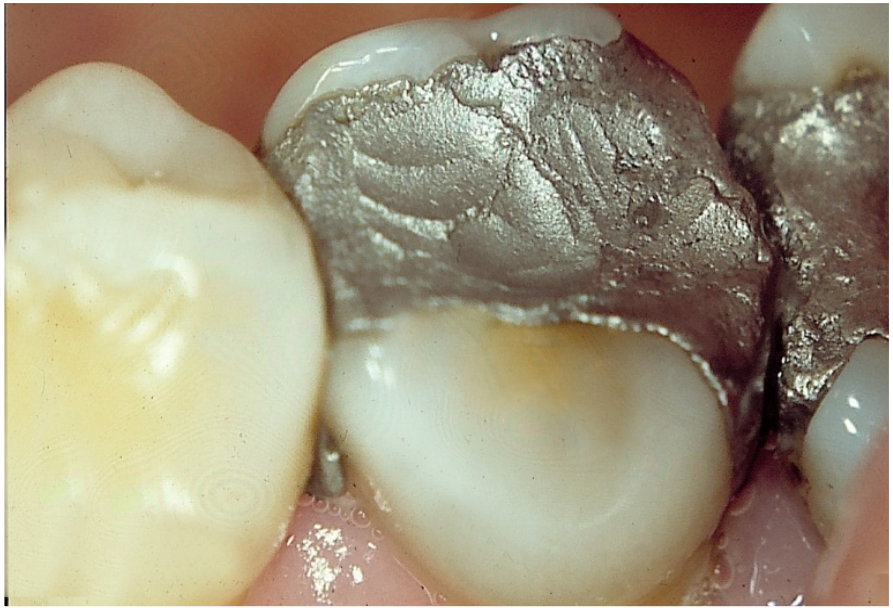
* Specificity-because nearly each toxics generates a specific urinary porphyrine excretion pattern for example: Biphenyls, Dioxins, Aluminium inhibit an early enzyme on porphyrin biosynthesis pathway Uro-Decarboxylase, Mercury inhibits Copro-oxydase and L

*Quantificity or quantitative relationship between increase of specific porphyrins species and toxic or heavy metal body burden with a high degree of correlation designating it as a reliable biomarker for chelation therapy

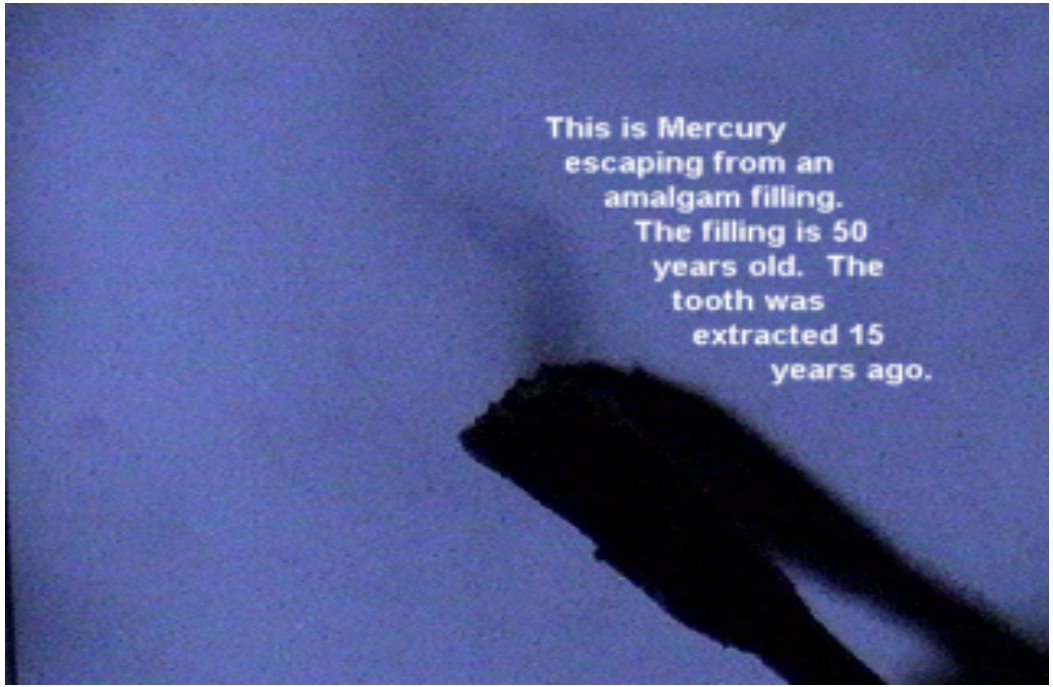
urinary creatinine 1120 mg/l

Quecksilbervergiftung verursacht ME/CFIDS, MCS, Schlaflosigkeit und Gedächtnisprobleme: Kind, bei dem im Alter von 2 Jahren ASD diagnostiziert wurde.



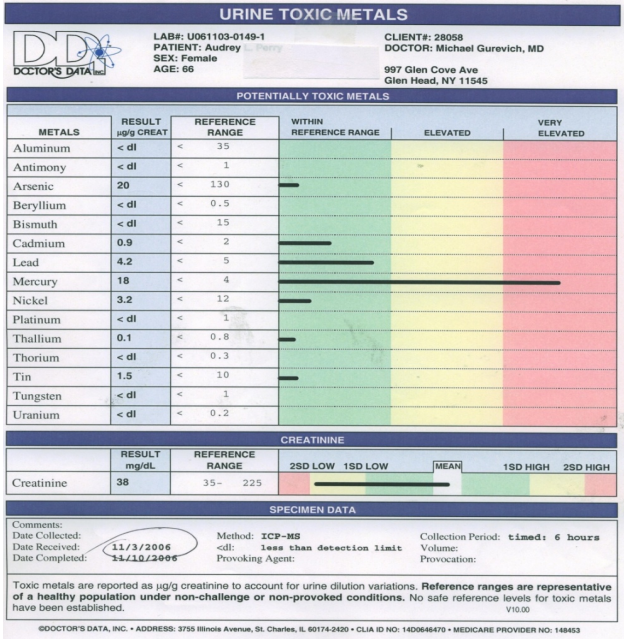


Quecksilber gast aus Amalgam Füllungen noch lange, lange Zeit aus. Bis zu 80% landet im ZNS.



Selma, Dentalhygienikerin mit psychotischen Episoden – „geheilt” mit Cilantro und Ionen Fußbädern

11/3/2006 DMPS 500 mg post provocation Hg - 18



URINE TOXIC METALS

DOCTOR'S DATA inc

LAB#: U061103-0149-1
PATIENT: Audrey
SEX: Female
AGE: 66

CLIENT#: 28058
DOCTOR: Michael Gurevich, MD

997 Glen Cove Ave
Glen Head, NY 11545

POTENTIALLY TOXIC METALS

METALS	RESULT µg/g CREAT	REFERENCE RANGE	WITHIN REFERENCE RANGE	ELEVATED	VERY ELEVATED
Aluminum	< dl	< 35			
Antimony	< dl	< 1			
Arsenic	20	< 130			
Beryllium	< dl	< 0.5			
Bismuth	< dl	< 15			
Cadmium	0.9	< 2			
Lead	4.2	< 5			
Mercury	18	< 4			
Nickel	3.2	< 12			
Platinum	< dl	< 1			
Thallium	0.1	< 0.8			
Thorium	< dl	< 0.3			
Tin	1.5	< 10			
Tungsten	< dl	< 1			
Uranium	< dl	< 0.2			

CREATININE

	RESULT mg/dL	REFERENCE RANGE	2SD LOW	1SD LOW	MEAN	1SD HIGH	2SD HIGH
Creatinine	38	35 - 225					

SPECIMEN DATA

Comments:
Date Collected:
Date Received: 11/3/2006
Date Completed: ~~11/10/2006~~

Method: ICP-MS
<dl: less than detection limit
Provoking Agent:

Collection Period: timed: 6 hours
Volume:
Provocation:

Toxic metals are reported as µg/g creatinine to account for urine dilution variations. **Reference ranges are representative of a healthy population under non-challenge or non-provoked conditions.** No safe reference levels for toxic metals have been established.

V10.00

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REVIEW

Mercury Toxicity and Systemic Elimination Agents

JOSEPH MERCOLA DO[1] AND DIETRICH KLINGHARDT MD PhD[2]

[1]*Optimal Wellness Center, 1443 W. Schaumburg, Schaumburg, IL 60194, USA;* [2]*American Academy of Neural Therapy, 2802 E. Madison#147, Seattle, WA 98112, USA*

Abstract

This paper reviews the published evidence supporting amalgam toxicity and clinical techniques that facilitate mercury elimination. A literature review is provided which documents effective mercury elimination strategies to improve mercury toxicity syndromes. Considering the weight of evidence supporting mercury toxicity, it would seem prudent to select alternative dental restoration materials and consider effective mercury elimination strategies if mercury toxicity is present.

Keywords: amalgam and mercury toxicity, DMPS, DMSA, chlorella, cilantro.

MERCURY EXPOSURE AND TOXICITY IS A PREVALENT AND SIGNIFICANT PUBLIC HEALTH THREAT

Chronic mercury exposure from occupational, environmental, dental amalgam and contaminated food exposure is a significant threat to public health [1]. Those with amalgam fillings exceed all occupational exposure allowances of mercury exposure of all European and North American countries. Adults with four or more amalgams run a significant risk from them, while in children as few as two amalgams will contribute to health problems [2]. In most children, the largest source of mercury is that received from immunizations [3–6] or that transferred to them *in utero* from their mothers [7, 8].

DENTAL AMALGAMS ARE A MAJOR SOURCE OF MERCURY TOXICITY

A single dental amalgam filling with a surface area of only 0.4 cm^{-2} is estimated to release as much as 15 μg Hg day^{-1} primarily through mechanical wear and evaporation [1, 9–11]. The average individual has eight amalgam fillings and could absorb up to 120 μg Hg day^{-1} from their amalgams. These levels are consistent with reports of 60 μg Hg day^{-1} collected in human feces [12]. By way of contrast, estimates of the daily absorption of all forms of mercury from fish and seafood is 2.3 μg and from all other foods, air and water is 0.3 μg per day [13]. Currently, Germany, Sweden and Denmark severely restrict the use of amalgams [1].

A "silver" filling, or dental amalgam, is not a true alloy. Amalgams are made up of 50% mercury. The amalgam also consists of 35% silver, 9% tin, 6% copper and a trace of zinc [6]. More than 100 million mercury fillings are placed each year in the US as over 90% of dentists use them for restoring posterior teeth [14]. The mercury vapor from the amalgams is lipid soluble and passes readily through cell membranes and across the blood–brain

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DOI: 10.1080/13590840020030267

Warum ein Patient, der an chronischer Borreliose leidet auch einen biologischen Zahnarzt braucht: Quecksilber, dentale Restaurationsmaterialien und Kieferinfektionen begünstigen Borreliose

Amalgam/Mercury Detox as a Treatment for Chronic Viral, Bacterial, and Fungal Illnesses

Editorial Note: The following article is a transcription of a lecture presented by the author at the Annual Meeting of the International and American Academy of Clinical Nutrition, San Diego, CA, September 1996.

On the Amalgam "Controversy"

From a scientific point of view there is no more "controversy" about the ill health effects of the metals contained in and released by the typical dental amalgam fillings. The sheep and monkey studies conducted at the University of Calgary, Canada—under the guidance of Dr. Murray Vimy, DDS—showed that radioactively labeled mercury released from freshly and correctly placed amalgam fillings (in a monkey study)[1] appeared quickly in the kidneys, brain and wall of the intestines. Through its affinity for sulfhydryl-groups, mercury bonds very firmly to structures in the nervous system. Other studies showed that mercury is taken up in the periphery by all nerve endings (i.e., the hypoglossal nerve of the tongue,[2] the autonomic nerves of the lung or intestinal wall and connective tissue) and rapidly transported inside the axon of the nerves (axonal transport) to the spinal chord and brainstem.[3] On its way from the periphery to the brain, mercury immobilizes the enzyme that is essential for "making" tubulin.[4] Tubulin forms tubular structures within each nerve, along which the nerve-cell transports metabolic waste from the nerve cell into the periphery and along which the nutrients required by the nerve cell are transported from the periphery to the cell. Once mercury has traveled up the axon, the nerve cell is impaired in its ability to detoxify itself and in its ability to nurture itself. The cell becomes toxic and dies—or lives in a state of chronic malnutrition. The mercury that has entered the nerve cell can no longer be excreted in the normal axonal transport routes (some can exit through the Ca^{++} and Na^{+} channels) and begins to exert its more well-known ill-effects on the mitochondria, nucleus and other organelles of the cell. A multitude of illnesses, usually associated with neurological symptoms, result.

Mercury and Chronic Infections

Practitioners have long observed that patients diagnosed with chronic viral illnesses (EBV, CMV, HIV, herpes zoster and genital herpes, CFIDS, etc.) chronic fungal illnesses (Candidiasis and others) and recurrent episodes of bacterial infections (chronic sinusitis, tonsillitis, bronchitis, bladder/prostate infections, HIV related infections) often have dramatic recoveries following an aggressive mercury/amalgam detoxification program.

The fact that the presence of mercury in the tissues represses the immune system has long been known and is supported by the literature.[5,6,7,8] This would explain a general immune enhancing effect of any solid mercury detoxification program. It has also been shown that the presence of amalgam fillings conveys immunity to antibiotics to various bacteria and also impairs the body's own defense system.[9] Mercury is therefore the only substance ever shown that induces antibiotic resistance in bacteria, other than an antibiotic itself. It is known that periodontal disease is caused by bacteria and that the removal of amalgam fillings can often be curative.[10] No studies have tested the mercury hypothesis in other infections, even though the clinical evidence is overwhelming.

In chronic fungal syndromes, the scientific literature gives only circumstantial evidence that mercury fosters those infections. The most valuable clinical pearls I found in a book written for the mining industry: "Biosorption of Heavy Metals."[11] To increase the yield of precious metals in old mines, so-called "biomasses" are sprayed into the mine shaft, washed out with water, and collected on ion exchange membranes. A biomass is a sludge of membranes from usually mono-cellular organisms that have a tendency to accumulate metals in their outer cell wall that they are exposed to. The list of organisms that have the highest affinity for toxic metals reads like a "who's who" of our typical infectious diseases: fungi of the candida species, streptococci, staphylococci, anaerobes, etc., etc. The list is topped by two algae: *Chlorella pyrenoidosa* and *Chlorella vulgaris* (not spirulina or super blue green algae!). The list prompted me to state what in Germany is now referred to as the "Klinghardt Axiom": Most—if not all—chronic infectious diseases are not caused by a failure of the immune system, but are a conscious adaptation of the immune system to an otherwise lethal heavy metal environment. Mercury suffocates the intracellular respiratory mechanism and can cause cell death. So, the immune system makes a deal: it cultivates fungi and bacteria that can bind large amounts of toxic metals. The gain: the cells can breathe. The cost: the system has to provide nutrition for the microorganisms and has to deal with their metabolic products ("toxins"). That does not imply that the tolerated guest cannot grow out of control, as it sometimes clearly does. Therefore, there is still a limited place for antifungal/antibacterial treatment—but only for the acute phase of the disease. A so-called "die-off effect" (the sometimes severe crisis or even lethal reaction a patient can have in the initial stages of aggressive pharmaceutical antifungal or antibacterial treatment) is often nothing else but acute heavy metal toxicity—metals released from the cell walls of dying microorganisms as suggested by my own correlation of clinical syndromes and urinalysis for metals. Colleagues in Germany are working on a study at this time. Preliminary results show a dramatic improvement in clinical and scientific parameters in chronic Candidiasis using the Klinghardt protocol for heavy metal detoxification.

When it comes to chronic viral conditions, the evidence is even more circumstantial. There are several articles in the chemtrails literature showing remarkable

Klinghardt, D. *"Amalgam/Mercury Detox as a Treatment for Chronic Viral, Bacterial, and Fungal Illnesses*" Explore (1997)

- Wiederholte Infektionen
  - Viren und Pilze
  - Lyme- & Co-Infektionen
  - Candida und andere Hefepilzinfektionen
- Krebs
- Autoimmunstörungen
  - Arthritis
  - Lupus erythematodes (SLE)
  - Multiple Sklerose (MS)
  - Scleroderm
  - Amyotrophie Lateralsklerose (ALS)
  - Hypothyroidismus

Folgen für das Gesundheitssystem und wirtschaftliche Konsequenzen der Auswirkungen der Methyl-Quecksilber-Toxizität auf das sich entwickelnde Kind

Public Health and Economic Consequences of Methyl Mercury Toxicity to the Developing child:
BrainEnviron Health Perspect. 2005 May; 113(5): 590–596.
Leonardo Trasande,1,2,3,4 Philip J. Landrigan,1,2 and Clyde Schechter5
1Center for Children's Health and the Environment, Department of Community and Preventive Medicine, and 2Department of Pediatrics, Mount Sinai School of Medicine, New York, New York, USA;

Abstract
Methyl mercury is a developmental neurotoxicant. Exposure results principally from consumption by pregnant women of seafood contaminated by mercury from anthropogenic (70%) and natural (30%) sources. Throughout the 1990s, the U.S. Environmental Protection Agency (EPA) made steady progress in reducing mercury emissions from anthropogenic sources, especially from power plants, which account for 41% of anthropogenic emissions. However, the U.S. EPA recently proposed to slow this progress, citing high costs of pollution abatement. To put into perspective the costs of controlling emissions from American power plants, we have estimated the economic costs of methyl mercury toxicity attributable to mercury from these plants. We used an environmentally attributable fraction model and limited our analysis to the neurodevelopmental impacts—specifically loss of intelligence. Using national blood mercury prevalence data from the Centers for Disease Control and Prevention, we found that between 316,588 and 637,233 children each year have cord blood mercury levels > 5.8 μg/L, a level associated with loss of IQ. The resulting loss of intelligence causes diminished economic productivity that persists over the entire lifetime of these children. This lost productivity is the major cost of methyl mercury toxicity, and it amounts to $8.7 billion annually (range, $2.2–43.8 billion; all costs are in 2000 US$). Of this total, $1.3 billion (range, $0.1–6.5 billion) each year is attributable to mercury emissions from American power plants. This significant toll threatens the economic health and security of the United States and should be considered in the debate on mercury pollution controls.

Quecksilber:
Erhöhte Blut-Quecksilberwerte bei Patienten mit Alzheimer Erkrankung.

Increased blood mercury levels in patients with Alzheimer's disease
Journal of Neural Transmission
1998, vol. 105, no1, pp. 59-68 (1 p.1/4)
HOCK C. (1) ; DRASCH G. (2) ; GOLOMBOWSKI S. (1) ; MÜLLER-SPAHN F. (1) ; WILLERSHAUSEN-ZÖNNCHEN B. (3) ; SCHWARZ P. (3) ; HOCK U. (1) ; GROWDON J. H. (4) ; NITSCH R. M. (5) ;

Alzheimer's disease (AD) is a common neurodegenerative disorder that leads to dementia and death. In addition to several genetic parameters, various environmental factors may influence the risk of getting AD. In order to test whether blood levels of the heavy metal mercury are increased in AD. we measured blood mercury concentrations in AD patients (n = 33), and compared them to age-matched control paticnts with major depression (MD) (n = 45). as well as to an additional control group of patients with various non-psychiatric disorders (n = 65).
Blood mercury levels were more than two-fold higher in AD patients as compared to both control groups (p = 0.0005, and p = 0.000, respectively). In early onset AD patients (n = 13). blood mercury levels were almost three-fold higher as compared to controls (p = 0.0002, and p = 0.0000, respectively). These increases were unrelated to the patients' dental status. Linear regression analysis of blood mercury concentrations and CSF levels of amyloid β-peptide (Aβ) revealed a significant correlation of these measures in AD patients (n = 15, r = 0.7440, p = 0.0015, Pearson type of correlation). These results demonstrate elevated blood levels of mercury in AD, and they suggest that this increase of mercury levels is associated with high CSF levels of Aβ, whereas tau levels were unrelated. Possible explanations of increased blood mercury levels in AD include yet unidentified environmental sources or release from brain tissue with the advance in neuronal death.

Ca-Na_2-EDTA (caveat: this is not sodium EDTA!!!)
Ca-EDTA slow push/fast drip
50 mg/kg, not to exceed 3 gm
$T^{1/2}$ about 30-45 minutes
6 hr. urine collection

DMPS challenge
IV: 3-5 mg/kg (250 mg max), slow push (5-10 min.)
Oral: 10 mg /kg BW (5 mg/kg children), empty stomach(empty bladder). Withhold food about 2 hrs. Encourage ~ 0.5L fluid over next few hrs. Collect all urine for 6 hrs.

DMSA challenge (oral):20-30 mg DMSA/kg BW as oral bolus on empty stomach (≤ 2 gms).Withhold food about 2 hrs. Encourage ~ 0.5Lfluid over next few hrs. Collect all urine for 6 hrs.
J Nutr Envir Med (1998) 8:219-231

D-Pencillamine protocol- 500mg three times per day 2 days per week (R.Jaffe PhD)

Desferal: reconstitute vial with 10 ml distilled water. Inject half segmentally subcutaneously around the abdomen. The other half 2-3 days later. Keep refridgerated.

Intravenöse Möglichkeiten zur Metallentgiftung

- i.v. Vitamin C: 37-50 Gramm in 500 ml destilliertem Wasser mit 10 ml Calciumgluconat
- Glutathion: 600-4000 mg 1-3x wöchentlich, i.v. Schub (immer Magnesium i.m. oder i.v. 1 bis 2 mal wöchentlich miteinbeziehen)
- α-Liponsäure: 600 mg in Isotonischer Kochsalzlösung (250 cc) über 1 Stunde
- Phospholipide (Lipostabil): 2 Ampullen verdünnt mit Blut des Patienten (50:50) langsame intravenöse Gabe über 3 Minuten
- Konventionelles NaEDTA Protokoll (ACAM)
- Zink DTPA: 1 Ampulle 1 mal/Woche i.v.

Toxische Urin-Bestandteile nach DMPS Provokation

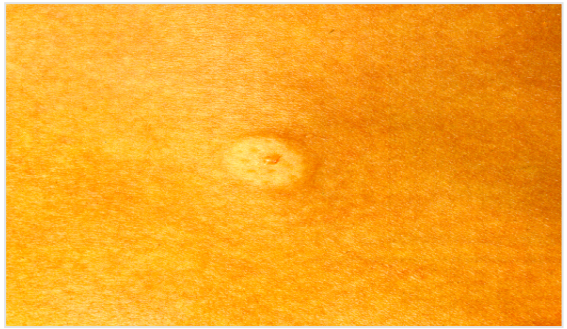
C.N.: 35 year old male Dx: CFIDS, FMS

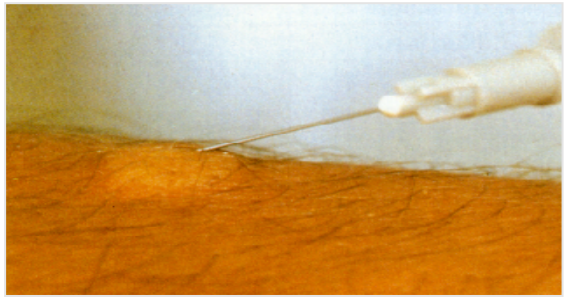
Date	mcg Hg/24 hrs	ppb (post DMPS 3 mg/kg i.v push)
4/23/93	27.8	27.8
6/24/93	99.0	99.0
9/21/93	49.4	49.4
12/23/93	2.1	2.1
4/94-8/94	four treatments with **neuraltherapy+DMPS**	
8/24/94	**1514.4**	**1954.0**

A.H.: 46 year old woman Dx: severe depression, multiple neurological symptoms (muscle weakness, numbness, whole body pain)

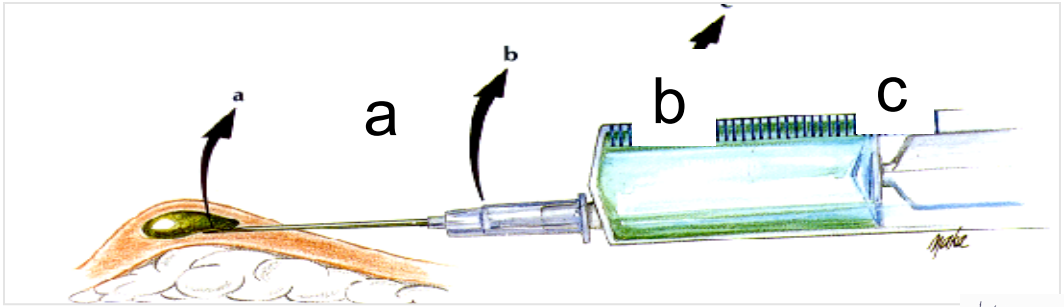
Date	mcg Hg /24 hrs	mcg Hg/g creatinine (post DMPS)
11/97-4/98	treatment with **psychological intervention** (APN/MFT)+DMPS	
1/24/1998	2100	2700
2/3/1998		**2900**
4/3/1998	1500	930
4/18/1998		370

Segment-Therapie
Die Quaddel (intracutan!)

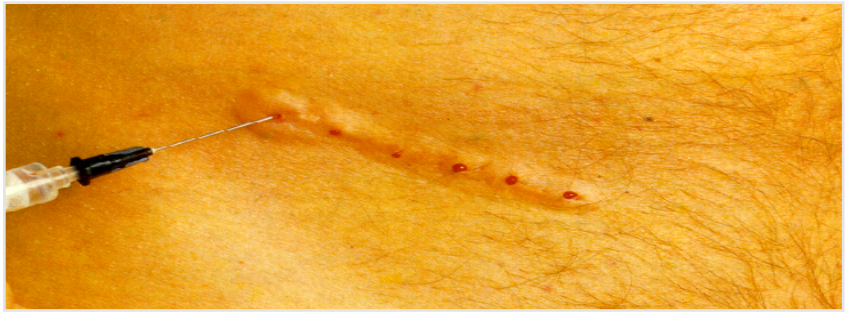




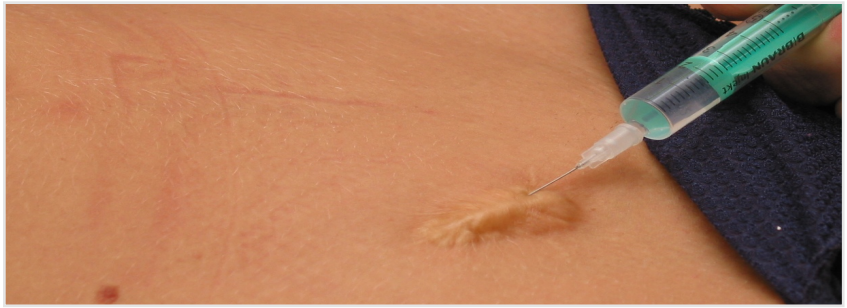
a. Kanülenschliff nach oben
b. Spritzenkonus nach unten
c. Spritzenskala nach oben



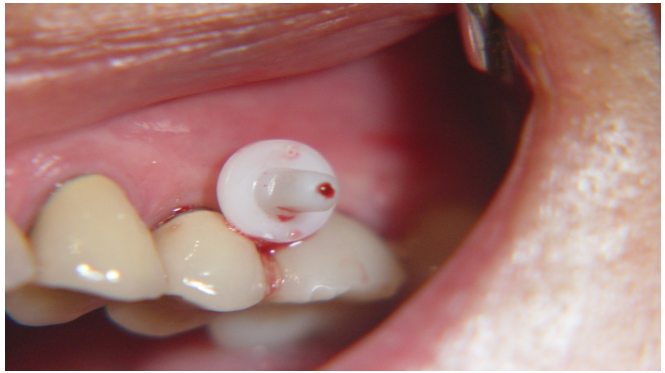
Segment-Therapie
Injektion in Narben

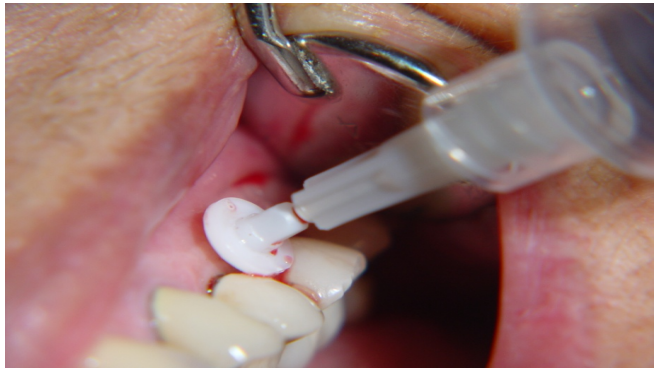


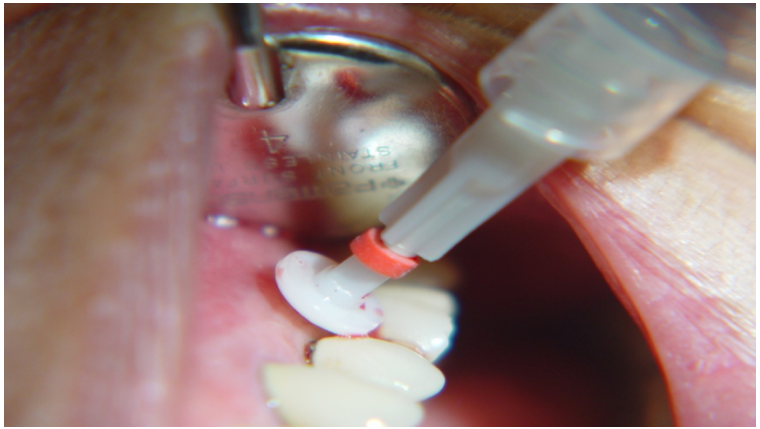
Quaddelung



Infiltration







Die Studie zeigt, dass Curcumin, ein effektives Antioxidanz, bei täglicher Einnahme einen schützenden Effekt gegen Quecksilberexposition zu haben scheint

J Appl Toxicol. 2010 Mar 12
Detoxification and antioxidant effects of curcumin in rats experimentally exposed to mercury.
Agarwal R, Goel SK, Behari JR.

Curcumin, a safe nutritional component and a highly promising natural antioxidant with a wide spectrum of biological functions, has been examined in several metal toxicity studies, but its role in protection against mercury toxicity has not been investigated. Therefore, the detoxification and antioxidant effects of curcumin were examined to determine its prophylactic/therapeutic role in rats experimentally exposed to mercury (in the from of mercuric chloride-HgCl(2), 12 micromol kg(-1) b.w. single intraperitoneal injection). Curcumin treatment (80 mg kg(-1) b.w. daily for 3 days, orally was found to have a protective effect on mercury-induced oxidative stress parameters, namely, Lipid peroxidation and glutathione levels and superoxide dismutase, glutathione peroxidase and catalase activities in the liver, kidney and brain. Curcumin treatment was also effective for reversing mercury induced serum biochemical changes, which are the markers of liver and kidney injury. Mercury concentration in the tissues was also decreased by the pre/post-treatment with curcumin. However, histopathological alterations in the liver and kidney were not reversed by curcumin treatment. Mercury exposure resulted in the induction of metallothionein (MT) mRNA expressions in the liver and kidney. Metallothionein mRNA expression levels were found to decrease after the pre-treatment with curcumin, whereas posttreatment with curcumin further increased MT mRNA expression levels. Our findings suggest that curcumin pretreatment has a protective effect and that curcumin can be used as a therapeutic agent in mercury intoxication.

Chlorella und Metallbindung

Cadmium

Hagino et al.: Effect of chlorella on fecal and urinary cadmium excretion in Itai-itai. *Jap. J. Hyg.* 30: 77, 4/1975

Nagano, T./Suketa, Y., et al.: Absorption and excretion of chlorella ellipsoidea cadmium-binding protein and inorganic cadmium in rats. *Jpn. J. Hyg.*, 38: 741-747, 1983

Carr, H.P., Carino, F.A., et al.: Characterization of the cadmium-binding capacity of chlorella vulgaris. *Bull. Environ. Contam. Toxicol.*, 60: 433-440, 1998

Uran

Horikoshi, T./ Nakajima, A., et al.: Uptake of uranium by various cell fractions of chlorella vulgaris. *Radioisotopes* 28: 485-488, 1979

Nakajima, A; Horikoshi, T; Sakagushi, T.: Recovery of uranium by immobilised micro-organisms. *Evr. J. Appl. Microbiol. Biotech,* 16: 88-91, 1982.

Blei

Protective effects of chlorella vulgaris in lead exposed mice infected with Listeria monocytogenes M.Queiroz et al International Immunopharmacology 3 (2003) 889-900

Quecksilber

Shieh, Y.J.; Barger, J: Uptake of mercury by chlorella and its effect on potassium regulation. *Planta,* 109: 49-60, 1973

Klinghardt,D. :Algenpraeparat hilfreich bei der Amalgamausleitung Erfahrungsheilkunde Band 48, Heft 7, Juli 1999

D.Klinghardt and J. Mercola: Mercury toxicity and systemic elimination agents D.Klinghardt and J. Mercola, J of Nutritional and environmental Medicine (2001) 11, 53-62

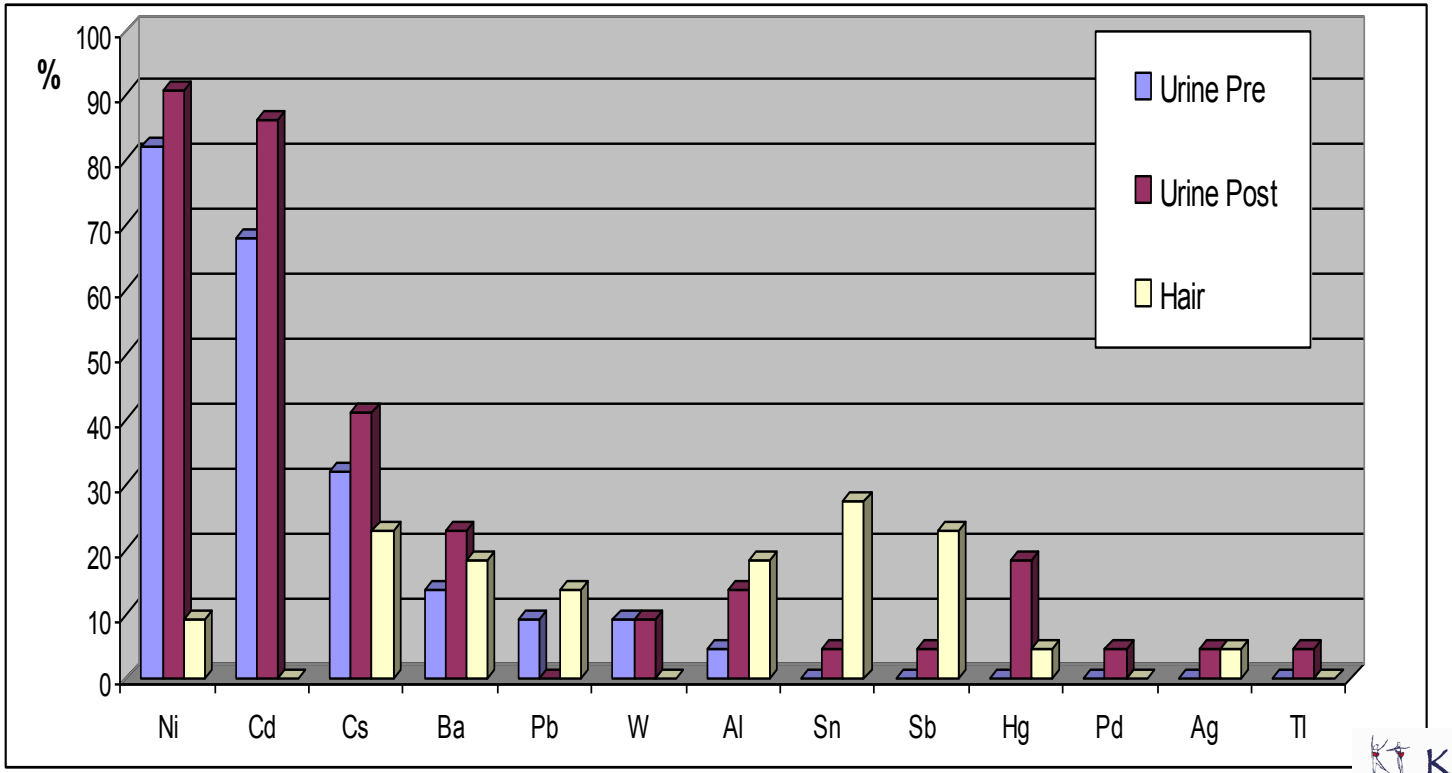
Chlorella Vulgaris

- The Influence of Parachlorella beyerinckii CK-5 on the absorption and excretion of methylmercury (MeHg) in mice. T.Uchikawa, A.Yasutake et al. *J. of Toxicological Sciences*, Vol35,No1.101-105.2010
- Preventive effects of Chlorella (KiScience.com) on cognitive decline in age-dependent dementia model of mice

  Y.Nakashima, I.Ohsawa et al. *Neuroscience Letters* 464 (2009)193-198
- Chlorella vulgaris culture supernatant (CVE) reduces psychological stress-induced apoptosis in thymocytes in mice

  T.Hasegawa, K.Noda et al. *International Journal of Immunopharmacology* 22(2000) 877-887

Toxic metal ions in urine and hair after provocation with a special ***cilantro*** tincture (research by Dr. Margarita Griesz-Brisson) and ionic foot bath (KiScience.com)



Klinghardt Standard Detox:

- Chlorenergy 8 Tabl 3 mal pro Tag vor dem Essen
- Cilantro Tinktur: 2 Pipetten 3 mal pro Tag 30 Min vor dem Essen
- Ionen Fussbad (KiScience.com)2 mal pro Woche fuer 30 Minuten
- Neuraltherapy mit Procain/DMPS Gemisch

Warum sind wir krank?

7. Die Borreliose

Die Borreliose-Familie

Aus in der Vergangenheit mangelnder finanzieller Unterstützung in die Erforschung der Lyme-Borreliose, gibt es keinen Konsens über die Behandlung der Krankheit. Es werden viele Herangehensweisen unterrichtet und angewendet, die meistens keine zufriedenstellenden Langzeiterfolge erreichen.
Die meisten biologischen Ärzte wählen eine nicht-antibiotische Therapie (und dies aus guten Gründen).
Ich werde hervorheben, was ich als die erfolgversprechendste Herangehensweise halte.

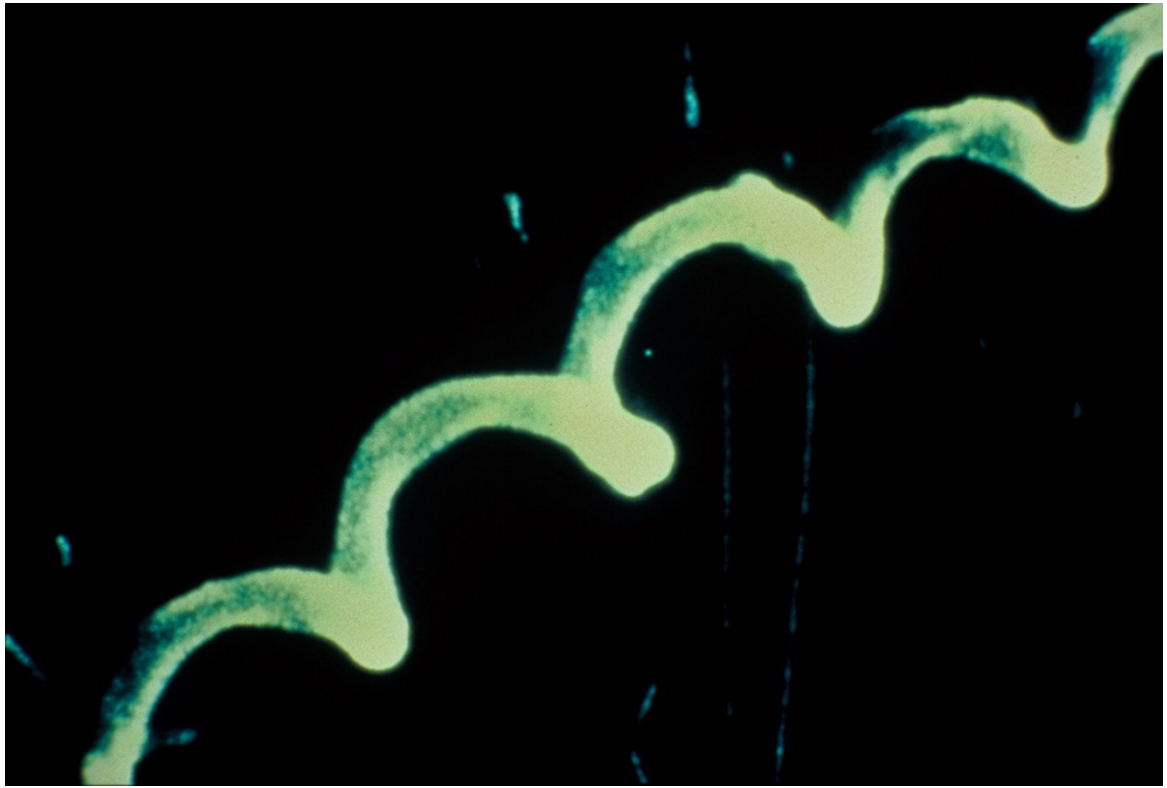
Epidemiologie

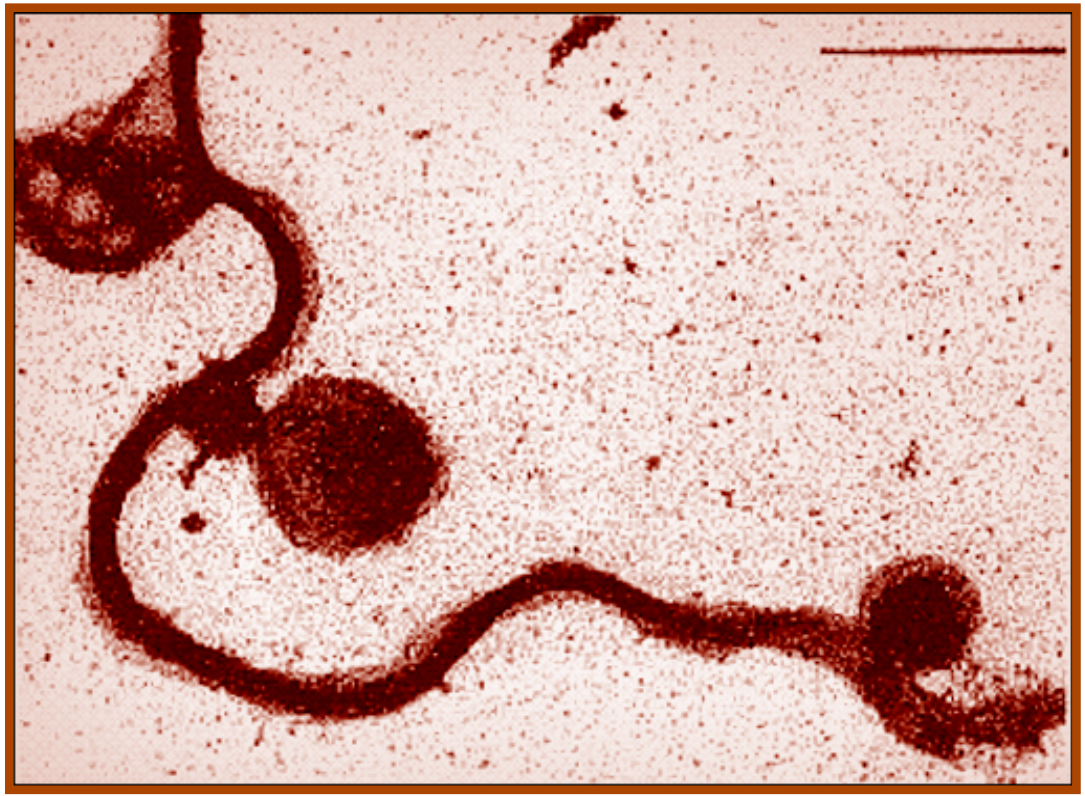
Lyme disease is the most common vector borne disease in North America and Europe, with 300 000 new cases in the United States
Kuehn BM. CDC estimates 300 000 US cases of Lyme disease annually. JAMA2013;310:1110.

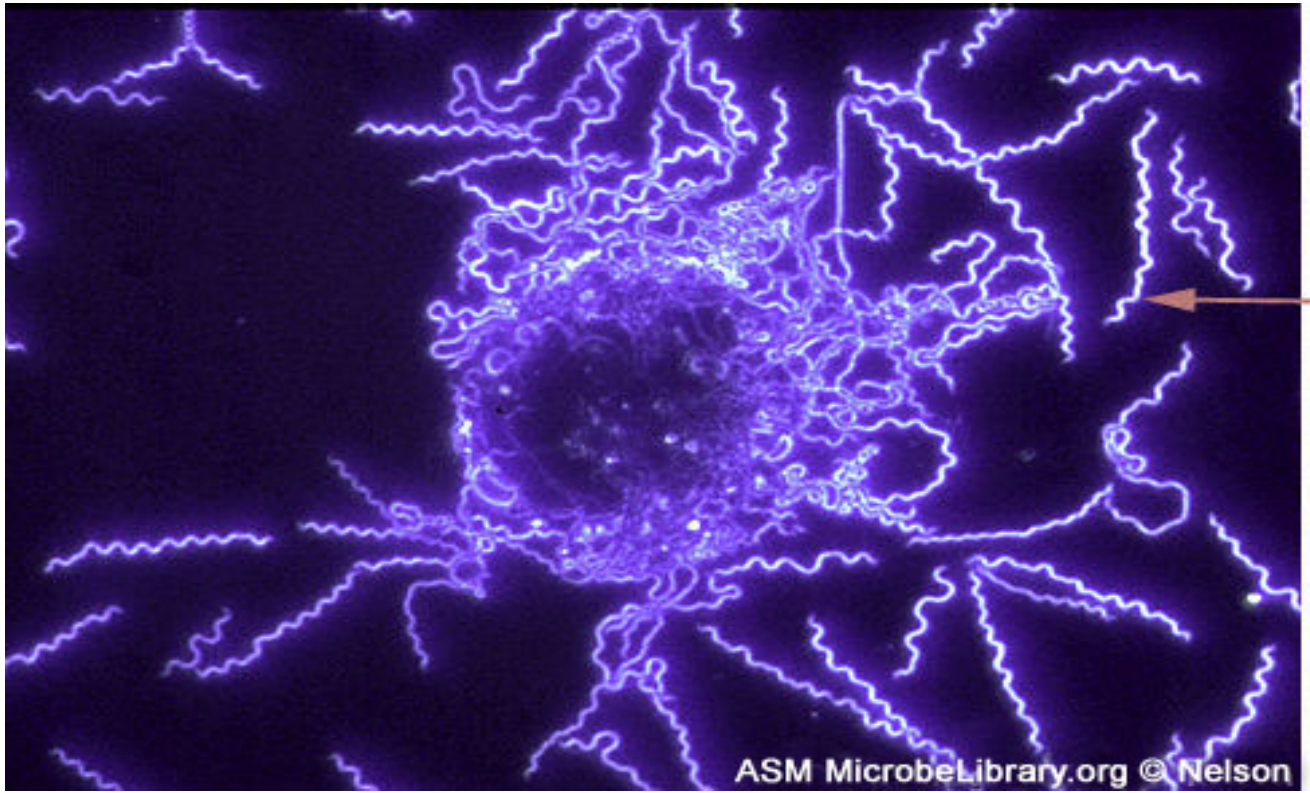
An estimated 100 000 new cases in Europe each year
Lindgren E, Jaenson T. Lyme borreliosis in Europe: influences and climate change, epidemiology, ecology and adaptation measures. World Health Organization Regional Office for Europe, 2006.

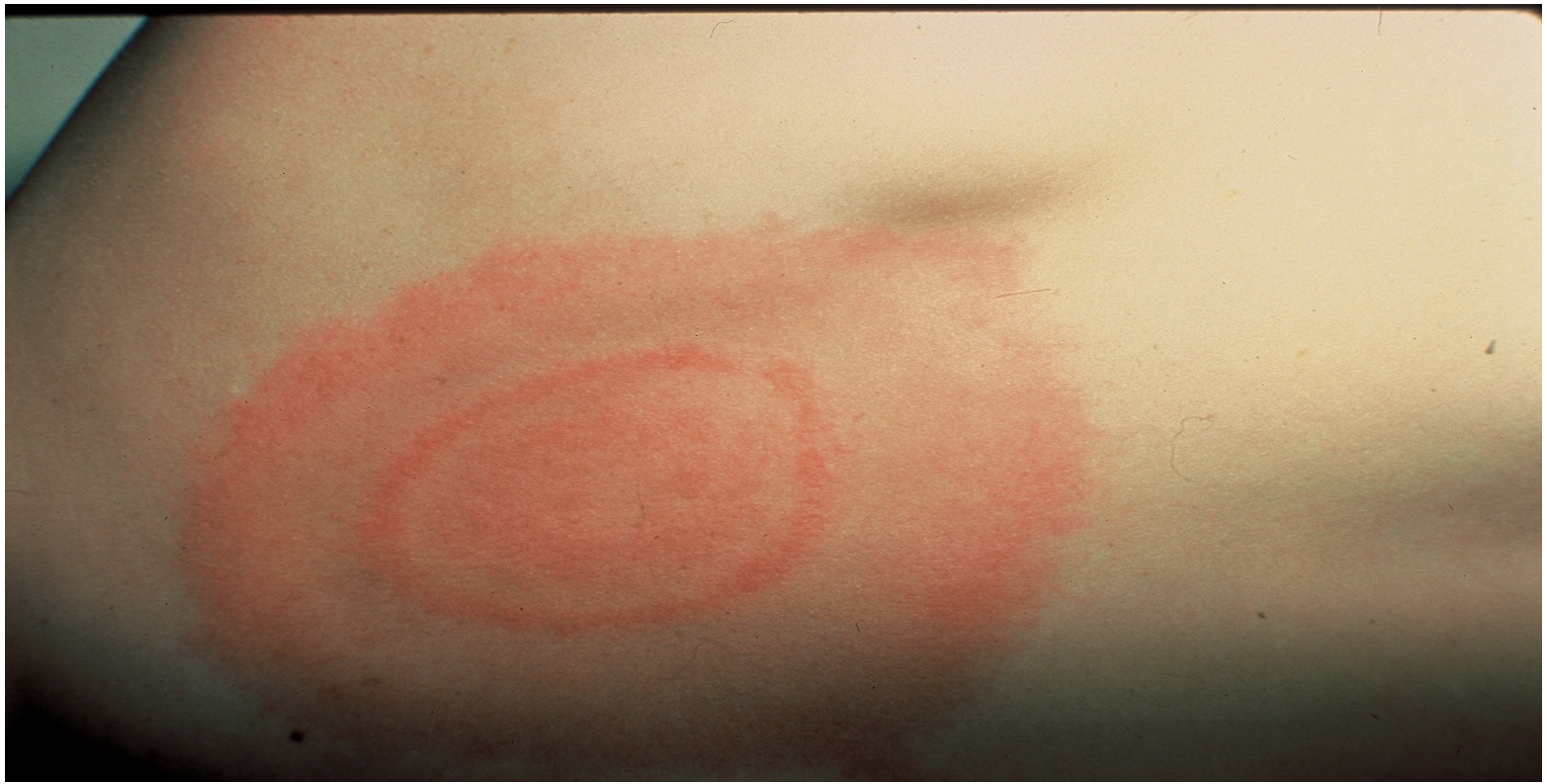
These numbers are likely to be underestimated because case reporting is inconsistent
Dubrey SW, Bhatia A, Woodham S, Rakowicz W. Lyme disease in the United Kingdom. Postgrad Med J2014;90:33-42.

Many infections go undiagnosed
Perronne C. Lyme and associated tick-borne diseases: global challenges in the context of a public health threat. Front Cell Infect Microbiol2014;4:74.

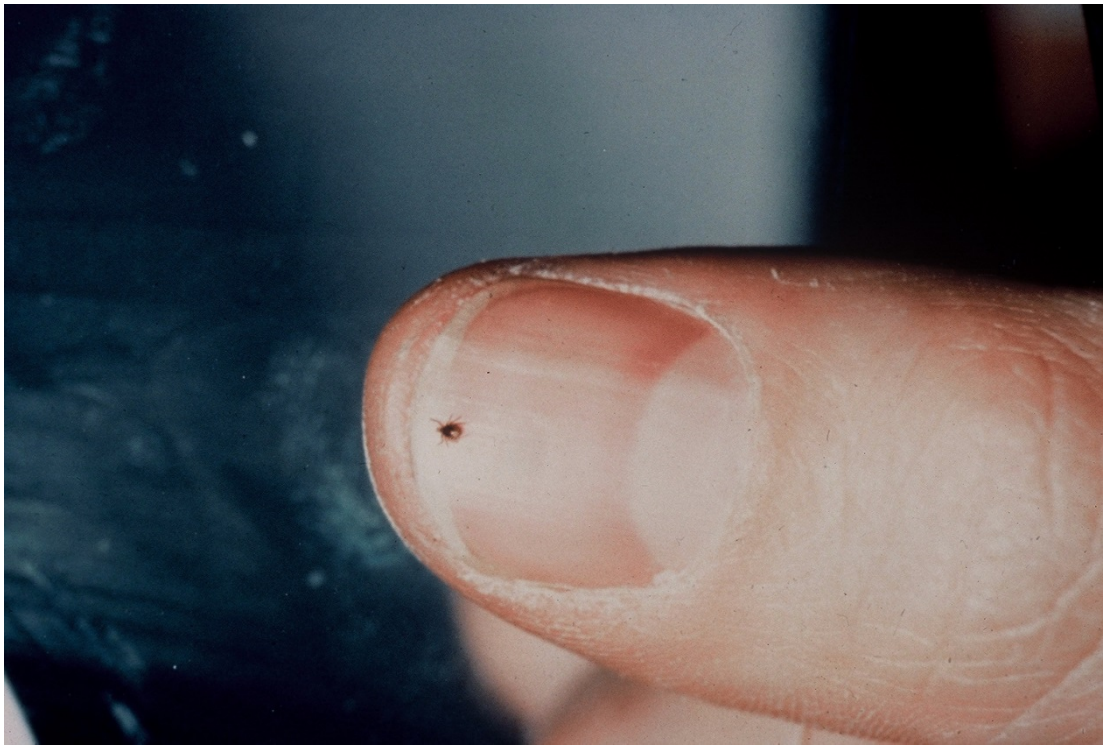








Wie bekommen wir Borreliose?



The Etiologic Agent of Lyme Disease in Deer Flies, Horse Flies, and Mosquitoes
Louis A. Magnarelli, John F. Anderson and Alan G. Barbour
The Journal of Infectious Diseases Vol. 154, No. 2 (Aug., 1986), pp. 355-358

Flea and mosquito-borne diseases
King, M. Banfield Journal 2010 Vol. 6 No. 2 pp. 7-9, 12-14
http://mydigimag.rrd.com/publication/?i=37884
Abstract
This article discusses the flea- (bartonellosis, Haemobartonella, rickettsial infections, yersiniosis and feline viral infections) and mosquito- (heartworm disease) borne diseases, their transmission, clinical signs, and appropriate treatment in dogs and cats.

Lyme disease masquerading as brown recluse spider bite

Kevin C. Osterhoudt, Theoklis Zaoutis, Joseph J. Zorc

Ann Emerg Med. May 2002;39:558-561.

Abstract

We report a case of Lyme disease with clinical features resembling those described from brown recluse spider bites. The most striking manifestation was a necrotic skin wound. Brown recluse spider bites may be overdiagnosed in some geographic regions. Tick bite and infection with Borrelia burgdorferi should be considered in the differential diagnosis of necrotic arachnidism in regions endemic for Lyme disease

“Lymphadenopathie bei Lyme-Borreliose wird verursacht durch Spirochätenmigration-induzierter spezifischer B-Zell Aktivierung”

PLOS one; Published: May 26, 2011
S.Tunev, C.Hastey, E.Hodzic, S.Feng, S. Barthold, N. Baumgarth
DOI: 10.1371/journal.ppat.1002066

Author Summary

Acute Lyme Disease is one of the most important emerging diseases in the US. People with acute Lyme disease often develop swollen lymph nodes, or lymphadenopathy, but we do not know why this happens or what effect it has on the course of the disease. We show here that when mice are infected with live*Borrelia burgdorferi* spirochetes (the bacteria that cause Lyme disease), live spirochetes collect in the lymph nodes. These **lymph nodes** then swell up and **start producing large numbers of antibody-producing cells**. Although many of these antibodies can recognize the bacteria**, they apparently lack the quality to clear the infection**. We hypothesize that by moving into the lymph node, usually a site in which strong immune responses are induced, **Borrelia evades the immune response**: it goes to the lymph nodes and **tricks the immune system into making a very strong but inadequate response**.

Das IgA-Problem: Patienten mit chronischer Lyme-Borreliose haben einen niedrigen IgA-Spiegel mit chronischer Sinusitis, durchlässiger Darmwand, Nahrungsmittelallergien, Parasiten und mehr. Verwende Chlorella!

Salivary secretory immunoglobulin A secretion increases after 4-weeks ingestion of chlorella-derived multicomponent supplement in humans: a randomized cross over study

Nutr J. 2011 Sep 9;10:91. doi: 10.1186/1475-2891-10-91. Otsuki T[1], Shimizu K, Iemitsu M, Kono I.

Chlorella, a unicellular green alga that grows in fresh water, contains high levels of proteins, vitamins, minerals, and dietary fibers. Some studies have reported favorable immune function-related effects on biological secretions such as blood and breast milk in humans who have ingested a chlorella-derived multicomponent supplement. However, the effects of chlorella-derived supplement on mucosal immune functions remain unclear. The purpose of this study was to investigate whether chlorella ingestion increases the salivary secretory immunoglobulin A (SIgA) secretion in humans using a blind, randomized, crossover study design.

METHODS:

Fifteen men took 30 placebo and 30 chlorella tablets per day for 4 weeks separated by a 12-week washout period. Before and after each trial, saliva samples were collected from a sterile cotton ball that was chewed after overnight fasting. Salivary SIgA concentrations were measured using ELISA.

Salivary SIgA concentrations were significantly elevated after chlorella ingestion compared to baseline ($P < 0.01$). No trial × period interaction was identified for the saliva flow rates. Although the SIgA secretion rate was not affected by placebo ingestion ($P = 0.36$), it significantly increased after 4-week chlorella ingestion than before intake ($P < 0.01$).

CONCLUSIONS:

These results suggest 4-week ingestion of a **chlorella**-derived multicomponent supplement **increases salivary SIgA secretion and possibly improves mucosal immune function in humans**.

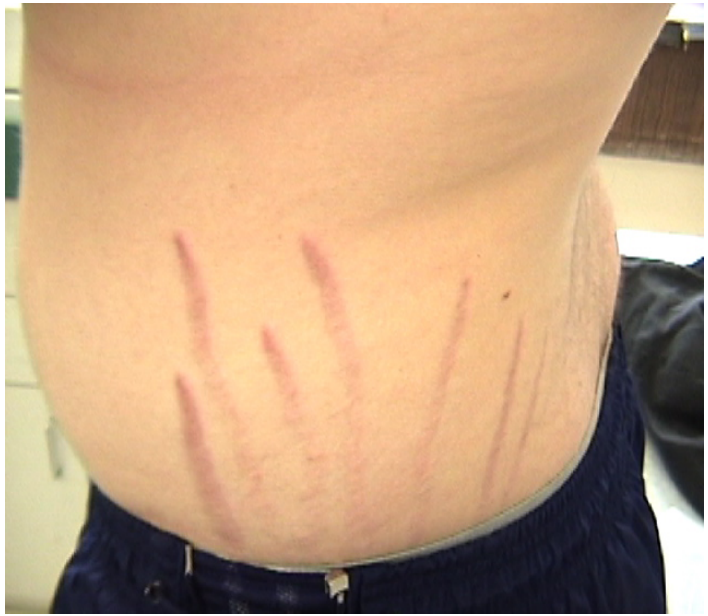
Bartonella

Bartonella henselae ist die am häufigsten gefundene intrazelluläre Co-Infektion in Roten Blutkörperchen, Endothelzellen, Knochenmark und Makrophagen. 70% aller Katzen in Italien sind infiziert (Katzenkratzkrankheit), eine Übertragung von der Katze auf den Menschen über Moskitos ist häufig.
“Infection of Ixodid Ticks, Mosquitoes and Patients with Borrelia, Bartonella, Rickettsia, Anaplasma, Ehrlichia and Babesia in Western Siberia, Russia” in: Molecular Biology of Spirochetes F.C Cabello et al, IOS Press, 2006

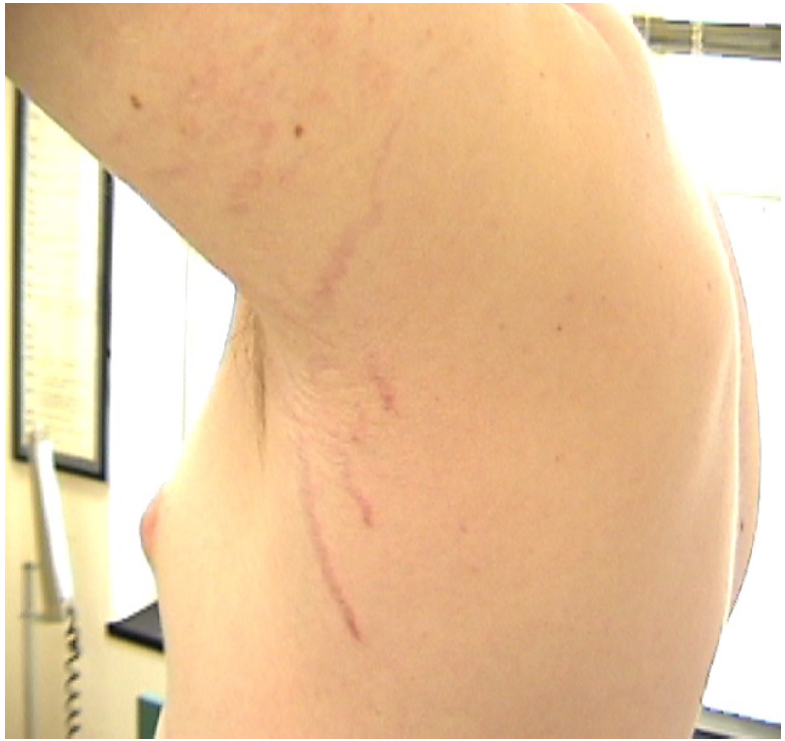
Bartonella quintana schwächte Napoleons Truppen in Russland. Dies war die wirkliche Ursache für seine Niederlage. Die Mikroben werden heutzutage in den Zähnen seiner Truppen in den Massengräbern gefunden.
B. Quintana wird auch heutzutage regelmäßig bei Zahnuntersuchungen (Dental DNA) nachgewiesen und kam auch in den Zähnen Egyptischer Mumien vor.
Auch andere Typen werden regelmäßig gefunden.

Bartonella Exanthem

Lineares Exanthem – sieht aus wie Kratzwunden, klinisch mit Gastritis assoziiert *Photos taken by Dr. Martin Fried, with thanks to the Lyme Disease Association*



Unter dem Arm



Bartonella henselae durch Katzenflöhe (Siphonaptera: Pulicidae)

Acquisition of the Cat Scratch Disease Agent *Bartonella henselae* by Cat Fleas (Siphonaptera: Pulicidae)
JAMES A. HIGGINS, SUZANA RADULOVIC, DEBORAH C. JAWORSKI, AND ABDU F. AZAD
J. Med. Entomol. 33(3): 490-495 (1996)

ABSTRACT
We assayed the ability of cat fleas to become infected with *Bartonella henselae,* using an artificial feeding device. Fleas fed a concentration of 1 X 105 cfu/ml in blood were examined using immunofluorescent antibody assay and polymerase chain reaction. Bacteria were present in the gut at 3 h, and persisted up to 9 d after infection. Qualitatively, the density of *B. henselae* was greater in the flea gut at 9 d, indicating that replication was occurring in the gut. *B. henselae* also was detected in the feces of infected fleas 9 d after infection, and produced viable colonies upon inoculation onto heart infusion agar/rabbit blood plates.
Our results indicate that fleas can maintain infection with *B. henselae,* and may play a role in the transmission of this bacterium from infected cats to humans.

KEY WORDS *Bartonella henselae, Ctenocephalides felis,* cat fleas, cat scratch disease

Diagnose der Borreliose

- Klinische Befunde/koerperliche Untersuchung/Anamnese
- Western Blot
- IgG/IgM
- ELISA
- LTT-Elispot
- Provozierter Urin PCR Test
- Generelle unspezifische Laborparameter
- Kultur (Advanced Laboratories)
- Dunkelfeld Mikroskopie

IGeneX, INC.
797 SAN ANTONIO ROAD
PALO ALTO, CA 94303
(800)832-3200

PATIENT: KELLY, ROBERT
DOB: 01/01/29 SEX: M

SAMPLE ID: 101685

DIETRICH KLINGHARDT, MD

1200 112TH AV NE STE A100
BELLVUE, WA
98004

DRWN: 12/12/02
RCVD: 12/16/02
PRNT: 12/20/02

DIRECTOR: BOYD G. STEPHENS, M.

TEST NAME	RESULT	UNITS

LYME IgG WESTERN BLOT .....

The IgG WB is considered positive if two of the starred bands are present:
23-25, 31, 34, 39, 41, 93 kDa.

The IgG WB is considered equivocal if one of these bands are present:
23-25, 31, 34, 39, 93 kDa.

41 kDa, by itself, is negative.****REVISED 9/16/99

ASTPHLD/CDC recommendation: An IgG WB is positive if five of these bands are present: 18, 23-25, 28, 30, 39, 41, 45, 58, 66, 93kDa. New York State Department of Health considers Western Blots positive that conform to the ASTPHLD/CDC criteria.

BAND INTENSITY: Low +, Medium ++, High +++, Equiv +/-

LYME IGG WESTERN BLOT	POSITIVE
18 kDa	-
22 kDa	-
**23-25 kDa	++
28 kDa	++
30 kDa	++
**31 kDa	++++
**34 kDa	++
37 kDa	-
**39 kDa	+/-
**41 kDa	+++
45 kDa	+
58 kDa	+/-
66 kDa	+/-
73 kDa	-
83 kDa	-
**93 kDa	-

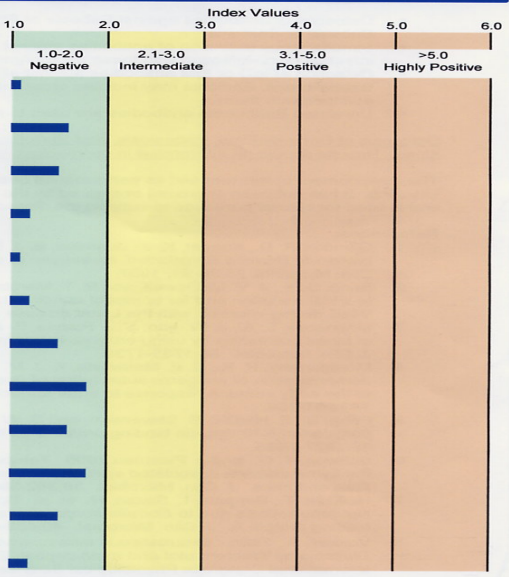
IMMUNOSCIENCES LAB., INC.
8693 Wilshire Blvd., Beverley Hills, CA 90211
Tel: 310-657-1077 Fax: 310-657-1053

Patient Name: **Klinghardt, Dietrich**
Report Number: **175056**
Blood Drawn: **12/21/2004**
Date Reported: **1/14/2005**

Clinic:
Klinghardt, Dietrich
1200-112th Avenue, NE, Suite a-100
Bellevue WA 98104 USA

IgG Antibodies to Borrelia burgdorferi and Cross Reactive Antigens:

Antigen	Index Value Normal	Abnormal
Unrelated Spirochete IgM	1.1	
Borrelia Lysate IgM	1.6	
OSPA IgM	1.5	
OSPE 1+2 IgM	1.2	
LFA IgM	1.1	
C2 + C6 IgM	1.2	
VR1+VR2 IgM	1.5	
B.B. Sensu Stricto IgM	1.8	
B. Garinii IgM	1.6	
B. Afzeli IgM	1.8	
Babesia IgM	1.5	
Ehrlichia IgM	1.2	



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Clinic:

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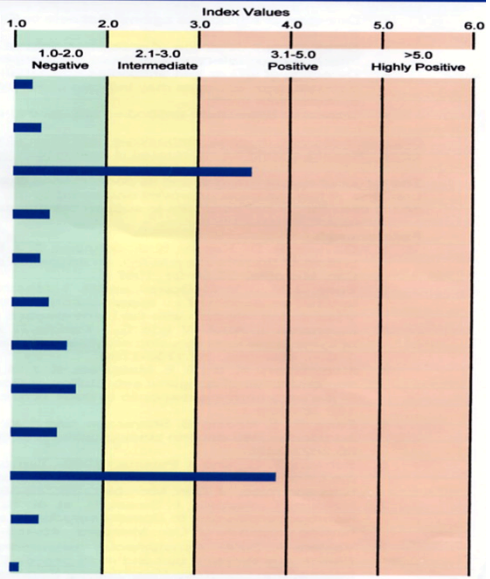
1200-112th Avenue, NE, Suite a-100
Bellevue WA 98104 USA

IgM Antibodies to Borrelia burgdorferi and Cross Reactive Antigens:

Antigen	Index Value Normal	Abnormal
Unrelated Spirochete IgM	1.2	
Borrelia Lysate IgM	1.3	
OSPA IgM		3.6
OSPE 1+2 IgM	1.4	
LFA IgM	1.3	
C2 + C6 IgM	1.4	
VR1+VR2 IgM	1.6	
B.B. Sensu Stricto IgM	1.7	
B. Garinii IgM	1.5	
B. Afzeli IgM		3.9
Babesia IgM	1.3	
Ehrlichia IgM	1.1	

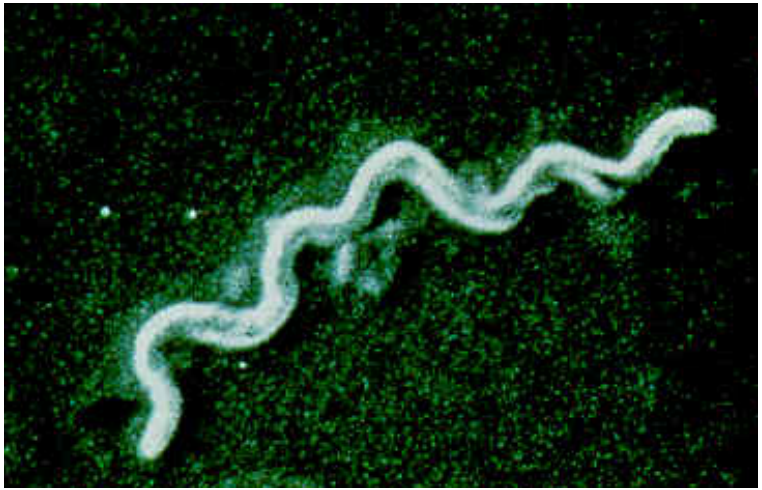


Borrelien-Elispot (LTT / T-Zell-Test)

1. Schon 14 Tage nach Insektenbiss positiv
   (während IgM-Antikörper immer noch negativ sind)

2. Therapiekontrolle/**STAGING**:
   - Schon 6-8 Wochen nach erfolgreicher Behandlung signifikanter Abfall LTT-Positivität
   - IgM/IgG-Titer fallen erst nach 6-12 Monaten ab!

3. Beurteilung der Aktivität von Borreliose in einem sich erholenden Patienten
   - Wenn der Elispot/LTT positiv und der Titer hoch bleibt, sind die Bakterien immer noch aktiv. Man sollte nun einen anderen Behandlungsablauf in Betracht ziehen.



Der Borrelien LTT-Elispot

Bei klinisch symptomatischen Borreliose Patienten – vor antibiotischer Behandlung

Spezifität : 94 %

Sensitivität: 91 %

Quelle: V. von Baehr et al., J.Lab.Med.2007;31(3):149-158

The future of testing: the provoked urine PCR test using specific deep tissue bodywork

Patient: Almoney, Charlie Dentist: Sophia Health Institute Lyme Test

Sample Collected: 10-8-15 Sample Received 10-9-15 Sample Tested: 10-22-1
Test Reported 10-23-15

Sample type: Urine Test performed by: Robert Wheeler

This test uses polymerase chain reaction (PCR) technology to detect the presence of microbial DNA for Lyme disease and its co-infectors. Sensitivity of the test is 1 to 10 microbes with a specificity exceeding 5 X 10^{18}.

Organism/Marker DNA Detected

B. burgdorferi OSP C (degraded)
Babesia microti (degraded)
Babesia duncani
Bartonella henselae
Bartonella quintana (degraded)
Borellia myamotoi (degraded)
Borrelia recurrentis

(degraded) indicates that a strong band is found that is smaller than expected. This may indicate that the patient's immune system has degraded this microbe's DNA.

Interpretation of Results Disclaimer: Dental DNA is not a clinical diagnostic laboratory and cannot provide a diagnosis for disease and/or subsequent treatment. These results are from DNA PCR testing, and indicate the presence of disease-causing agents known to be transferred by ticks. The verbiage is supplied as a courtesy to health care providers to aide in an overall assessment. This information alone should not be used to diagnose or treat a health problem or disease. All reported results are intended for research purposes only and consultation with a qualified health care provider is required.

Lab Director: Christopher W. Shade, PhD, NRCC-EAC Lab Manager: Lesli Douglas, PhD

Patient: **Hurusch, Evelyn** Doctor: **Dr. Klinghardt** **Lyme Panel**

Sample Collected	Sample Received	Sample Tested	Test Reported
12/08/2015	12/14/2015	01/06/2016	01/07/2016

Sample type: **Urine** Test performed by: L. Douglas

This test utilizes the polymerase chain reaction (PCR) technology to detect the presence of targeted microbial DNA for the causative agent of Lyme disease and common tick-transmitted co-infections. Sensitivity of the test is 1 to 10 microbes with a specificity exceeding 5×10^{18}.

The highlighted microbes were detected in the submitted sample:

Borrelia burgdorferi F7-NSA
B. burgdorferi Osp A
B. burgdorferi Osp B-NSA
B. burgdorferi Osp C
Borrelia miyamotoi
Borrelia recurrentis
Anaplasma phagocytophilum
Babesia microti
Babesia divergens
Babesia duncani
Bartonella bacilliformis
Bartonella henselae-NSA
Bartonella quintana
Ehrlichia chaffeensis

NSA: Non-specific Amplification Product: Target DNA was detected that was not of expected size, possibly degraded DNA, mutation of species, unspecified subspecies, product smear, other.

Sample Collected	Sample Received	Sample Tested	Test Reported
01/05/2016	01/07/2016	01/12/2016	01/13/2016

Sample type: **Urine** Test performed by: L. Douglas

This test utilizes the polymerase chain reaction (PCR) technology to detect the presence of targeted microbial DNA for the causative agent of Lyme disease and common tick-transmitted co-infections. Sensitivity of the test is 1 to 10 microbes with a specificity exceeding 5×10^{18}.

The highlighted microbes were detected in the submitted sample:

Borrelia burgdorferi F7-NSA
B. burgdorferi Osp A
B. burgdorferi Osp B-NSA
B. burgdorferi Osp C-NSA
Borrelia miyamotoi
Borrelia recurrentis
Anaplasma phagocytophilum
Babesia microti
Babesia divergens
Babesia duncani
Bartonella bacilliformis
Bartonella henselae-NSA
Bartonella quintana
Ehrlichia chaffeensis-NSA

NSA: Non-specific Amplification Product: Target DNA was detected that was not of expected size, possibly degraded DNA, mutation of species, unspecified subspecies, product smear, other.

Interpretation of Results Disclaimer: Dental DNA is not a clinical diagnostic laboratory and cannot provide a diagnosis for disease and/or subsequent treatment. These results are from DNA PCR testing, and indicate the presence of disease-causing agents known to be transferred by ticks. A positive result indicates the

Hilfreiche Tipps aus dem Labor

- Abnormales Lipidrofil (moderate LDL Erhöhung, erhöhte Triglyceridwerte. Spätstadium: Niedriges Cholesterin)
- Insulinresistenz (erhöhte Fastenglucosewerte und Insulin)
- Grenzwertig niedrige wbc (unter 5000), normale Blutkörperchensenkungsgeschwindigkeit und CRP
- Niedriges MSH, TGF beta-1 hoch,MMP-9 hoch, C3a +C4a hoch
- Normal niedrige Thryroidhormontests aber positiver Barnes Test und exzellente Antwort auf die Gabe von T3
- Phase 2 Adrenalinabfall (Cortisol hoch, DHEA und Testosteron niedrig, Progesteron niedrig, Östrogendominanz)
- Alkalische Phosphatase niedrig (zeigt niedrige Zinkspiegel an, meist bei mit Borreliose assoziierten Kryptopyrolstörungen)
- Abfallende Urinkonzentration (niedrige spezifische Dichte)

Neurologische Todesfälle amerikanischer Erwachsener (55–74) und der über 75jährigen nach Geschlecht, im Vergleich zu 20 westlichen Ländern von 1989–2010: Anlass zur Sorge

http://surgicalneurologyint.com/surgicalint_articles/neurological-deaths-of-american-adults-55-74-and-the-over-75s-by-sex-compared-with-20-western-countries-1989-2010-cause-for-concern/

Neurological deaths of American adults (55–74) and the over 75's by sex compared with 20 Western countries 1989–2010: Cause for concern

Colin Pritchard, Emily Rosenorn-Lanng

Surg Neurol Int 23-Jul-2015;6:123

Abstract

Background: Have USA total neurological deaths (TNDs) of adults (55-74) and the over 75's risen more than in twenty Western Countries

Methods: World Health Organization TND data are compared with control mortalities cancer mortality rates (CMRs) and circulatory disease deaths (CDDs) between 1989-1991 and 2008-2010 and odds ratios (ORs) and confidence intervals calculated.

Results: Neurological Deaths -- Twenty country (TC) average 55-74 **male rates** per million (pm) rose 2% to 503 pm, USA **increased by 82%** to 627 pm. TC average **females** rose 1% to 390 pm**, USA rising 48%** to 560 pm. TC average over 75's male and female increased 117% and 143%; USA rising 368% and 663%, significantly more than 16 countries. Cancer mortality -- Average 55-74 male and female fell 20% and 12%, USA down 36% and 18%. TC average over 75's male and female fell 13% and 15%, the USA 29% and 2%. Circulatory deaths -- TC average 55-74 rates fell 60% and 46% the USA down 54% and 53%. Over 75's average down 46% and 39%, USA falling 40% and 33%. ORs for rose substantially in every country. TC average 75's ORs for CMR: TND male and females were 1:2.83 and 1:3.04 but the USA 1:5.18 and 1:6.50. The ORs for CDD: TND male and females TC average was 1:3.42 and 1:3.62 but the USA 1:6.13; 1:9.89.

Conclusions: Every country's neurological deaths rose relative to the controls, especially in the USA, which is a cause for concern and suggests possible environmental influences.

Keywords: Age, gender, international comparison, neurological deaths

Alzheimer-Krankheit – eine Neurospirochetose.
Analyse der Evidenz in Anlehnung an die Koch's und Hill's Kriterien

J Neuroinflammation. 2011 Aug 4;8(1):90
Alzheimer's disease - a neurospirochetosis.
Analysis of the evidence following Koch's and Hill's criteria. Miklossy J.

Abstract: It is established that chronic spirochetal infection can cause slowly progressive dementia, brain atrophy and amyloid deposition in late neurosyphilis. Recently it has been suggested that various types of spirochetes, in an analogous way to Treponema pallidum, could cause dementia and may be involved in the pathogenesis of Alzheimer's disease (AD). Here, we review all data available in the literature on the detection of spirochetes in AD and critically analyze the association and causal relationship between spirochetes and AD following established criteria of Koch and Hill. The results show a statistically significant association between spirochetes and AD (P = 1.5 x 10-17, OR = 20, 95% CI = 8-60, N = 247). When neutral techniques recognizing all types of spirochetes were used, or the highly prevalent periodontal pathogen Treponemas were analyzed,
spirochetes were observed in the brain in more than 90% of AD cases. Borrelia burgdorferi was detected in the brain in 25.3% of AD cases analyzed and was 13 times more frequent in AD compared to controls. Periodontal pathogen Treponemas (T. pectinovorum, T. amylovorum, T. lecithinolyticum, T. maltophilum, T. medium, T. socranskii) and Borrelia burgdorferi were detected using species specific PCR and antibodies. Importantly, co infection with several spirochetes occurs in AD. The pathological and biological hallmarks of AD were reproduced in vitro. The analysis of reviewed data following Koch's and Hill's postulates shows a probable causal relationship between neurospirochetosis and AD. Persisting inflammation and amyloid deposition initiated and sustained by chronic spirochetal infection form together with the various hypotheses suggested to play a role in the pathogenesis of AD a comprehensive entity. As suggested by Hill, once the probability of a causal relationship is established prompt action is needed. Support and attention should be given to this field of AD research. Spirochetal infection occurs years or decades before the manifestation of dementia.

As adequate antibiotic and anti-inflammatory therapies are available, as in syphilis, one might prevent and eradicate dementia

Die Assoziation zwischen Zeckenbissinfektionen, Lyme-Borreliose und Autistischen Störungen.

Medical Hypotheses
Volume 70, Issue 5, 2008, Pages 967–974
The association between tick-borne infections, Lyme borreliosis and autism spectrum disorders
Robert C. Bransfield , Jeffrey S. Wulfman, William T. Harvey, Anju I. Usman

Summary
Chronic infectious diseases, including tick-borne infections such as *Borrelia burgdorferi* may have direct effects, promote other infections and create a weakened, sensitized and immunologically vulnerable state during fetal development and infancy leading to increased vulnerability for developing autism spectrum disorders. A dysfunctional synergism with other predisposing and contributing factors may contribute to autism spectrum disorders by provoking innate and adaptive immune reactions to cause and perpetuate effects in susceptible individuals that result in inflammation, molecular mimicry, kynurenine pathway changes, increased quinolinic acid and decreased serotonin, oxidative stress, mitochondrial dysfunction and excitotoxicity that impair the development of the amygdala and other neural structures and neural networks resulting in a partial Klüver–Bucy Syndrome and other deficits **resulting in autism spectrum disorders** and/or exacerbating autism spectrum disorders from other causes throughout life.
Support for this hypothesis includes multiple cases of mothers with Lyme disease and children with autism spectrum disorders; fetal neurological abnormalities associated with tick-borne diseases; similarities between tick-borne diseases and autism spectrum disorder regarding symptoms, pathophysiology, immune reactivity, temporal lobe pathology, and brain imaging data; positive reactivity in several studies with autistic spectrum disorder patients for*Borrelia burgdorferi* (22%, 26% and 20–30%) and 58% for mycoplasma; similar geographic distribution and improvement in autistic symptoms from antibiotic treatment. It is imperative to research these and all possible causes of autism spectrum disorders in order to prevent every preventable case and treat every treatable case until this disease has been eliminated from humanity.

Langzeit Antibiotikatherapie als möglicherweise effektive Behandlungsmethode für komorbide Kinder mit Lyme-Borreliose und Autismus.

Medical Hypotheses; May 2012, Vol 78, Issue 5, 606-615
“Long term antibiotic therapy may be an effective treatment for children co-morbid with Lyme disease and Autism Spectrum Disorder” Kuhn, M, S.Grave, R.Bransfield, S.Harris

Patients diagnosed with Lyme disease share many of the same physical manifestations as those diagnosed with an Autism Spectrum Disorder (ASD). In this study four male children (ages 26–55 months) who have an ASD diagnosis and one male child (age 18 months) who displayed behaviors consistent with an ASD, were assessed using the SCERTS Assessment Process Observation (SAP-O) form. The SAP-O meets state and federal requirements for providing a comprehensive, ongoing assessment of a child with an ASD [33] . The SAP-O form measures children’s abilities using observational, authentic assessment procedures in the domains of joint attention, symbol use, mutual regulation, and self regulation via observations of specific behaviors in familiar settings [33] . The five children tested positive for Lyme disease and their SAP-O score was evaluated before and after 6 months of antibiotic therapy. Each child was prescribed 200 mg of amoxicillin three times per day and three of the five children were prescribed an additional 50 mg of Azithromycin once per day.
All of the children’s scores on the SAP-O assessment improved after 6 months of antibiotic therapy. The assessors also reported anecdotal data of improved speech, eye contact, sleep behaviors, and a reduction of repetitive behaviors.

Evaluation der In-vitro Antibiotika Empfindlichkeit verschiedener morphologischer Formen von Borrelia Burgdorferi.

Infect Drug Resist. 2011;4:97-113. doi: 10.2147/IDR.S19201. Epub 2011 May 3.
Evaluation of in-vitro antibiotic susceptibility of different morphological forms of Borrelia burgdorferi.
Sapi E[1], Kaur N, Anyanwu S, Luecke DF, Datar A, Patel S, Rossi M, Stricker RB.

Abstract
Lyme disease is a tick-borne illness caused by the spirochete Borrelia burgdorferi. Although antibiotic therapy is usually effective early in the disease, relapse may occur when administration of antibiotics is discontinued. Studies have suggested that **resistance and recurrence of Lyme disease might be due to formation of different morphological forms of B. burgdorferi, namely round bodies (cysts) and biofilm-like colonies**. Better understanding of the effect of antibiotics on all morphological forms of B. burgdorferi is therefore crucial to provide effective therapy for Lyme disease.

Babesien

Intrazelluläre malariaähnliche protozoale Organismen
Infizieren rote Blutkörperchen
2/3 der Borreliosepatienten sind auch mit Babesia infiziert, was sehr schwierig zu diagnostizieren ist
Über 17 verschiedene Subspezies, die sich antigenspezifisch unterscheiden
Am häufigsten: B. microti, WA-1 strain in westlichen Staaten und B. divergens und andere in Europa
Diagnose: FISH-Test (IgeneX) oder klinisch mit ART oder Blutlangzeitbeobachtung unter Dunkelfeldmikroskopie
Babesia hat die Tendenz absterbende Zellen zurückzulassen in der Dunkelfeldmikroskopie und wird Stunden nachdem das Präparat unter das Mikroskop gebracht wurde sichtbar
Neue Testverfahren: Provozierter Urin PCR Test (Klinghardt)
Naher Verwandter zu FL1953 (Stephen Fry MD)
Verursacht häufig Probleme im Verdauungstrakt: Gastroparesie, durchlässige Darmwand, Verstopfungen, aufgedunsenes Aussehen und mehr

“Bell’s Palsy of the Gut and other GI manifestations of Lyme and associated Diseases” Virginia T. Sherr, M.D., DLFAPA, PRACTICAL GASTROENTEROLOGY • APRIL 2006, pg 88

RESULTS:
Doxycycline reduced spirochetal structures ~90% but **increased the number of round body forms about twofold**. Amoxicillin reduced spirochetal forms by ~85%-90% and round body forms by ~68%, while treatment with metronidazole led to reduction of spirochetal structures by ~90% and round body forms by ~80%. Tigecycline and tinidazole treatment reduced both spirochetal and round body forms by ~80%-90%. When quantitative effects on biofilm-like colonies were evaluated, the five antibiotics reduced formation of these colonies by only 30%-55%. In terms of qualitative effects, **only tinidazole reduced viable organisms by ~90%.** Following **treatment with the other antibiotics, viable organisms were detected in 70%-85% of the biofilm-like colonies.**

CONCLUSION:
Antibiotics have varying effects on the different morphological forms of B. burgdorferi. **Persistence of viable organisms in round body forms and biofilm-like colonies may explain treatment failure and persistent symptoms following antibiotic therapy of Lyme disease.**

Medikamentenkombination bei Borrelia burgdorferi-Persistenz in vitro: Beseitigung gelungen durch den Einsatz von Daptomycin, Cefoperazone und Doxycycline.

PLoS One. 2015 Mar 25;10(3):e0117207. doi: 10.1371/journal.pone.0117207. eCollection 2015.

Drug combinations against Borrelia burgdorferi persisters in vitro: eradication achieved by using daptomycin, cefoperazone and doxycycline.

Feng J[1], Auwaerter PG[2], Zhang Y[1].

Abstract

Although most Lyme disease patients can be cured with antibiotics doxycycline or amoxicillin using 2-4 week treatment durations, some patients suffer from persistent arthritis or post-treatment Lyme disease syndrome. Why these phenomena occur is unclear, but possibilities include host responses, antigenic debris, or B. burgdorferi organisms remaining despite antibiotic therapy. In vitro, B. burgdorferi developed increasing antibiotic tolerance as morphology changed from typical spirochetal form in log phase growth to variant round body and microcolony forms in stationary phase. B. burgdorferi appeared to have higher persister frequencies than E. coli as a control as measured by SYBR Green I/propidium iodide (PI) viability stain and microscope counting. To more effectively eradicate the different persister forms tolerant to doxycycline or amoxicillin, drug combinations were studied using previously identified drugs from an FDA-approved drug library with high activity against such persisters. Using a SYBR Green/PI viability assay, daptomycin-containing drug combinations were the most effective. Of studied drugs, daptomycin was the common element in the most active regimens when combined with doxycycline plus either beta-lactams (cefoperazone or carbenicillin) or an energy inhibitor (clofazimine).

Daptomycin plus doxycycline and cefoperazone eradicated the most resistant microcolony form of B. burgdorferi persisters and did not yield viable spirochetes upon subculturing, suggesting durable killing that was not achieved by any other two or three drug combinations. These findings may have implications for improved treatment of Lyme disease, if persistent organisms or detritus are responsible for symptoms that do not resolve with conventional therapy. Further studies are needed to validate whether such combination antimicrobial approaches are useful in animal models and human infection.

PMID: 25806811

Effektivität von Stevia Rebaudiana aus Vollblattextrakten gegen die verschiedenen morphologischen Formen von Borrelia Burgdorferi in vitro.

Effectiveness of Stevia Rebaudiana Whole Leaf Extract Against the Various Morphological Forms of Borrelia Burgdorferi in Vitro
Eur J Microbiol Immunol (Bp). 2015 Dec ;5(4):268-80. Epub 2015 Nov 12
P A S Theophilus, M J Victoria, K M Socarras, K R Filush, K Gupta, D F Luecke, E Sapi

Abstract:
Lyme disease is a tick-borne multisystemic disease caused by Borrelia burgdorferi. Administering antibiotics is the primary treatment for this disease; however, relapse often occurs when antibiotic treatment is discontinued. The reason for relapse remains unknown, but recent studies suggested the possibilities of the presence of antibiotic resistant Borrelia persister cells and biofilms. In this study, we evaluated the effectiveness of whole leaf Stevia extract against B. burgdorferi spirochetes, persisters, and biofilm forms in vitro. The susceptibility of the different forms was evaluated by various quantitative techniques in addition to different microscopy methods. The effectiveness of Stevia was compared to doxycycline, cefoperazone, daptomycin, and their combinations. Our results demonstrated that Stevia had significant effect in eliminating B. burgdorferi spirochetes and persisters. Subculture experiments with Stevia and antibiotics treated cells were established for 7 and 14 days yielding, no and 10% viable cells, respectively compared to the above-mentioned antibiotics and antibiotic combination. When Stevia and the three antibiotics were tested against attached biofilms, Stevia significantly reduced B. burgdorferi forms.
Results from this study suggest that a natural product such as Stevia leaf extract could be considered as an effective agent against B. burgdorferi.

Was geschieht nach Antibiotikabehandlung – in bis zu 62% der Fällen?

Thirty-four percent of a population-based, retrospective cohort were ill an average of 6.2 years after antibiotic treatment.

Shadick NA, Phillips CB, Logigian EL, et al. The long-term clinical outcomes of Lyme disease. A population-based retrospective cohort study. Ann Intern Med 1994;121(8):560-7

Sixty-two percent of a retrospective evaluation of 215 Lyme disease patients from Westchester County, NY, remained ill an average of 3.2 years after antibiotic treatment

Asch ES, Bujak DI, Weiss M, et al. Lyme disease: an infectious and postinfectious syndrome.

J Rheumatol1994;21(3):454-61

A meta-analysis of 504 patients treated for Lyme disease found this group had more fatigue, musculoskeletal pain and neurocognitive difficulties than 530 controls. Additionally, it demonstrated that persistent Lyme disease symptoms were a distinct set of symptoms, which differed from those of fibromyalgia, chronic fatigue syndrome and depression

Cairns V, Godwin J. Post-Lyme borreliosis syndrome: a meta-analysis of reported symptoms. Int J Epidemiol2005;34(6):1340-5

Korbblütler: Artemisia annua, Artemisinin und Artesunate

Trends In Parasitology; Volume 31, Issue 12, December 2015, Pages 605–607
Science & Society
Reflections on the Nobel Prize for Medicine 2015 – The Public Health Legacy and Impact of Avermectin and Artemisinin
David H. Molyneux Steve A. Ward

The award of the Nobel Prize to Dr Bill Campbell and Professor Satoshi Ōmura for their role in the discovery of avermectin and Professor Youyou Tu for her work on the development of artemisinin has been universally welcomed by the International Health community for what the Nobel Committee described as ‘The discoveries of Avermectin and Artemisinin have revolutionized therapy for patients suffering from devastating parasitic diseases. Campbell, Ōmura and Tu have transformed the treatment of parasitic diseases. The global impact of their discoveries and the resulting benefit to mankind are immeasurable’.

Artemisinin: Eine vielseitige Waffe aus der Chinesischen Medizin.

Herbal Drugs: Ethnomedicine to Modern Medicine
2009, 173-194, DOI: 10.1007/978-3-540-79116-4_11
Artemisinin: A Versatile Weapon from Traditional Chinese Medicine

Thomas Efferth

German Cancer Research Center Pharmaceutical Biology (C015), Im Neuenheimer Fedl 280, 69120 Heidelberg, Germany

Abstract
Traditional Chinese medicine (TCM) commands a unique position among all traditional medicines because of its 5000 years of tradition. Our own interest in natural products from TCM was triggered in the 1990s by sesquiterpene lactones of the artemisinin type from *Artemisia annua* L. The first description of the Chinese herb *Artemisia annua* L. (*qinghao*, Sweet wormwood) dates back to 168 B.C.E. Artemisinin (*qinghaosu*) was identified in 1972 as the active antimalarial of *Artemisia annua* L. Artemisinin and its derivatives are used for the treatment of malaria. As shown in recent years, this class of compounds also shows activity against cancer cells, schistosomiasis, and certain viruses, i.e., human cytomegalovirus, hepatitis B and C virus, and bovine viral diarrhea virus. Interestingly, the bioactivity of artemisinin seems to be even broader and also includes the inhibition of other protozaons such as *Leishmania, Trypanosoma*, and *Toxoplasma gondii*, as well as some trematodes, fungi, yeast, and bacteria. The analysis of its complete profile of pharmacological activities, as well as the elucidation of molecular modes of action and the performance of clinical trials, will further elucidate the full potential of this versatile weapon from nature against diseases.

Artemisia-Extrakte

J Clin Virol. 2009 Jun 3

Sensitivity of human herpesvirus 6 and other human herpesviruses to the broad-spectrum antiinfective drug artesunate.

Milbradt J, Auerochs S, Korn K, Marschall M.
Institute for Clinical and Molecular Virology, Medical Center Erlangen, University of Erlangen-Nuremberg, Germany.

BACKGROUND: Antiviral therapy for HHV-6 infection with conventional anti-herpesviral drugs is problematic so novel drugs are required. Artesunate is a well-tolerated drug approved for malaria therapy which possesses antiviral activity. OBJECTIVE: The artesunate sensitivity of HHV-6 was analyzed and compared to that of several other human herpesviruses. STUDY DESIGN: Cultured human cells were productively infected with strains of HHV-6 or other human herpesviruses to measure artesunate inhibition of viral protein synthesis (Western blot analysis) or viral genome replication (qPCR), and to determine IC(50) values by immunofluorescence or plaque reduction assays. RESULTS: Sensitivity of HHV-6 to artesunate was demonstrated with an IC(50) of 3.80+/-1.06muM. This is in a range similar to IC(50) values for HCMV and EBV. Artesunate treatment of HHV-6-infected cells significantly reduced viral early and late protein synthesis that occurred in the absence of drug-induced apoptosis or necrotic cytotoxicity. HHV-6A genome replication was markedly reduced by artesunate.
CONCLUSIONS: Artesunate possesses anti-HHV-6 activity in vitro and may be useful for treatment of HHV-6 infections.

Fungizide Aktivität endophytischer einjähriger Beifusskulturen gegen phytopathogene Pilze

Antifungal activity of *Artemisia annua* endophyte cultures against phytopathogenic fungi

Chang Hong Liu, Wong Xin Zou, Hong Lu, Ren Xiang Tan

Journal of Biotechnology; Volume 88, Issue 3, 12 July 2001, Pages 277–282

Abstract

Artemisia annua, well recognized for its production of antimalarial drug artemisinin, is seldom attacked by any of phytopathogenic fungi, which could be partially associated with the presence of endophytes.

Present investigation is aiming at disclosing whether the endophytes inside *A. annua* produce antifungal substances. A total of 39 endophytes were isolated and fermented, and the ferment broth was

evaluated in vitro for the antifungal activity against crop-threatening fungi *Gaeumannomyces graminis* var. *tritici*, *Rhizoctonia cerealis*,*Helminthosporium sativum*, *Fusarium graminearum*, *Gerlachia nivalis* and *Phytophthora capsici*. These plant pathogens are still causing wheat take-all, sharp eyespot, common rot, scab, snow mould, and pepper phytophthora blight, respectively.

Out of 39 endophytes investigated, 21 can produce in vitro substances that are inhibitory to all or a few of the tested phytopathogens whereas the rest yielded nothing active.

Moreover, the most active broth of endophyte IV403 was extracted with EtOAc and *n*-butanol, and comparisons of the antifungal activity of the extracts indicated that the major active metabolites were EtOAc-extractable.

Cistus incanus Tee –Mediterrane Steinrose aus Sardinien: 3-6 Tassen/Tag (KiScience.com)

Cistus Tee wurde in Sardinien traditionell schon immer verwendet um gesund zu bleiben – auf allen Ebenen.

Neuere Literatur zeigt, dass es das ideale Kraut für die Vorbeugung und Behandlung der Lyme-Borreliose ist.

1. Verhindert Zecken- und Insektenstiche (Studie am Hund)
2. Biofilm-Aufbrecher: weicht Biofilme auf und setzt die sich versteckenden Mikroben Cistus und anderen Behandlungen aus – und dem patienteneigenen Immunsystem.

“ Effects of Cistus-tea on bacterial colonization and enzyme activities of the in situ pellicle”

Bettina Spitzmüller a, Ali Al-Ahmad a, Matthias Hannig a, Christian Hannig a

Journal of Dentistry – International Journal for Clinical Dental Science

Vol 36, Issue 7, Pages 540-545 (July 2008)

3. **Anti-microbial agent effective against Lyme and several co-infections**

Labdanum from Mediterranean Cistus species: GC-MS fingerprints and relative quantification of **Antispirochaetal manoyloxides**. Planta Medica, 78(11), PA10 Kuchta, K., Grötzinger, K., Birkemeyer, C., & Rauwald, H. W. (2012).

Immunmodulation

LDI: Low Dose Immunotherapy (McEwen, Ty Vincent) - aka “Homeopathic Immune Modulation”: Startpunkt ist eine Kultur mit Lyme Spirochäten und/oder anderem infektiösem Material.
Einige Ärzte haben lebende Zecken, die in sterilem Wasser ertränkt wurden als Startpunkt verwendet um eine „Muttertinktur“ zu erzeugen. Nach 10 Tagen wird diese 1:100 verdünnt und verschüttelt. Dies wird als Potenz C1 bezeichnet. Die C1 wir erneut 1:100 verdünnt und verschüttelt. Dies wird als C2 bezeichnet. Von C2-C3 wird eine Micropore Filternadel verwendet, sodass jede weitere Verdünnung steril ist.
Für die Immunmodulation der Borreliose beginnen wir bei C20, in einer Dosis von 0,04 ml zusammen mit 0,01 ml des Enzyms β-Glucuronidase. Erwartet wird eine Erstverschlechterung der Symptome für einige Tage, dann eine Verbesserung. Wenn die passende heilende Dosierung gefunden ist, wird Behandlung wird nur einmal alle 7 Wochen gegeben.
Eine verbesserte Version ist über die Am. Academy of Environmental Medicine erhältlich.
Andere Optionen sind: Auto-Hämotherapie, Auto-Urin tx, Klassische Homöopathie, Arzneimittel (Claritin, Steroide, Ketotifen, etc.)

Andere Methoden der Immunmodulation

- Klassische Homöopathie, Akupunktur und Osteopathie
- Darm Hydrotherapie
- Immunmodulierende Kräuter: Tragant (Astragalus), Japanischer Staudenknöterich, Andrographis, Red Root, Smilax (=Quintessenz, AstraSmile), Kurkuma, Wormwood

- Patentierte Medikamente: Biologics, Steroide, Antihistaminika, Ketotifen etc

- Nutramedix Heilmittel: Lee Cowden approach

- Klinghardt Methode – Sophia Health Institute

    1. Photonwave Farbtherapie/Photopherese
    2. Lichtmodulation mit K-Sweep Methode und spagyrisch bereitete Lyme and Co-Infection Nosoden
    3. Psychokinesiologie
    4. Hormonbalance (bioidenticals)

Vereinfachtes Protokoll zur Immunmodulation

- Meticulous EMR hygiene
- Balance the Hormones (“Target Method”)
- Use homeopathic dilutions of the infectious agents to downregulate inflammation (can be applied via 1. photopheresis/K-Sweep or 2. orally/s.c. injections or 3. used with Dr.Klinghardt Psychokinesiology)
- Consider auto-urine therapy (1/2 glass 1-2 times/day 10 min before a meal) during this phase of treatment
- To increase natural killer cell activity (CD 57 below 100): KiScience chlorella 2gms (8tbl) 3 times/ day 30 min before meals
- To increase macrophage activity: MegaSporebiotic (KiScience)(as recommended)

Entgiftung (Klinghardt Empfehlungen)

Labor: Haaranalyse, Urin Porphyrintest (www.labbio.net), Urin KPU Test (BioLab), Urin Test auf Glyphosate, MELISA Test auf Metallallergien, Provozierter Urin PCR Test, Oligoscan

Behandlung:

- Schritt 1: Binder: Chlorella (KiScience), Zeolite (KiScience), Enterosgel
- Schritt 2: Steigerung des Entgiftungssystems: colonics, Lymphdrainage, Selen, Schwefel (MSM), NAC, Minerale (Knochenbrühe)
- Schritt 3: Mobilisierer: Cilantro (Al, Pb, Hg), Liposomales Melatonin, Curcumin, Psychologische Arbeit (PK), Homöopathische Verdünnung der Toxine, i.v. VitC, Übungen und Körperarbeit, ionische Fußbäder
- Schritt 4: Austauschstoffe: BCAA, DMPS, DMSA, Glutathion, Proteine (Chlorella, Molke)

Immunmodulation

Über 90% der Syndrome und ein großer Teil der Intensität oder Stärke der Reaktion werden durch das Immunsystem des Wirts verursacht

"The response of the host makes the disease, not the antigen (microbes or toxins)."Dr Lewis Thomas NEJM 1972;287:553-555

"The role of the toxin/microbe lies in the initiation of the mega-multiplying response of the host's system to a given signal" Dr Ritchie Shoemaker in "Surviving Mold", 2010, pg 8

Spirochetes are known to align themselves inside the neuronal axon (Dr. Alan MacDonald) and also inside the myelin sheath of myelinated nerves, also in the lining of the urinary tract, inside the cells of the heart muscle – and outside the cells in biofilm communities

The often confused both over- and underactive immunsystem attacks the cells and other structures that host the microbes – a fundamental mechanism in auto-immune illness, leaving a destructive path behind

Labmarkers for overactivity: TGF-beta1, C3a

Labmarkers for underactivity: low wbc, low CD 57

Die Behandlung chronischer Krankheiten sollte diesen vier Prinzipien folgen (The 4 “Klinghardt Principles”)

1. Korrektur und Balance der grundlegenden Physiologie: Bewegung, Ernährung, pH, Hormone, Vitamine, osteopathische Arbeit, EMR Schutz etc.
2. Entgiftung : Körperbelastung senken durch Entfernung von Metallen, Chemikalien, Biotoxinen aus der extra- und intrazellulären Matrix
3. Immunmodulation: Hochregulation blockierter oder gering aktiver Immunfunktionen und Herunterregulation von überaktiven (“The response of the host makes the disease” Lewis Thomas MD; NEJM 1972;287:553-555)
4. Senkung der mikrobiellen Belastung: zu berücksichtigen sind Parasiten, Pilze, Viren (HSV-1, EBV, XMRV), Bakterien (Borrelia, Bartonella), Protozoen (Babesien, Toxoplasmen)

Fazit

Die toxische elektromagnetische Umgebung ist für menschliche Gesundheit und Wohlergehen nicht förderlich – und führt uns auf den Weg des Aussterbens.

Dennoch können wir unseren Niedergang aufschieben in dem wir die verschiedenen schädlichen Einflüsse erkennen und verbessern; das ist gar nicht sehr schwierig. Wir müssen uns einen sauberen Lebensstil aneignen und müssen biologische Hilfsmittel verwenden, um uns selbst zu helfen.
Wir müssen uns gegenseitig beobachten und hilfreiche Informationen weitergeben. Wir stecken in einer Krise und ein Ende ist nicht in Sicht. Die gemeinsame und oft absichtliche Zerstörung der Biosphäre hat uns in eine Situation gebracht in der wir uns dafür entscheiden können aufzuwachen und zu wachsen wie nie zuvor. Das können wir und das sollten wir feiern!

Dietrich Klinghardt MD, PhD

www.KlinhardtInstitute.com

INK: Institut fuer Neurobiologie nach Klinghardt
www.ink.ag

Sophia Health Institute, Woodinville, Washington, USA