A Safer Approach to High-Dose Dapsone for Lyme Disease Transcript

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Introduction to the summit and new Alzheimeru2019s biomarker findings

Hello everyone. My name is Doctor Richard Horowitz and I'm the co-host of this year's 2026 DrTalks Healing Lyme Summit. This year we're talking about the Neuroinflammation Brain Protection Summit, primarily because I have some very exciting news to share with you, which I will share with you under other talks with Doctor Myriah Hinchey.

But we discovered that some of the Alzheimer's markers that you can now check in the blood through Question Lab core are showing up in a large number of our chronic Lyme patients, such as Peter 181 Peter 217, neural filament light and abnormal beta amyloid ratios.

The 4240 ratios. So these are now markers that you can check through the local labs. And we discovered that using some combination therapy in a patient with chronic Lyme disease LGS, we were able to reverse not only rheumatoid factors, which was a marker of peripheral inflammation, but also reverse Peter 217, which is a marker that patients will go on and end up having dementia type episodes later in life.

So this is very, very exciting news. I don't think that most doctors are checking this at this point. So we're going to discuss during the summit this case study that I recently submitted to the Journal of Alzheimer's Disease case reports very, very exciting information.

So today, what I would like to discuss with you is reversing the side effects of high dose steps on combination therapy, primarily because many patients who spoken to me and their physicians, when I've asked them about whether they've used apps on combination therapy for the treatment of chronic Lyme disease, they basically said to me, no, we have not used it, and yet they're still sick with fatigue, joint pain, muscle pain, neuropathy, tingling, numbness, burning, stabbing sensations, memory, concentration problems, sleep disorders, psychiatric issues.

And when I asked them, why haven't you used it? It's because they're worried about the side effects of that. So, well, personally, I would be more worried about having a chronic, persistent infection like Lyme Borrelia burgdorferi or infections like Bartonella and associated species in my body long term causing inflammation because we know what this can do to the body, then worried about reversible side effects of a short term protocol like that, some combination therapy.

So I'm going to do this mini talk for you today to first of all, explain to you why you want to use some combination therapy and consider it in the treatment of chronic Lyme LGS.

What exactly is the protocol and where you can find it, and how we reverse the side effects when you're using higher dose, some combination therapy.

Why high-dose dapsone combination therapy is being used

Now, I did a mini talk during the Doctor's Talk 2026, explaining the use of low dose taps on combination therapy and essentially, that is when you're a patient who is highly sensitive with many hurts him or reactions.

And for example, you might be someone starting with anemia the side effects of dapt. So and include what I describe as do no harm each time or reactions.

An inflammatory reaction when you're killing off the bacteria. A anemia depression interferes with folic acid metabolism. So you get a reversible anemia, which is why you have to make sure that you have an enzyme called G6, PD glucose six phosphate dehydrogenase that has to be positive before you take that zone.

And you want to reverse any iron deficiency, B12 or folic acid deficiency before you start that. Some. And also

there are side effects including rashes if you're highly sulfur sensitive.

But as I explained this other mini talk, even if someone has a rash to bactrim self-limited is all trimethoprim. We usually find that if we give people an h1 h2 blocker like Zyrtec ten milligrams twice a day, cetirizine and Pepcid famotidine 10mg or 20mg twice a day and we block h1, H2 receptors.

This is, of course, assuming you've not had an anaphylactic reaction to a sulfa drug, but but a rash that was itchy. Most cases people can take that option and they do not get any rashes when they take an h1 h2 blocker.

And then the left side effect is MF hemoglobin EMEA. This is where you don't carry oxygen well in the blood. And some of the side effects include I feel short of breath, I get headaches, I feel more tired.

You may get blue hands and blue lips. So these are the side effects I'd like to discuss with you today. When you use high dose caps on combination therapy and how we reverse it.

Now, first of all, getting back to basics. Why am I even suggesting you use some combination therapy for the treatment of chronic Lyme TLDs? Well, in my experience of 41 years, having seen over 13,000 chronic ill patients, I have searched high and low to find the shortest, most effective oral antibiotic without IV drugs, not using IB receptors in a reaction or any other IV drugs.

How can we get a short term oral antibiotic that's effective and essentially it took me about ten years. I discovered that some combination therapy when researchers from Johns Hopkins, Stanford University ever shop from the University of New Haven, and Kim Lewis from northeastern, discovered that Lyme disease really Bergdorf Frye and also Bartonella, by the way, are what we call biofilm persistent bacteria.

That means that one of the ways these bacteria persist in the body is under biofilms. Now, biofilms is very, very common in many chronic bacterial infections.

For example, when you go to the dentist and you have to take plaque taken off of your teeth, that is a biofilm. Otherwise you may get gingivitis from a bacteria known as Port Ramona's gingival, which also, by the way, has been associated with Alzheimer's disease.

They found this bacteria in the brain. And they've also found, by the way, which is what we're going to discuss in another mini talk. And during this particular 2026 episodes of Doctors Talk, we now know that Alzheimer's, one of the causes is Briley Bergdorf.

Right? Doctor Judith McCloskey has published several articles on this years ago, showing without a doubt that it is one of the bacteria that is associated.

And in fact, the reason I am personally worried about it is because 42% of the population, according to recent studies over 55 years old, have a chance of becoming demented.

So in prior studies in the United States, they were showing that 46 million Americans had pre-clinical dementia, according to the literature. That's a 42% chance of people over 55 going on to dementia.

So we want to know, well, what causes Alzheimer's dementia. It turns out that all 16 SIDs factors that I have published in the literature, both in my New York Times bestselling books Why Can't I Get Better, my national bestseller, How Can I Get Better?

Biofilm persistence, Lyme, Bartonella, and Alzheimeru2019s links

It's also in the journal Health Care in 2018, where I discussed the message model. It turns out that all 16 SIDs factors are associated with Alzheimer's disease, and this will also be part of what I will be discussing in my new book, Ending Chronic Illness.

This book from Simon and Schuster will be out later this year, and I have a whole chapter on Alzheimer's disease and exactly the 16 point emissions factors that are associated, and how we can work on these factors to help decrease your risk.

So the reason we want to use higher dose, some combination therapy is both Lyme and Bartonella are biofilm persistent bacteria. Now I have tried over the years many different therapies oral and IV.

And it's not that they're not effective. They can be effective. But patients oftentimes told me they would relapse once the antibiotics or herbs were stopped.

What I'm finding with using these biofilm persistent bacterial regimens like that, some combination therapy, is that once we have addressed Lyme and Bartonella properly and Berbizier, many of our patients also have a different forms of Berbizier.

The BCA micro, Berbizier, Duncan, Berbizier, okolie. I think these are showing up in our chronically ill population. Once we've properly treated Berbizier and we've addressed MPs, it's factors like mold toxicity, heavy metals, leaky gut with mast cell activation, the wrong types of bacteria in the gut with microbiome abnormalities.

We've got you to sleep. We've reversed vitamin mineral deficiencies. We've treated your pots. Dysautonomia. Mitochondrial dysfunction addressed all the hormone disorders.

In other words, once we've addressed all the other factors that drive inflammation in the body, we're finding that this nine week oral Dobson combination therapy protocol is highly effective when you have chronic Lyme disease.

And in fact, if you don't, most people, in fact, do have co-infections with the Bard. But if you didn't have it and you didn't have a lot of these MPs, it's factors including mold toxicity, which will interfere with the success of this protocol.

We find that many of these patients go into long term remission after the nine week oral daptone protocol, and that is basically the case study that I submitted to the Journal of Alzheimer's Disease Case Studies.

We had a patient with chronic Lyme disease. Yes. This was a patient with an E rash 15 years ago. She met all the criteria. She was Elisa positive six Elisa positive CDC exam, Western blood positive, CDC IgG, Western blood positive, a CDC positive immuno blot.

She meant all criteria for chronic Lyme LDS sick for 15 years with joint pain. Rheumatoid factors were positive and she had an elevated P2 17 in her blood, which is again a marker that you may go on to have neurocognitive decline and dementia later in life.

We gave her this nine. We tapped some combination therapy. We checked these biomarkers. Three months later, lo and behold, the rheumatoid factor reversed.

It became negative and the p tau 217, which was elevated, went back to normal. It was below normal range. And her beta amyloid ratios, which were normal in the normal range, improved with less amyloid based on what we were seeing on the blood test.

Now, this is the first time in the medical literature this has ever been reported because when you read the Alzheimer's literature and again, Alzheimer's disease is a major concern for all of us as we get older.

There are no cures for Alzheimer's disease. This is the first time. And again, it's one case study. We can't say for a general population how effective this will be, but based on the fact that every Dobson study we published and there are ten of them, eight of these studies are retrospective and over 350 patients.

We showed that memory, concentration, word finding problems was the number one thing that got better with some combination therapy apart from fevers, day sweats, night sweats and chills, but busier symptoms fatigue, joint pain,

muscle pain, nerve pain.

Got better. Sleep disorders got better, mood got better. But cognition specifically did get better. And now we have proof, at least in a limited case study, that we can maybe improve this in the broader population, which is very important because approximately 25% of the Alzheimer's cases are expected to be due to Briley Bergdorf, right, according again to a review of the medical literature.

So this has broad implications, which is why I want to make sure you're clear about using some combination therapy for chronic blind yields and understand the safety and how we reverse the side effects.

So let's say you're someone who's now been diagnosed with Lyme disease and you've gone through the 16 point message model.

Case study: biomarker improvement after treatment

You've dealt with the mold toxins. You pulled out, the heavy metals, your microbiome of your gut in good order. You're not having mast cell reactions.

Your pot's disorder, Nami, is under control. You're getting to sleep. Or if you're not, it's because the linemen, Bartonella are not completely treated.

But you've addressed as many of these inflammatory factors as you can, and you're now ready to do awesome. So number one, you want to make sure you don't have anemia that your G6 pd positive and that there's no iron deficiency.

B12 or folic acid deficiency. So how are we going to reverse the side effects. Again do no harm H for Hertz's aid for anemia or for rashes. And from that hemoglobin image.

So if you read the protocol that is published in the journal microorganisms, September 2023, where we evaluated high dose, some combination therapy compared to a lower dose zone, what we essentially found in that article is that the six day long or dose high dose stop zone versus four days, which is what we published previously in microorganisms, was more effective, especially when Bartonella was present.

Now, when Bartonella is present, you need a minimum of four pulses of high dose, some combination therapy. And again, the entire protocol was published in Micro Autism September 2023.

And also in April 2024, we described three case studies. Among those 25 patients we reported that remained at remission for years. So you can read those stories and see how well these patients did.

You can also read and look at the documentaries that we've previously get from Doctors Talks, which you'll see in this year's Doctor Truck Summit. But if you go on my website can get better.com and look under the consultation service, you will see that we have listed all of the DApps Zone articles, and you can look at the prior documentaries where 27 people discuss the efficacy and safety of some combination therapy and whether they would suggest also doing it for a larger, broader population.

So how do we control the Hertz's? Well, in the protocol, the Hertz is when you're killing off Borrelia and Bartonella and any intracellular bacteria, one of the major inflammatory pathways is called NF kappa.

B how do we block NF kappa B so in the protocol we use an acetylcysteine and they seek 600mg twice a day. Alpha max alpha lipoic acid 600mg once or twice a day.

If you do use it twice a day, you just have to be careful about reactive hypoglycemia. I do take it, by the way, once or twice a day, and I have hypoglycemia and don't have a problem, but I'm careful with my diet.

And then we use glutathione on minimally 500mg twice a day. You don't have to use liposomal or load liposomal.

Clearly we'll get better absorption in the body.

Now for her timer reactions, we advise using higher doses of glutathione on up to 2000mg twice a day, even three times per day, while alkaline izing the body.

Alkaline using the body means you get fresh lemons, your limbs and squeeze them in a glass of water and you sip it through a straw and then brush your teeth to avoid any problems with the enamel.

Or you take the glutathione in a large glass of water, eight ounces with 2000mg with sodium bicarbonate. It used to be Alka Seltzer gold, but now you can get sodium bicarbonate from the pharmacy over the counter.

If you alkalis the body and you take high dose glutathione. And you can also use things like the belt formula from Research Nutritionals, which has my lax or SAP Barilla.

That is an herb also that helps with Horkheimer reactions. You can also use drainage remedies from picanha to make sure that all of your pathways, and especially lymphatics, are draining properly.

So we find that if we use high dose glutathione, we alkalis, we can control the H for Hertz's in do no harm. What about the anemia. So patients a lot of times they say to me, well the reason I've not done Dobson is I'm worried about the anemia.

I'm worried about the hemoglobin Amia.

Managing Herxheimer reactions and anemia

Well, the way we designed this protocol and it took me years of tweaking this protocol is when you read the protocol in microorganisms 2023, and you can also, by the way, read about it in detail.

And many patients have told me they like this other explanation. I have a Substack called Medical Detective, and it's free to sign up. If you look under the Medical Detective Substack for Bartonella, I did five Substack and numbers four and five explain double dose, stab some combination therapy, and number five high dose and combination therapy post for treating chronic Bartonella.

We explain in there all of the protocols that I'm explaining to you today and the reasoning behind it. But when we designed the protocol for the anemia, the average drop in hemoglobin, when you're doing double dose option combination therapy, which is 100mg twice a day, the average drop will generally be about four grams of hemoglobin.

So if you start at a hemoglobin of 14, you'll be around ten by the end of the protocol. Rarely it will be more you will drop 5 or 6g. It's unusual, but it does happen.

But the way we designed it is people take liquid foreign folic acid 25mg for twice a day, so they take 200mg of colonic acid, look avorn and they take four of the methyl folate 50mg each, 60mg twice a day, or 120mg of elemental folate.

The brand we use is are from Simonton, so people are taking 320mg of folic acid, and they can even take methyl protect from Simonton to get a little extra B-12.

If women have heavy menstrual cycles, we tell them take a little extra iron at lunch. You don't want to take iron around your antibiotics because iron can bind tetracyclines like minnow or doxy, but that will prevent any excess iron deficiency anemia.

And we find that this minimizes the anemia with that zone. But be clear many patients still have excellent energy. In fact, they have more energy on the protocol because even though they're getting anemic by knocking down the load of the bacteria and lowering inflammation, they tell us they have more energy and they have less joint pain.

And their brain is clearer and their moods are better and their sleep is better, even if they're anemic. A lot of patients don't even notice it. When you finish the protocol, it takes somewhere between 4 to 8 weeks for the labs to come back to normal.

A lot of times in the labs, you'll see that the MCV, the size of the red cells will stay larger, sometimes for months on end. But it doesn't matter. You won't feel it, but the hemoglobin and hematocrit will come back to normal.

It can take longer for the size of the cells to come back. But. But it's not something that any patients will generally feel. But again, the labs always come back to normal.

So if you're asking like why would you use a protocol like this? Because I'm worried about the anemia. For me, it doesn't make much sense because it's all reversible.

The same thing with the hemoglobin Amia. So hemoglobin Amia where you don't carry oxygen well generally does not start until you get to at least 100mg of daptone.

And even then you can use high dose folate, high dose glutathione, and antioxidants like vitamin C, a gram twice a day, vitamin E 300 I use twice a day, not a ND 5 or 10mg twice a day with glutathione on 1000 to 2000 and twice a day.

These will all lower hemoglobin. And in fact, my wife, who's now eight years in full remission from DAPs on combination therapy, she did not use methylene blue for the hemoglobin because it was not available at an oral form.

When she did this eight years ago, she just took high dose glutathione and she was fine. We we advise using methylene blue, but the problem with methylene blue and methylene blue is extremely effective in lowering mathematical.

But if you read the studies that we did, the average meth hemoglobin level, when you use the doses of methylene blue, which starts at 50 twice a day and works up at the end of the protocol to 300 twice a day by going slowly and increasing methylene blue weekly in the protocol, we avoid serotonin syndrome.

But you have to make sure that you're not on any drugs. Accessories like Prozac series like Cymbalta. You cannot take psych drugs when you're doing these, because of the potential interactions with serotonin syndrome.

And again, we've not seen this because patients generally avoid it. But you can use low dose methylene blue with these psych drugs 50 twice a day. But you can't use higher doses because of the risk of serotonin syndrome.

So you do need to taper off your psych medicines. But again this is temporary. This protocol is nine weeks and you can start up the protocol again if you need your SSRI or SN or I over appropriate Wellbutrin, you can start it up after the nine week protocol.

Again. Many times psychiatrists and psychologists need to be involved if you have severe neurosis symptoms. Now many patients say, well, doc, I don't want to come off these drugs because it's helping my depression. But here's the problem.

Getting to the root causes of your symptoms is really what you want to be doing. Lyme and Bartonella will cause severe neuropsychiatric reactions. They cause depression. They cause anxiety.

They cause OCD, they cause psychosis, schizophrenia in some patients. We've had patients that have reverse psychotic episodes taking some combination therapy and addressing the M6 factors.

So I understand when patients say to me, I don't want to come off my psych drugs.

Methylene blue, psychiatric medications, and neuropsychiatric symptoms

But you also have to understand that if these bacteria are driving some of the neuropsychiatric reactions, apart from trauma and other things that may be causing it, where limbic retraining may be needed, I mean, many of our patients we have suggested doing the anti hopper dynamic neural retraining, doing primal trust, doing the gut to EIR amygdala, insula, retraining for limbic system, retraining using the neuro pod or Apollo neuro.

So some of these neuro devices for helping with vagal dysfunction. All of these things should be done. But you only need to come off the psych drugs temporarily.

And in the long run, it may be able to help you to not even have to take these psychiatric drugs at all. Because Lyman Bartonella causes severe neuropsychiatric reactions.

Now, because Bartonella can cause severe rage, what we advise in patients who have severe neuropsychiatric reactions with Bartonella is they may need to start and stop this protocol and go more slowly.

I have another mini talk that I did during this doctor 2026 Lyme summit, talking about the use of low dose apps on combination therapy, where you can minimize the time of reactions and you can kind of get used to the protocol by going much slower.

And it still works. It'll take longer to get through the protocol, but the advantages for the doctors and patients that, again, are concerned about the side effects or the hearses by going more slowly and getting used to it, what you're doing is you're minimizing the hoaxes and therefore minimizing the neuropsychiatric reactions.

And you don't have to come off the psychiatric drugs if you're using lower dose zone combination therapy, because we're not using methylene blue during that part of the protocol.

So again, the way reverse mathematics open is we use cimetidine 400mg twice a day with methylene blue, which generally goes up. And again a mathematical open level of 5 to 6%, which is the average you will see when you do this protocol.

The full dose of 200 to 400. It's annoying. You'll have some shortness of breath, a little bit. You'll have some fatigue. You'll have some headaches. You may have some lips and hands that look bluish, but it's annoying.

But it's not dangerous. Dangerous math. Hemoglobin levels is 40, 50, 60%. We have never ever seen that happen on some combination therapy. As long as people are following the protocol as directed.

Now I tell people that's protocol. It's like cancer chemotherapy. It's a strong protocol. People will get hurt. Time for reactions, right. The hemoglobin levels will get up.

You will have some reversible anemia. But every one of the side effects, the anemia, goes back to normal within eight weeks off the protocol. Staying on high dose folic acid with B12 and with iron, the hemoglobin levels will go down, usually within days off the bone because the half life adaptation is around 28 hours.

So it's out of your body by day four, and we taper the methylene blue when people stop the protocol. So again, these are all reversible side effects. What I am concerned about at this point is now that I understand, having done a literature review on Alzheimer's and dementia and understanding that a large percentage, maybe 25%, we don't even know really can be due to Briley Bergdorf.

Right? My concern is, is that if you are not using these biofilm persistent drug regimens, no matter what else you're using, although you may feel better, I don't know what the effect is on beta amyloid and on p town.

So I am suggesting during the summit and I'll be speaking to doctors and patients about this going forward. And this is in my new book, again, Ending Chronic Illness.

If you go on the website Ending Chronic illness.com, you'll get more information about it. And the book is 640 pages long.

Future research, trial plans, and closing remarks

It is the most extensive book I have ever written on healing, and it explains all the details of how I get Lyme patients better, including other diseases that overlap many of you with chronic Lyme like A. D. D., ADHD, or been diagnosed with dementia.

I have a patient from Massachusetts who was diagnosed with dementia with Alzheimer's on a Pet scan, and the neurologist was giving this patient lecanemab.

It's one of these monoclonal antibodies that has the potential side effect of shrinking the brain and causing brain bleeds, and it does not change the trajectory of Alzheimer's.

The neurologist never checked him for alignment. Bartonella and the Bartonella fish was positive. We're now using DAPs on combination therapy, and I'm working with other doctors with this to do this.

But the point being, we need to get used to the idea of root causes, of why the symptoms are there. And I'm not saying I've discovered a clear answer for all of these patients with dementia, but knowing that these 16 points are associated with dementia, which is published in my new study and the Journal of Alzheimer's Disease Case Studies, and in my new book, Ending Chronic Illness By Getting Back to Root Cause and looking at the microbiome and looking at vitamin mineral deficiencies and checking for mold, you can look at all the things that cause cognitive dysfunction and eventually help to lower neuroinflammation.

Now again, we're going to need a multicenter, randomized, placebo controlled, double blind study to prove this. But the exciting news here is we've never had evidence previously that we can improve beta amyloid and lower peto using a short term old protocol like that, some combination therapy.

So I'm very excited to share this with the line community and the general community. Hopefully in this coming year, we're going to be reapplying for grants for a randomized, multicenter controlled study.

And we will be putting these Alzheimer's markers, a beta 40 to 40 ratios. Peto 181. Peto 217 A neuro filament light a looking at ApoE status of the genetic status.

We're going to be including this in the randomized, multicenter, placebo controlled trial because now that we have some evidence that DAPs some combination therapy can potentially help, again, we're going to need more studies.

It's very exciting. We're at the the edge of a potential revolution of protecting the brains of people going forward with a short term oral protocol. So I'm telling you this, please, from the bottom of my heart.

No, I would not be recommending this if I did not see the safety and efficacy of DAPs on combination therapy over time, I would not be talking to you about this.

Yes, we need to do these other studies, but the preliminary evidence is very exciting that not only statistically, which we've already proven, we know that in these studies we have already published eight of them retrospectively of 350 patients.

The fatigue, the brain fog, the memory, the concentration, the word finding the joint pain, the muscle pain, the nerve pain, the fatigue, the sweats, the chills.

They statistically get better. We have animal models from tough showing that will happen. And Dobson cures Lyme in the animal model. We have a culture study showing that when you use dapt shown with doxy or minnow with rifampin and set for max, it lowers the biofilm persistence forms.

We have every imaginable study to prove that this is effective. We just need this randomized, multicenter, placebo controlled trial. But we're really on the edge, I believe, of absolution, of helping people regain their health, their health.

And it's very exciting for me to share this information with you. So again, for more information, please look at the other mini talks, the other talks we're doing in this Doctor Talk Healing Lyme summit.

This is again Doctor Richard Horowitz signing off for the DrTalks Summit. This is the Neuroinflammation Brain Protection summit. My name is Doctor Richard Horowitz.

Please stay tuned for more information. And again please go on our website. Ending Chronic illness.com to learn more about my new book and can get better.com.

To learn more about our nutritional service and consultation service for those who are still ill. Thank you and we'll hear from you soon. Bye bye.