Can Lyme Disease Drive Alzheimer’s? New Evidence on Brain Inflammation and Recovery Transcript

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Introduction to the Lyme and Alzheimeru2019s case study

Hello everyone. My name is Doctor Richard Horowitz and I am the co-host of this year's 2026 Doctor Talks Healing Lyme Summit. The topic of this year's Lyme Summit is the Neuroinflammation Brain Protection Summit, and I'm sharing with you some really exciting information for me.

Maybe, honestly, one of the most exciting things I've shared in decades because of the implications from this case study that we recently submitted to the Journal of Alzheimer's Disease Case Studies, where we reverse Alzheimer's markers in a patient with chronic Lyme disease using the short term oral DAPs on combination therapy.

So this study, it was printed it out just so I can go through the study a little bit with you and explain to you what the study shows. But it's very, very exciting information because many of you know that one of the worst side effects that you have from Lyme disease is your memory and concentration.

People go have word finding problems. They walk into rooms and they can't remember why they walked in. There's a lot of problems with remembering numbers, right?

Phone numbers walking into rooms again. So it's it's a question of like how do we improve cognition. How do we not only improve fatigue and joint pain and muscle pain, but especially cognition?

Because the medical literature tells us that up to approximately one quarter of the Alzheimer's cases that are out there, I'll share with you some of these statistics shortly.

Some of these statistics show that up to one quarter of these Alzheimer's cases may actually be due to Borrelia burgdorferi, an associated spark that's like identical to spark in the mouth.

So it's really, really important that we understand not just, hey, I have chronic Lyme disease. My memory's not working. But is there a danger going forward where we may develop dementia type symptoms later in life?

Now, I want to be clear. This is a case study. One study that we presented that we submitted to the Journal of Alzheimer's Disease Case Studies, in a patient who met all the criteria for chronic Lyme disease as which I explained to you, and we cannot generalize from this one case study and say that everyone's going to be at risk of dementia if you have Lyme.

That is not what I'm saying.

Why Lyme may affect cognition and dementia risk

But what I am saying is I'm going to show you a literature review and go through this with you to explain to you why I think it's important. We need more research in this area.

Why? If you're a patient who has chronic Lyme disease with post-treatment Lyme disease syndrome, you ask your doctor to check for these new Alzheimer's markers that are now available through your lab.

For the specific markers we're talking about is Peter one £0.81 Tau 217 neuro filament light beta amyloid 4240 ratios. And if you suspect that you may have a genetic predisposition for Alzheimer's, you can also check your ApoE markers, your genetic markers, to see if you have a higher risk, which is the apo e4 four.

So in this case study that we submitted improving biomarkers in a patient with chronic Lyme disease LDS the background is is that several years ago, Doctor Eva Ciampi reported in the medical literature with colleagues that Borrelia had been found to co localize with Alzheimer's markers in brain tissues with biofilm, amyloid and p tau.

Now, the reason this is important is because the Alzheimer's rates are going up. It's supposed to double in the next 20 to 30 years. And it's a big problem because years ago, the government had told us that about 46 million Americans had preclinical dementia, and there are no clear cures for Alzheimer's disease.

Right now, people are looking at how do we take out beta amyloid by using monoclonal antibodies. But, you know, the standard drugs that they use for Alzheimer's, like using memantine, namenda or acetylcholinesterase inhibitors like aricept, they may help a bit with the memory concentration, but they don't stop the process, which goes forward over time, where people eventually get worse and worse.

Memory, concentration. As time goes on. These drugs help with symptoms, but they don't change the pathological process. So knowing that there have been researchers and especially Judith MacLeod, who has published multiple articles, which we'll talk about in a minute on how Lyme disease has been found to be associated with Alzheimer's.

And this study was very important, published by Iva shopping in a group several years ago that when they looked at autopsy tissues of both Alzheimer's and Parkinson's disease, they found that amyloid beta and biofilm was associated with Alzheimer's.

Now, what's interesting to me about this is we had proven, based on culture studies that I did with Iva Shopee's group years ago, that daps on combination therapy hits these biofilm persist, or forms of Lyme disease, but we never had any evidence that we could reverse any of these Alzheimer's markers.

And shortly before I stopped one on one clinical practice write, I now am primarily doing consultation medicine like Neil, Nathan and certain other doctors.

Background research linking Borrelia to Alzheimeru2019s markers

And for those of you interested, you could learn more about the consultation service. The guy on my website can get better.com and looking up to the consult service.

But the reason we became interested in this is because these markers only recently became available. So I started checking some of our line patients who had either not yet done some combination therapy or who were partially through the option, but had not completed the therapy.

They either didn't get through the full nine weeks of double dose option combination therapy, or they had Bartonella. They had not finished all the pulses for Bartonella.

They had not completely cleared mold toxins in other words, Alzheimer's disease. And we published this, by the way, in this paper, all 16 factors that I have shown to be associated with chronic Lyme and also we published this in long Covid back in the journal microorganisms back in 2024.

We're now publishing that all 16 factors are also associated with Alzheimer's disease. Now, this is really important because this means that you don't just have to accept a diagnosis.

When a doctor tells you they think you have a demented illness, you now have options. By looking at these 16 factors and figuring out where is the inflammation in the brain coming from?

Is it coming from bacteria like Lyme disease? Bergdorf. Right. Bartonella, chlamydia pneumonia, by the way, has been associated with Alzheimer's disease.

So have viruses like herpes virus one, herpes virus two, halves seven and eight, and fungal infections have been associated. They found fungal species in the brains of certain Alzheimer's patients.

Just like parasitic infections like Top so have been associated with cognitive issues. But it's not only infections. They've also found that things like environmental toxins like pesticides, can cause amyloid production in the brain.

So all 16 factors on the model have been associated with Alzheimer's. And I published this in this case study. So again this is one of the most important take homes from this case study.

And also the fact that for the first time we showed in this patient that we could reverse this. So the objective of this study was to determine whether DAPs on combination therapy, a biofilm persist or antibiotic regimen with good penetration into the central nervous system can improve power levels and peripheral inflammatory markers like rheumatoid factors, which our particular patient had, whether we could reverse this in a patient with chronic Lyme disease TLDs.

And our patient happened to meet all the criteria for chronic Lyme post-treatment Lyme disease syndrome. She had the symptoms for about 15 years, she added M rash she was Elisa positive x Elisa positive very high in fact CDC positive IGN Western blot positive, CDC positive IgG Western blood positive, CDC immuno blot positive.

So in other words, every potential marker for post-treatment lung disease syndrome plus rash.

Patient case details and biomarker testing

This patient had she had had elevated rheumatoid factors in her blood showing ongoing inflammation. And she complained of joint pain. And when we checked her Alzheimer's markers, her Peter 217 marker was elevated at.33.

The reason this is important is because Peter 217 is showing up is one of the most important factors that if you have this marker 15 to 20 years down the line, the odds of having a demented illness is going to be much higher.

Right? So she had this marker and she was complaining. She actually she said, doc, I don't even think I have major memory concentration problems. I think my meditation is actually helping my memory concentration.

It wasn't until she actually did the nine week taps on combination therapy that she said to me afterwards, oh, my memory concentration is much clearer now.

What I thought was happening with my meditation practice actually was not true. The daptone actually improved my cognition, and we also showed we reversed Peter levels into the normal range.

First time this has ever been proven right. This is big news in the medical literature. Even. Again, if it's one case study, we have to prove this in a multicenter, double blind, placebo randomized trial, but still important, exciting information which I believe will be proven to be true because all the prior studies we published on Dobson, the number one statistical evidence, the number one factor that that on help was always cognition.

It always showed up at around 70% of the patients approved the cognition. But now we have proof that we're actually starting to reverse some of these markers.

So in this particular patient and this was a 60 year old female who had a history of chronic blind LDS. She also had evidence of early Kiya but B0. But BCA titers were elevated at 1 to 164 bit BCA micro T.

She had evidence of two Bartonella species, Bartonella quintana and Bartonella hensley. Her titers were elevated, although fortunately she did not have evidence of active Bartonella when she took the protocol, otherwise it would not have been as effective, and she also had evidence of Cox yellow fever, which again, the titers went down over time and these titers were there despite treatment with Doxycycline and Mallon 15 years prior.

So we looked at her rheumatoid factors before and after they basically reversed from 33 to, down into the normal range. And her Peto level, which was elevated at 0.33 normal ranges, less than 0.15 came down to 0.12.

Three months after finishing Dobson Combination Therapy, where she said to us my joint pain is better. The

rheumatoid factors reversed her memory and concentration was better, and the p tau 2017 levels reversed now again, over time.

Really, to do this study properly, we need to follow patients much longer term to see what the effects are.

Treatment results and reversal of inflammatory markers

But it's the first time anyone has ever proven in the medical literature that we can reverse these types of inflammatory markers that are associated with Alzheimer's, in the literature.

Now, why is this important in general? Well, we know that Lyme disease, Briley Bergdorf, right, has now been found, according to a BMJ Global Health, that 14.5% of the global population has now been found to be exposed to Lyme.

One out of seven people we know, according to the CDC, that it's about 476,000 people, but that the Medicare rates are seven times higher. This comes directly from the CDC that theoretically means there are millions of Medicare people.

And again, as I mentioned to you earlier, this would be the population. They found that in prior studies, up to 42% of people 55 years old had a chance of going on to develop dementia.

This is ridiculously high numbers, and we know it's coming from infections and from five mental toxins, but no one has really looked at it from the perspective of how do we unleash the disease?

The root causes of where's the root causes coming from of dementia? And what can we actually do about it? So now we're proving for the first time that if Lyme is the number one factor.

Now this patient, by the way, also had heavy metals. We reversed her heavy metal exposure. She did a six hour urine DMZ challenge and we gave her kills with the MSA and some EDTA years before.

But she still had some of these cognitive issues. Again, it wasn't as clear to her until a few finished apps on how much her brain had been affected. But we did work on these type of neuro inflammatory markers, and we did work on heavy metals as best we could, but she still had these problems going forward.

So we know that the symptoms of chronic Lyme disease TLDs overlaps other particular chronic fatigue. Musculoskeletal illnesses like chronic fatigue syndrome, fibromyalgia, long-covid, mold toxicity.

So again, my advice for people who'd been diagnosed with a chronic fatiguing musculoskeletal neuropsychiatric illness, please make sure you're being checked for really Bergdorf Frye, for Bartonella, for all of the viruses we're talking about, but being checked for all the factors on the 16 point M6 model, because in my new book, Ending Chronic Illness.

Right. You can see it here. We just got it from the publisher from Simon and Schuster, 640 pages. It's my most expensive work, and you can find more about it on ending Chronic illness.com, and it's available for preorder at this point, we discuss in there the ABCs of Chronic Disease Medicine, and in one of the chapters, A is for A. D. D., ADHD, autism, allergies and ALS, allergies and Asthma and Alzheimer's.

I discuss how the 16 point EMRs model applies to all these different diseases. So again, this article that I'm publishing in the Journal of Alzheimer's Disease Case Studies.

Broader implications for Lyme, dementia, and chronic illness

We go through this in much greater detail in my book and in Chronic Illness of how to look at what was actually found in the medical literature. And by the way, this book has approximately 2000 scientific references backing it up.

We will have the references on my website. Can get better backing this up, but we know that patients with chronic Lyme disease PTSD can have associated changes, because Judith McCloskey has shown that some of these patients with Alzheimer's may go on and have problems with amyloid production in the brain.

And again, this group showed that a beta amyloid P tau and biofilm was associated. And again, this is autopsy studies. But there had never been an in-vivo a live patient who took a oral biofilm persistent drug regimen like that, some combination therapy.

And we're finally publishing that we can reverse this, at least in the short term. Again, there's a lot more to do in this area, but very exciting preliminary evidence.

So considering that Alzheimer's disease is presently affecting 6.9 million Americans or older and expected to grow to 13.8 million Americans, and that now you can check these Alzheimer's markers in your brain by doing these blood tests. Request to LabCorp.

I think it's extremely important that for the Lyme patients and also the Lyme that's out there that are listening to this mini talk, you go to quest. Quest is actually my preferred lab to do this.

Please check that. Peter 181. I can give you actually the codes for those who are listening. The code for Peter 181 is number 13690. The code for Peter 217 is quest code number 13825.

The quest code for beta amyloid ratio is 42. 40 is number 11786. The quest code for neuro filament light is 13979. And if you have what seems like you may have genetic predisposition by ApoE e, you can check your genetic markers.

And chance the quest code is number 12563. So please consider checking these markers. Speak to your doctor about this and if you are a Lyme doctor out there, please check your patients and whether you are using whatever therapies you are using, whether it's own or not, we now need to be doing is standardizing the protocols, because knowing that Borrelia burgdorferi is one of the potential causes.

And according to the studies that I have in this case report, the level of getting Alzheimer's is 13 times more frequent. If you have an infection with Borrelia burgdorferi, approximately one out of four patients with Alzheimer's, it may be due to Lyme.

Again, we're going to need larger studies to prove this, but that's what the preliminary science is showing. We need to be checking everyone at this point.

And then whether you are doing alternative therapies, natural therapies, antibiotic therapies or using persistent drug regimens like that on combination therapy, I would suggest strongly you check these markers before whatever therapeutics you're using, check them months later and see if you're making a difference.

Recommended Alzheimeru2019s blood tests and clinical next steps

Because ultimately, what we need to be doing in medicine is getting to the root causes, not just treating symptoms, not just calling this Alzheimer's dementia and saying, here's your namenda, here's your acetal colonies.

Ace inhibitors with aricept or using lecanemab. For me, it's not enough. I want to know what are the factors underlying dementia, because many times you may find that there was it called B12 deficiency.

The were heavy metals in mold causing your cognitive issues which happens to many of our patients. Lyme and Bartonella was playing a big role in cognition.

But now we need to see in a much larger study, both in the eyelid stocks and other docs out there, we need to see whether we can reverse these markers and then publish this.

And please, for those who are interested, please contact us at our website and also at medical@hvac.com. That is our email for our office. So if you're a doctor interested in participating in a larger study, and we will be including these type of Alzheimer's biomarkers when we reapply for an NIH randomized, multicenter, placebo controlled trial of combination therapy.

Because I think it's extremely important now to show that not only can we help those who have a chronic, fatiguing musculoskeletal cardiopulmonary neuropsychiatric illness, but we may be able to stop some of the long term ramifications like dementia and a certain percentage of this population using some combination therapy.

So for those, again, for those patients who are worried about some combination therapy, about the side effects, please see the mini talk that I did on high dose taps on combination therapy of how we reverse the side effects of Hertz's anemia, rashes and hemoglobin Amia, and also the mini talk that I did on using lower dose some combination therapy to get used to using them so that you do not deny yourself.

One of the most effective oral protocols I have ever found for treating chronic Lyme shields. And again, for more information and for looking at the documentaries and all of the studies that we published on Dobson, please again, see our website can get better.com I have all of these studies published under the consultation service.

And if you have a doctor, all of my studies, by the way, are published. So you do not need to use the consultation model. I am not looking for business here.

I'm telling you this simply because some doctors are not comfortable using this. All of my protocols are published in the medical literature so your doctors can use this.

I have many doctors using the protocols effectively, and you can look at the podcast that I did with Doctor Lamar's and Doctor Charlie Bissell the year before, and the great results that they are having.

Call for larger studies and closing remarks

So again, I wanted to just give you a mini talk on the use of DAP, some combination therapy for reversing inflammation like rheumatoid factors, and out 2017 in this case study that we submitted to the Journal of Alzheimer's Disease Case Studies.

Very exciting that we may have a new use for DAP, some combination therapy, because it turns out that Borelli Bergdorf Frye has been associated with amyloid peto and biofilm.

And now we have preliminary evidence that not only can we get you better with Lyme disease, but we may and I say may be able to prevent some long term complications, especially when we're in the middle of an Alzheimer's epidemic, just like we're in the middle of a chronic Lyme disease epidemic.

This requires a lot more studies, but very exciting. I'm so happy to share with you this information on our Healing Lyme Summit. So again, this is Doctor Richard Horowitz, the co-host for the Doctor Talk Healing Lyme Summit 2021.

We're talking about the Neuroinflammation Brain Protection Summit. Thank you for joining me. I look forward to seeing you again on another one of our talks.

Bye bye.