Introduction and Dr. Horowitzu2019s impact

Everybody. Dr. Tom Moorcroft back here with you for another episode of The Healing from Lyme Disease Summit. And for this interview we are in for a real treat this is just one of my personally favorite interviews that I'm going to be doing as my special guest is making faces at me right now.

But Dr. Richard Horowitz is a near dear friend, and he's been one of the few people that I call a close mentor who's helped me to really understand the complexities of chronic Lyme disease and associated tick borne illnesses and how to really have the compassion, the empathy and the staying power as a clinician to continue to serve in the way that we do and really give me energy to do things like this summit and bring this healing information to you.

And one of the other things I and I don't even know if I've ever shared this with Dr. Horowitz, but, you know, when I rotated in his office and I and I studied, I had kind of gotten mostly better from Lyme and the ecosystem.

I still had some work to do, but one of the things he taught me about was heavy metal toxicity. And you can't always just look at Lyme or just Bartonella.

You have to look at the whole human. And when I got back home, I was like, I was stuck. And because I had had that training, I was able to understand the other hidden keys to healing.

And so as I've been telling you throughout the summit, I've been symptom free for over a decade now, closer to 13 years. And Dr. Richard Horowitz, who probably doesn't need even this introduction.

Thank you so much for joining us. And thank you for unlocking this passion for serving people this way and also for allowing me to find the key that allowed me to actually live my life again.

So welcome and thank you so much for making the time to be here now. It's great to be here, Tom. Thanks for doing this. Yeah. And the other nuance things is, Dr.

Horowitz has been doing this for about 30 years and seen over 13,000 people with chronic tick borne infections and helped the vast majority of them reach, like in remarkable levels of healing and health.

And we'll give you some links at the end to some of his amazing books and we'll talk about those. So stay tuned to learn more about all the where you can learn more about Dr.

Horowitz. But tonight, we were going to kind of dove into double dose and high dose depth on combination therapy in the treatment of chronic Lyme disease and Associated Co-infections.

But I kind of like to throw curveballs people's ways. I know it won't bother you, Rich, but what the heck got you into this? I mean, because, like I wrote, I know what got me into it is I had it and I started playing around and then I saw somebody else who suffering and I wanted to help them feel better, but what, what really drove you into this part of medicine and to become such a pioneer in bringing tick borne illness, diagnosis and treatment to so many people who would have not had it if people like you weren't actually on the planet.

So the only reason I think that I'm probably as involved as I am is when I was finishing my medical training in Brussels and it was a seven year training, very intensive.

I had met this doctor, Dr. Rosenbach. He was like the biggest brain I had met. He was like four foot nine with a huge brain. He was a master diagnostician.

And what I said to him, I think, was my sixth and seventh year I was doing rotations and I said to him, Listen, would

you mind if I come, you know, after hours and train with you directly because you're like the smartest internist I've ever met?

I need to understand how your mind works. So we did that. He wanted to learn English so he could publish.

How Dr. Horowitz entered Lyme medicine

And then before I was leaving Brussels, my general and one of my spiritual teachers who had given me refuge, I asked him and I said, lam again. Then I'm about to go out into the world and see patients.

What do you want me to know? Like what's the most important thing I should know as a doctor? And he said, Richard, the most important thing is put yourself in people's shoes, do for them whatever you would want done.

They call it exchanging oneself with others. And he said, If you do that, everything will go well. And when I was back in New York, I was doing an internal medicine residency at Mount Sinai.

I had a choice my third year, my mother wanted to open up a place in Bayside, Queens, where I was from and said, Come on, I'll open a medical office there.

You know, it'll be fine. But that's her hospital, which was about 2 hours north near Poughkeepsie, New York, was also offering me a job, and they had two good hospitals in the area.

And, you know, I was attracted to the area. I had kind of worked in this Catskills when I was young. I like the Hudson Valley. I like the mountains and rivers.

And honestly, I thought to myself, I'm going to be a country doc. I'm going to be in the mountains and rivers and, you know, just enjoy general medicine.

And then I ended up moving into the most highly endemic Lyme place in the United States at this point, which was Dutchess County. So and that was basically because I was working for Vassar, but also because there was a monastery in shoaling, was there, so I could continue my meditation practices and get teaching.

So it was ultimately like I'm again an alumna who had basically suggested I come up here. I asked him to do a divination. He said, Oh, up here, very good.

So it was like one decision from your Tibetan lama. And there it is. You know, you find yourself in the middle of the epicenter of an epidemic. And I remembered when these patients were coming in with bull's eye rashes, you know, they did get better.

But as you well know, it was the ones that weren't getting better, the 25, 30% who failed or marks. They were the ones coming back. And that's when it came to mind, like, all right, you know, if I was in their shoes, I'd want my doctor to figure it out because I was referring them to infectious disease.

They didn't know what to do. I was referring them to neurology. They didn't know what to do. So I had to go to the Lyme conferences and figure it out.

And that's where the medical detective work kind of started. It's so interesting that you say Dutchess County, because I actually got bitten by a tick and had a massive rash that covered a fifth of my body.

I don't know how they actually diagnosed it with Lyme other than the staring out the wall and drooling on myself part. And I was literally 20 minutes from your office at the Kerry Institute, which was then the Institute of Ecosystem Studies.

All these people had, you know, they're 30 that had Lyme five times. They've got like rheumatoid arthritis and early, you know, osteoarthritis and all these other things.

And no one referred me over to your office and it was like years and years and years later they were I'm like sitting in my office, you know, doing osteopathic manipulation.

I've got my hands on someone and I'm like, I'm so excited. I'm getting paid to meditate and really connect deeply on a one on one basis with these people and help reignite self-healing.

And I was like, this person's infected. I was trained enough to know that they're infected and I didn't know anybody else. I did the same thing. And then I rang up your office and thankfully and then here we are.

So thank thank you so much for the guidance through all the years. It's the Dutchess County is just such a amazing, wonderful place and it's just near and dear to my heart.

So as we dove into this stuff, what are the role of things like? I mean, you know, all the basic stuff. I mean, you know, we've heard so much about one of the things I think many people know you about for is going that extra mile and diving in and doing the research that maybe someone else hasn't.

And so a lot of your work is focused on biofilm and persistent forms and really looking at doing different combination therapies and more recently, daps.

And so kind of what is the role of these sisters in biofilm and in in illness and recovery? And and how do we dovetail that with what we're finding with Daps in these days?

So, you know, years ago, what we thought was that the cystic forms, otherwise known as cell wall deficient forms as forms, all forms. We thought those were the main forms.

Why people kept relapsing. And I had published actually the first financial study. It was probably almost 25 years ago at one of the international LAN conferences.

I did an abstract and then Bruce and six months later said, Oh, Metronidazole works for the cystic forms of Lyme. I went, Oh baby, that's what it is. So, you know, I started experimenting, figuring out, okay, what drugs can we use for these persist or is.

But of course 25 years ago we didn't know about biofilms, that we didn't know that these were or is the way mycobacterium tuberculosis or mycobacterium leprae was and the way it came up basically with that zone is it was probably about seven years ago, Ying Zang and his colleagues over at Johns Hopkins were publishing on biofilms and procedures.

And I realized it was like, Well, we knew Lyme persisted. But you mean it's a procedure like tuberculosis or leprosy? And in my internal medicine residency at Sinai, I'd seen a lot of HIV patients.

This was during when it was really at its peak. And of course they were coming in with Mycobacterium Avium into Cellulari and TB. So I got to use a lot of these drugs and did a lot of infectious disease.

One of my main mentors at Sinai actually was infectious disease Doc. So, you know, I got used to using these drugs. I was very comfortable, but I needed an excuse to use them in Lyme patients.

And I remember after reading the study by Zang, I went, okay, this is like what I've been waiting for. I now have an excuse. So I went to the literature and we already been using rifampin, right?

We'd already used it for Lyme and even for Bart, but I started looking at the leprosy regimens with DAP soon and I read the studies on DAP Stone for leprosy.

A year of Rifampin and DAP Zohn was basically putting people with leprosy in remission or curing them.

Biofilms, persistent forms, and Dapsone

So I said, okay, how about I just add doxy to it? It's a persistent drug. And especially I thought it would work because number one, it's anti-inflammatory.

We know that all of the different manifestations that people get with Lyme is from inflammation, right? So, you know, in the message map that I've been developing the last couple of years and I know you'll put the links to the books later on, but it's in Why Can't I Get Better and How Can I Get Better?

The 16 point model discusses at least six major inflammatory pathways. So the first is, well, I'll call the three BS Borrelia Babesia Bartonella. Right?

And then of course we have microbiome abnormalities, which now they're showing up with Parkinson's and neurodegenerative diseases and lupus, right, whether you have to tell the species and Clostridium.

So we know the microbiome is an issue. The there's leaky gut and food sensitivities also driving inflammation. These Lyme patients don't sleep. That's driving inflammation with increases in interleukin six.

Then they're getting heavy metals, as you talked about, and muscle toxins. Right. And then number six, they're they're like deficient in coppers. They don't have enough superoxide dismutase or zinc deficient, which will make the inflammation go high.

So they're coming in with all of these things like rivers inflammation going into an ocean of inflammation, and that inflammation is having downstream effects.

POTTS This autonomy like we're seeing now with long COVID mitochondria, dysfunction, liver problems, autoimmunity, it affects the access we're getting men with low testosterone in their twenties and low adrenal function.

So the model accounts for all of this. But even tweaking all the parts of the model, the problem was that you would put and you know this from personal experience, you'd put these people on what we used to do 20 years ago, put them on a cell wall, cystic intracellular like Sefton plaque, when on Zithromax they'll feel better.

And then they come off of it and they relapse. And then you might put them on herbs, right? Dr. Zhang's Chinese herbs are the Cowden protocol, and it would work for a while and then it wouldn't work and you have to put them back on antibiotics.

So the great part about adaption is it's anti-inflammatory. It has fabulous penetration into the central nervous system. I no longer have to do I. V. meds, no more IV yourself.

And the only time I've actually had to do it in the last two years with a patient with a Bell's Palsy, he had Borrelia mahoney, interestingly enough, one of the.

Borelli essentially two and had a macular pambula rash, not the classic bull's eye, but the one that you get. He lived in Missouri from the Midwest and came to see me.

So, you know, I don't have to do Evie. It gets up into the CNS. It has effects on malaria, like organisms like Babesia. Great, because the busiest co-infected 80, 90% right of our patients.

And it's a persistent drug. It's hitting these persist your forms that are dormant so are these cells that they're kind of asleep in biofilms and if you don't open up the biofilm, the drugs won't get there.

But these persist are specifically need drugs. They hit them in the sulfa drugs in general, you know, tend to work. Bactrim had some effect in the past, but that's when I figured it would work because of the leprosy.

So all I did is add doxy to it and then start to use it. And I think most of people who know the Daptone story know that the way I figure it out, double dose taps on is one of my patients who is particularly brain fogged as they all

are.

After three months on, this came in and said, Doc, I feel horrible. I'm cursing like crazy. And I went, Well, what are you taking? Well, you know, I'm taking Doxy twice a day, twice a day, Rifampin twice a day and 100 of doxy twice a Daptone twice a day.

And I went, You're taking too much. That's on that. So that's double dose episodes. So this guy who was sick for seven years in bed, couldn't go to school, couldn't get a job.

He came in a month later, off everything and was like 85, 90% a normal just having done three or four months but one month of double dose taps on. At which point I turned to my wife and I said, Honey, I have a guinea pig experiment I would like to try on you because you've been sick for 25 years.

I gave her DAP sona. She did 50 milligrams for several months, loved it, felt much better stopped relapsed PCR positive for Borelli and her blood gave her 100 milligrams for eight months 12 months felt great stopped it relapsed.

Then this guy comes in and I said, I need you to try a double dose. About four years ago, she did one month of double dose tap. So the protocol is eight weeks and she's four years now in remission without one symptom that has ever come back.

And so now what's happening? The great news in my practice is people who don't have active Babesia Bartonella, where all of the msd's variables have been addressed.

You've taken care of the heavy metals, you're detoxing the mold and the adrenals are okay and you're getting them to sleep and you've dealt with the mitochondrial dysfunction.

If you've done all of that and you don't have active Busia baths, you will go into long term remission four years on eight week oral generic protocol.

So that's as close to a miracle as the Lyme community is going to get. So and the way Quad Taps on kind of came out is the same story. And you know, what's great about these stories, by the way, is and you know this in medicine, they teach you to listen to your patients.

But I never, for the life of me thought my patients would be making these kind of mistakes. I'd be kind of listening carefully and then watching the response and figuring it.

So this woman about now, it's probably about two and a half, three years ago was relapsing from Lyme, went on tap. So when she did, low dose liked it but kept relapsing.

I put her on double dose. As she's going into her second month, she receives a letter from her husband. He'd like to divorce her. She gets so upset she takes twice the dose of that person going into the second month, and she calls me on a Sunday night.

Doc, I feel horrible. I'm vomiting. I don't know what's going on. I said, What are you taking? I'm taking DAP. So, you know, 200 twice a day went, Oh, my God, you're taking too much.

She comes off the protocol. She's now two years in remission now. She only did four days. She didn't even do a whole month of double dose that. So she literally but she had done months of lower dose taps on meaning the load of the sisters was lower in her body.

She did four days of quadruple tap zone and has never relapsed since and she had been sick for like 13 years. So what I discovered from that, it's not the length of time on the antibiotics, it's the dose as well as the length.

So what we've now figuring out, and I published a study last year on antibiotics in the summertime on Quadrupled APSO and it has about an efficacy rate for Bard of about a third.

It's not great, but it's better than some of the other things we've been using and now what I'm doing and I'll probably have the study out by the summer we started seeing now patients who kept relapsing and needed several pulses of quads up zone and quads have something, by the way, is it's really only four days, but some people will do like a two week pulse, like they'll ramp up the methylene blue, they'll ramp up the doxy rifampin dap soon.

And then the second week they might do double dose taps on for three days, quadruple Daptone on for four days and stop it. It's a two week pulse, no long term antibiotics.

People are telling me it's like peeling an onion like doc. I had fatigue, joint pain, muscle pain, neuropathy, brain fog, palpitations. I did your first round of quad daps on for four days.

My fatigue is great. It's never come back. But I still have neuropathy, palpitations, brain fog. They do another course a month or two later. Now the neuropathy goes away.

But the brain fog the so some people have required 5 to 6 pulses. But lately I've been upping the dose of methylene blue because I went back to the Zong studies from Hopkins where he showed that Zithromax with rifampin with methylene blue kills part persistence.

So the quant taps on is mostly for the part, by the way, it's not really just for the lyme, although if you've got a few poor sisters hanging around, I'm sure it's helping.

And now what we're finding is we're getting better success rates by raising the dose of methylene blue to the full dose of 300 twice a day. The nice part about it is methylene blue also has an effect, anti-malarial effect, and it has some effect on the mitochondria helping and it keeps down the meth hemoglobin levels from that zone.

So I'm no longer getting hypothermic, albeit we're using really high dose folic acid, anywhere between 100 of leucovorin to 150 of leucovorin a day with when you have between twofold to five twice a day to three, which means it's about 60 to 90 milligrams of l methyl folate and that is keeping the anemia down to about a 3 to 4 gram drop.

Rarely I will see a bit more, but it's basically controlling it. So now I'm just trying to figure out the last piece is that it's not four days of quads, soon it's six.

So the live line conference just happened this weekend. Olivia was doing it. She was actually just finishing it up and finishing a six day at a guy from Malaysia who came to me.

He did seven days of quad dap and finished his last day at 600 milligrams. I spoke to him a month ago. He went from 15% to 90% of normal with a nine week protocol.

The guy was sick for years, so I'm starting to get close. I'm not yet there, but it's really hopeful for the Lyme community. The problem, of course, is still the busier.

I mean, all the different strains, micro aids on can I go to college? You know, it's showing up now from T Labs and others. The problem is is that I'm rotating all the antimalarials with, you know, caught them and mal around and all the different herbs I've tried to finish quit now with Ivermectin with Malone some success but still persisting in a lot of people.

The BBC here we need some work we we're running out of meds here. It's becoming resistant and I'm you know, using the Arabs again from Hopkins for Duncan I with Chinese skullcap and Japanese knotweed and a cornea crypto, lepers, etc..

So helpful. But you know, the BBC of Bard is really is really the issue and hopefully this year by the end of the year will be honing in and getting the publication where we'll have a higher success rate.

Well, I mean, first of all, I mean, the success rate that you're talking about and those stories, it's not like one story

or two people. It's so many people.

And even in our practice, you know, I'm seeing the same thing. It's just like in the beginning it was longer courses of Dapt, so not like 50 milligrams a day, but when you finally figure it out, you really needed to go higher.

It was really faster because you had done that work. And I actually I remember a couple months ago chatting with you about it and it was like, I have this person who can't handle antibiotics.

Like so many of our patients, you know, I mean, he he was vomiting blood and been in the hospital multiple different times, but he can do four days adapt.

So and we've been pulsing. But it makes that difference. One of the things I think so interesting about what you're talking about, which is also putting using higher doses of methylene blue because and one of the things I've found is that leucovorin is really helpful, but the l methyl folate, if you skip that whole anemia and if you keep your methylene blue a little too low, man meth, hemoglobin through the ceiling and a lot of a couple of my patients who are doing it, it's like the guy who does 400 milligrams for like four days and takes a couple of weeks until he needs it and finally made progress after almost a decade, he's not there all the way, but he follows his pulse ox.

And then as soon as it gets too low and he feels too bad below 90, he stops, he goes to hospital. Sure enough, his hemoglobin is elevated. So are the are the real tricks just I mean, because I use a lot of leucovorin and a lot of methylated folate, but, you know, those levels are probably double even the crazy levels that I thought I was using.

So I know I'm using really high doses at this point, too. And truthfully, even these people that are, you know, empty each of our positive, we say I'm an over methyl later.

I can't I can't take it. It's like I don't know they don't show up in my practice. Everybody seems to be able to take superhuman doses of this. Yeah, the only problem I've really seen on occasion is there is a rare I haven't proven unless one or two patients are happy the globin goes down and I think they're having hemolysis.

So the ones you generally with daps on it's a for you know I'd say the people that start high it's never a problem if I have a guy now starting at a 16 hemoglobin, if he knew drops down to 12 or 11, he'll never feel it.

But the problem is, were the women who started like 12.5 13. My wife was down to 8.5, I think when when she did that zone, those are the ones you got to really use the high dose folic acid and make sure they're not bleeding and they're, you know, not iron deficient.

But I have had an occasional it's very rare and people should just know about it where the drop was more than I would have expected. And I think in those cases, these are people that may have hemolysis.

I've seen a low have to globin on occasion happen. Fortunately it's really the exception.

Quad Dapsone, methylene blue, and dosing

It's not happening often, but it's why you got to do the blood test with a CBC biochem and MeV hemoglobin. You know, the first week you've got them on the higher dose tap zone double dose, you got to get it done and follow it up weekly or every ten days.

And once they're on quad daps only usually get it, you know, the second or third day. But then once you know where they're running, it's fine. And I've noticed since the methylene blue has been at three twice a day, the highest meth hemoglobin I've seen.

And this was in the guy that did 4 to 600 of that zone was 11% and he wasn't even short of breath, red blue hands or blue lips. So it's uncomfortable.

You know, you can get a little short of breath. But when you consider that people otherwise live with this disease

their entire existence and you know, Allan McDonald did a really nice talk at the live line this weekend and he was talking about Borrelia in the brain and Alzheimer's and Lewy body right now I'm doing a full literature on Alzheimer's.

And it turns out, by the way, that every point in the map has been associated with Alzheimer's. But there's so much information on spirit kids. And in a literature search, I found out years ago they did studies using tetracyclines and rifampin and found that people's brains were waking up with Alzheimer's.

And last year they published several studies on Taps Home for Alzheimer's. There was a 15 year study in leprosy that showed that it prevented Alzheimer's progression and helped the the MCI, the mild cognitive impairment and moderate and another in Korea in 201 patients double blind placebo controlled study using gap zone basically wiped out their cognitive impairment with Alzheimer's.

These were not even patients known to have Lyme. So what's interesting about this I suspect the spirit kits are going to show up ultimately when they figure out the full Alzheimer's puzzle.

I think the Speier kits with chlamydia, the viruses for sure, herpes virus 1278. Chlamydia, pneumonia, h. Pylori performance gingivalis pesticides. They're all showing up with alzheimer's.

But I do think the Speier kits are playing a role from at least from what I'm seeing in the literature and having done a review and seeing that that some studies just published last year.

So I think all of the these things are going to intersect actually at some point in the near future. We just need like a center of excellence of translational medicine.

And I'm at this point, I'm working on the New York State Department of Health Tick-Borne Working Group with Brian Fallon and Holly Ahern and others. And we're presenting a document to the legislators in about a month or two, and one of the suggestions is going to be to do a translational medicine research facility with some pilot studies on disabled people, because at this point, one out of two Americans has a chronic disease.

And if you look at New York State, 20% of New Yorkers are on disability. And when you look at why they're disabled, joint pain, cognition, fatigue, it's like, hold on, how many how many of these people are walking around with Lyme?

So it's kind of like, give them the Q questionnaire, see what their score is, figure out if they should be tested with a pretest probability. So I'm trying to push the needle a little bit, and I think the group that I'm working with, they're open to putting it in the document.

So we're going to see what the legislators have to say when when all is said and done. Wow. I mean, it's interesting, as I remember looking back and seeing the meta analysis when they were seeing like chlamydia and pneumonia being present in people, you know, five fold increased risk of Alzheimer's and fire kids, whether they were syphilitic or Borrelia, they were like four.

But when you dug deeper, it's really a more like a tenfold increase. And it's so it's so nice to hear they're doing the research. They're diving in adoption with it.

I know Dr. Bredeson talks a lot about it. I was actually doing a review recently of the work of Martin Lerner, who did a lot of work for Chronic Fatigue.

He was an infectious disease doc and literally like all the things you just checked off for, the things that they say to to look at before you actually diagnose somebody with chronic fatigue.

And it's like, let's look for the treatable causes. So it's really I think one of the things we want to do with our whole summit is really to give people, empower people to take control back of their own health while also giving them the latest research.

Because for me, I think 70% of it was the work I did, you know, that ended up, you know, getting me to the point where my body was ready. Am I am nervous system.

And my heart was ready to receive the wonderful work of the physicians who actually helped me get the other 30% better. So it's so important to me that we're providing that when, when we start to talk about the busier though I mean, you know, and is there anything is there any crack in that egg that you're seeing?

Because, I mean, I'm in the same boat. I see. You know, so. You know, the latest one, I probably I'll try and get some data together and publish something on it because Gary Wormser had published just one case study on Tafenoquine a couple of years back, and we decided to try it and we tried it alone.

It's a little bit like mefloquine, like Lariam, like it's defense. Quinn Lariam. So there's similar the half life of Lariam is a lot longer and it did have some effect.

But I got to tell you, it wasn't like Blockbuster. So what we started doing is I went back into the research and I found out that ivermectin, apart from having antiviral properties, it had been published actually to have some anti-malarial effects with Babesia.

So I added it with Mal. Ron So we're using Tafenoquine and as you know, it's just 200 milligrams three days in a row, then 200 milligrams once a week, very simple with mal ron for a day, ivermectin by body weight point two milligrams per kilo daily.

And then we'll use it with all the different herbs that Zang had published on Duncan. I crypto lapis and artemisinin and Japanese knotweed called Capricornia.

So we using all of it. Does it help? Absolutely. Does it completely knock it out? Not always. Sometimes I get lucky. In fact, in the quadruple zone study, about 25% when they did the higher dose tap zone with the methylene blue there, Rebecca went into remission.

Again, it's not outstanding, but, you know, any little bit at this point is helpful. So what I've ended up still doing is I'll go back to some of the old favorites, like I'll take Kohaku, some of them are Artemis Ether.

I'll do a pulse of three days on, 11 days off, three days on, 11 days off. Leave them on Malraux and some herbs in between see what kind of response I get in a month.

If they tell me their night sweats, their day sweats, they're flushing their chills, their air hunger, their unexplained cough. If it's getting better, I'll keep pulsing.

If they say after a month, I'm not really noticing that much, I might even see whether they've never done a course of mapmyrun. And if I do it, I'll always use it like mapmyrun zithromax with bactrim, right?

Because the sulfa drugs are really helpful with just because in fact Apso is itself a drug and it's helpful with malarial organisms. So we end up just rotating these protocols.

The only one I will not use and I always make a joke, only use it with patients you don't like is clindamycin and quinine because it makes them vomit.

They get ringing in the ears like somebody's got an alarm clock next to their head and it's just a horrible regimen and it doesn't put them in remission.

So what's the point? So by Clindamycin without the quarantine, Linda met prawns through Mac Spectrum, right. With the you're basically it's been rotating these drugs and herbs and I find if I keep rotating the protocols eventually they get better.

But fortunately the BBC is not the one that causes the resistance to adaption. Even when I did the double dose

stap some paper back two years ago published an antibiotics and.

And by the way for anyone who wants the daps on protocol in detail, it's in the papers that I published in the journal Antibiotics Time. You can probably even put up the links eventually to the paper.

We can definitely do that. Yeah. So I mean, the exact protocol is there, but no that what you see in the papers is not what I'm doing actually at this point because as the months go on, I keep tweaking the protocol.

So when you read ADAPT Zone, it might be 100 or 200 milligrams of methylene blue. I'm up to 600 at this point, which is the top dose and I'm using perineum for the women that say if feel like I got a bladder infection, which is a side effect of methylene blue, they get bladder, irritability.

I'm giving them parity. I'm at 200 milligrams three times per day and they're tolerating the methylene blue, but they've got to be off all their, you know, SSRI.

Is that sunrise psych meds? They can't be on narcotics. There's a long list of things you have to watch for with serotonin syndrome. And they have to be on a low histamine diet because it's an mayo type drug and you could get a hypotensive event.

Now, we have not seen a case of serotonin syndrome. We've never seen anybody get hypertensive that way. But we're just telling everybody, low histamine, diet, get off all the drugs, look at the interactions.

It seems to be a very well tolerated protocol. But by the time you get to six days of quad daps on people's stomachs, some will give out, some make it to seven.

And I'll be accumulating the data hopefully by May after I've got at least 25 or 30 people. But just three days ago, one of my patients from from Finland, he had had Lyme for 13 years, but this year Bartonella, he finished his second pulse of quads zone and is now three months in full remission for the first time in 13 years.

So, you know, everyone can you know this time when you've got your difficult patients that have been sick for decades and they've got bark, they've got and, you know, and they relapse the first time, it's like, oh, god, what is it going to take to he's now in remission after the second pulse.

I have another one. It took six pulses, so it's variable. But the line community needs to know there's hope here. We're really making progress. The next step by the end of this year is I need someone in the Lyme community between Bay Area Lyme and Project Lyme and GLA and the rest.

John Hopkins University needs $5 million to do adapt study in their fields population because no one's going to believe this until it's a randomized, placebo controlled trial.

So I'm hoping by the end of this year when I've accumulated the drop zone results and I've got a little bit better results, I want to get a better bark protocol before I do this protocol, even though it works for Lyme, then I'll see if I can convince the community to to pony up the money and get it over to John Alcott and see if we get because I mean, what is it been 13, 14 years going on?

15 years? Brian Yeah, it's 15 years. Brian Fallon's last NIH study was 2008, published in neurology. We've not had a randomized trial on any new drugs for Lyme, and I'm having such great success.

You're seeing it in your practice of the only way the politics is going to change is a randomized, controlled trial. So anybody who's listening to this, if you've got connections out there or you're a philanthropist, I'm not looking for it myself, but I need it to the universities so we can get this study done.

I think we need to do a Kickstarter for that study.

Babesia treatment challenges and research

It's like it's really interesting though, too, because it's like everybody seem in the conventional community seems to think they know what the answers are for Lyme, which is it's fixed and now it's all in your head.

But we don't have studies that show that doxy actually cures anything. We have more studies that show it doesn't. And the real the money is not going into the research.

So I really would definitely going to be on board with the mission to get that to happen with you as well. You know, and it's interesting for everybody listening, one of the things this you're getting the most up to date with the sort of most advanced protocols out there.

So just because maybe your practitioner doesn't know the whole gig at the moment, it doesn't mean you're not going to be getting down that road. And that information's that out there. Dr.

Horowitz offers, you know, very intensive weekend trainings. I offer trainings. And our goal is to teach other practitioners to do what we're doing, because I had to bother Dr.

Horowitz and Dr. Jones nonstop to even come close to always being. He's never a bother. It was never a bother with Tom. Thank you. I was like, these are amazing.

Men are picking up the phone and their wives are interrupting what they're doing that help us help other people. And it's like what an amazing community of practitioners.

But we also both, like Dr. Horowitz, is writing books, publishing papers, so that not only is he changing the medical conversation so that other doctors have exposure to like validated questionnaires for chronic Lyme disease and migratory the joint pains, the differential.

So sure, but we're getting we're doing that work, but we're also training other doctors because we realize that our practices are pretty much full and it's really hard to get in, but get your practitioners to get do some of the trainings that Dr.

Horowitz offers that I offer, because that way you'll get the benefit of all of this information and not just go, Oh, I wish I could get to it. And by the way, I think ours will probably be in August of this year, we'll probably do our training and hopefully by that time I'll have the new Bartonella study out it at that.

But, but I mean the thing is, is you're right, I mean the docs need to learn it. The, the BMJ Global Health came out last year. You know, I think most people know that the CDC is stating this 476,000 cases of Lyme last year.

Right, about a half a million. But BMJ Global Health came out and said 14.5% of the global population has now been exposed to Lyme, 14.5% of everyone living on the planet.

So if you figure out all these people walking around with chronic fatigue syndrome, m.e, fibromyalgia, different types of autoimmune diseases, even long-covid can look like chronic Lyme unless you know how to differentiate it.

You've got to really learn this disease because it's spreading and the climate change, you know, problems that we're having right now, the ticks you mentioned richtersveld. So Rick did a study years ago.

The ticks are coming out three weeks earlier. They're now coming out in April. The types of ticks we're seeing are changing after wildfires. They're now seeing the ixodes tick to about 55% ixodes 45% derma center, which means rickettsia infections like Rocky Mountain spotted fever, deadly if not gotten within the first seven days on on doxycycline.

So it's changing the ticks. The Lone Star tick is now spreading throughout the Asian bush. Tick hermaphrodite is spreading throughout. We're starting to see a whole bunch of different viruses.

The heartland virus is now spreading, as is the bourbon virus. The porcine virus is spreading. I mean, the tickborne

infections are getting bad and the climate is driving this entire situation.

So it's not going to get better. It's only really to get worse. And we need practitioners to know we need patients to be educated about tick prevention and the you know, the book that I wrote last year which fortunately started Revolution The Awakening, was a sci fi comedy with Lyme humor.

By the way, for those of you who've not read it, I didn't know who the next president was going to be after President Trump was in office, who is denying climate change.

And I was sitting kids were coming into my office with climate grief who had gotten over Lyme. And I'd say to them, what are you going to do with your life now that you're better? And they were nothing.

And then what do you mean, nothing? Well, the world's going to end. Why would I go to college or get a job? And it's like, what? And they were coming in literally week after week after week.

And that's usually a sign for my spiritual teachers, like wake up and take a look at this. That's when I wrote the book. So just know that the climate is a big issue.

There are solutions, by the way, by we just put by the way, our house has now we're completely off of fossil fuels. We put in heat pumps. So now I have Mitsubishi Heat pumps running the whole and we have two solar panels on the house in the medical barn.

So I have an electric car and I've done everything I can. Pollinator gardens. Everybody's got to do what they can do at this point. But the tickborne epidemic, folks, it's only going to get and it is getting worse year by year.

And it's the climate that's driving it. And the climate with the flooding is making them all toxin patients come in. So now like 80% of my practice when we check them through real time labs is toxic on mold.

It was never that high years ago. So it's even driving the environmental toxins with the climate. So, you know, all of this is kind of intersecting at this point and.

We really need to pay attention and we need to get our act together with this. Yeah, I couldn't agree more. What's really interesting is when I actually what drove me to this whole thing and I don't usually add this part of the story because it's just too long, but I just think it's so interesting.

As I was my went to school for natural resources management and terrestrial ecology, my goal was really to just like go out and love the world and talk to other providers like other professionals on how we could help the world.

But I couldn't see them changing. They just were just talking and nobody was taking the right action. So I said to myself, like, how do I help? How do I make a difference in the world?

I know I'll talk to the people who actually care and will change if I give them some new information that's based on fact kids. So that's when I went to the Kerry Institute.

I started teaching outdoor education in and that's when I got sick. So it's kind of an interesting way that the climate change comes full circle, and I couldn't agree more.

It's a big issue and there are things we can all do. So we are not hopeless in climate change. But it is so interesting. There's so many other pieces that do come up like the mold and the other things.

And then for me, like I talk about chronic toxin overload and essentially you can dissect that using the 16 point message map. We're all making sure we look at all the toxicity, mental, emotional, as well as physical and environmental.

And it's just one of the things you mention, Rich. And I mean, we could talk about this forever, but is sort of the

COVID thing, is all these other pieces and these people who don't want to even go do anything because it's like the world is ending it in your practice and in your life.

How much is that sort of the mindset and the heart set and the emotional component of being sick, either helping or getting in the way of someone healing?

Oh, there's not even a doubt about it. I have had a conversation actually with Brian Fallon just a couple of days ago about this. The worst patients in my practice, the sickest ones who I see are women who have been sexually abused.

And the abuse rates basically are about a third. When I ask the questions whether it's physical abuse, emotional abuse, sexual abuse, it's about a third.

It's sometimes men, it's mostly women. And it's almost as if their immune system has been programed. That mea culpa, mea culpa, I don't deserve to get better.

And I've noticed the couple of women that went through some very intensive therapies who did deep, deep healing and got through it, then when they did the protocols, all of a sudden they went into remission.

And I don't think that was any coincidence. And I've seen it happen actually in a couple of women. So the toxicity of mind is you talk about, look, just the way most of us live, we're going too fast.

We're not getting of exercise, we're not getting enough sleep. We don't have enough social contacts. Coping, of course, made things much, much worse for people.

Climate change, mindset, and healing factors

And of course, now you've got people with long COVID, which according to the literature, it looks like there is a persistent virus that's hanging on. In some people, the Epstein-Barr is reactivating.

We're seeing HIV six and EBV reactivation. It causes mitochondrial dysfunction. Their pox gets worse because it's caused by Lyman, by COVID, right. So I mean, the autoimmune reactions start happening, there's a lot of overlap, actually.

All of the message factors, five out of 16 have been associated with COVID, but now these people are coming in with chronic viral infections on top of the dementia and the Bartonella and the Lyme.

So it's kind of like you have to keep changing. You know, how you're thinking about this. And you're right, if they're not in a good mental space, it makes it even much, much more difficult to get better.

And that's where the any hopper dynamic neural retraining or the gut retraining ROSENBERG Techniques. Neil Nathan talks about this all the time. They're really helpful.

You definitely need vagal retraining and limbic retraining in these people. Look, I had a difficult childhood, and I think part of the empathy and compassion I do have for some of the patients is I've been through some difficulties when I was a child and I can kind of put myself in people's shoes and understand that I think I didn't ever think it'd be helpful, but I think it is now as a practitioner.

But it's a really big problem. The amount of abuse that I hear that's coming in and of course, the bullying, right. The young kids that are being bullied on social media.

So it's a really it's not an easy world we're living in. And, you know, to find your balance in this world. It's partly why I've kept up my spiritual practice every day and make sure, you know, I'm sticking with it and making sure I'm on my treadmill for 20 minutes a day and I integrated the tick tock and I think they call it three 1230 where you you get at a 312 degree incline working at three.

I do it at 3.1 because exactly at 20 minutes it's 200 calories. And I do it every day to get some high intensity interval training and right to stay healthy.

So I can keep doing this for the life community right, because you and I both know they're not going to allow us to retire ever. It's not in your future.

It's not in my future either, unless we figure out all the pieces of the puzzle and then we can open up clinics and say hello while other people are doing it. But.

Right. Well, it's so interesting because I know as we kind of wrap up and everything and like I said, I would love to talk to you about this forever. There's so much information.

This has been such a great thing. It was when we started today. I was we both had a bit of a long day and I was vibrating and and you text me and say, can we start 15 minutes later?

And I was like, perfect. I needed that. That gave me at the moment about 30 minutes to do my breathwork meditation to just get in the mindset and the place to do this.

And so, yes, Dr. Horowitz and I do do all the things that we to ourselves and our family that we're asking you to do. And so, Dr. Horowitz, I think you are one of the most sort of generous people that I know.

And for our audience, I know that you're going to allow us to share as a bonus your 16 point KN SIDS map. So both that will be as a summit download and in that document as well as on our summit resource page, we're going to make sure that we have all the links to your three books.

Why can't I get better? How can I Get Better and start a Seed Revolution? The Awakening. And if you guys like a little bit of science fiction, a whole bunch of comedy to really help you digest the truth about climate change and how it's impacting our world and what we can do.

And you just want a really, really enjoyable read. Definitely grab all three, but grab start seed revolution. My patients want me by the way, they just told me one of the things you should know reading the book is don't have food in your mouth and be eating while you're reading it.

Because my patients told me they were spitting the food out when they were laughing, reading the book and they said I had no idea with that. Funny. And I looked at and I went, Really?

I'm not using this humor in the eyes. It's like, okay, I got to got to pick it up a notch, maybe in the office at this. Now the humor in the sarcasm and the compassion all together, maybe just hide it in the compassion and the empathy.

So we're going to make sure everybody has access, all of that. But if anybody's interested in learning more directly about the work you're doing, where should we where can they find you online?

I mean, the best way to really follow me, honestly, is, is Facebook is Doc, Dr. D. R., period. Richard Horowitz, anything that's new in Lyme or environmental toxins or climate I'm posting on Facebook.

Our website is cangetbetter.com and the COVID protocol by the way that is on that website just click the covered tab. It has the randomized trial on waiting to start at the University of California, Irvine, but the protocol that has been working in our practice is on the site.

And I will tell you, after three years of COVID, not one death, two hospitalizations, both were one was immunosuppressed, both were vaccinated, and no long COVID in general, using the protocol of an antiviral like packs loaded with the glutathione.

And we published the first article in the world Literature on glutathione for COVID, all based on Turkheimer reactions and Lyme patients, right in shutting down inflammation.

It has worked great for COVID, so no, those are the supplements I'm taking every day since coronavirus is going to be around but can get better. Rt.com.

And if you want to take and have some last look at Star Sea Dash Revolution Gqom and watch the videos of B playing Prince Ian of Arcturus who has come to save the world.

If you'd like if you'd like some laughs.

Resources, books, and closing remarks

I did this on a greenscreen video and wrote the scripts and acted them with some really great greenscreen editing by some very, very talented people. I think you'll enjoy it.

My patients told me they're very funny. And I would highly recommend having a meal while you do it because I just want to get all the hate mail from all this spitting your food everywhere because that that is literally some of the funniest and most well-done stuff I've ever seen.

So I would agree. Check out starseed-revolution.com. We'll make sure you have all the links to that on the Summit Resource page. You don't have to write any of this down and worry you'll definitely have full access to it.

Dr. Richard Horowitz. From the bottom, my heart and with so much gratitude and love, I just want to say thank you for being here. Thank you for all you've done to allow me to help other people and also, most importantly, for helping me get my own life back so that I could be around to actually serve in this capacity and have the audacity and the craziness to actually jump in and do all this work that similar to what you're doing.

So thank you so much and everyone. Yeah, it's also a pleasure and also a pleasure as a friend. Right. Of all these years, because we have a really lovely friendship over the years and that's one of the advantages of having met this way.

So you're also doing great work and and congratulations on it. Thank you. And thank you to everyone for joining us. Again, this is like such an emotional and wonderful conversation for me to have.

And I hope that you're gaining a lot of insight. And like Dr. Horowitz said, there is hope for getting better. There are people who are out there doing work to help move us forward.

And as you know, through the whole summit, our goal is to share hope with you, share the latest protocols, but also empower you to be able to do the work on the mindset and the heart set with all the resources we've given you.

So from the bottom of my heart, I'd like to say thank you so much. Lots of love and healing to all of you. And until the next time, we'll see you in the next episode of The Healing from Lyme Disease Summit.

Thanks so much.