Low Dose Dapsone: A Gradual Strategy for Chronic Lyme Transcript

(Transcripts are generated by AI and may contain errors)

Introduction to the Summit and Low-Dose Dapsone

Hello everyone. My name is Doctor Richard Horowitz and I'm the co-host of this year's 2026 Doctor Talks Healing Lyme Summit. This year we're going to be talking about the neuro Inflammation Brain Protection Summit because we recently found some very interesting information about the use of Daptone in helping to reverse some of the inflammatory markers in the body, including lowering down tau, one of the inflammatory markers found in Alzheimer's disease.

And we'll be discussing that in part during the summit. What I would like to discuss with you today, however, is the use of low dose steps on combination therapy for the treatment of chronic Lyme disease and post-treatment Lyme disease syndrome with associated co-infections.

And I'm doing this mini talk for you, because many people have told me that they're afraid to use some combination therapy. They're worried about the side effects.

So I'd like to do this particular mini talk for you, explaining, number one, why you want to consider using some combination therapy for chronic Lyme disease and how you can avoid some of the side effects and the hematological consequences of daptone when you're using much lower dose, although it will be over a more extended period of time.

So first of all, why should you consider using Daptone combination therapy and the M6 model when you're treating chronic Lyme disease? Well, approximately ten years ago, university based researchers from John Hopkins University, ever shopee's group from the University of New Haven, Stanford University, and Kim Lewis from Northeastern University all pretty much discovered around the same period of time that Borrelia burgdorferi, the agent of Lyme disease, is what's called a biofilm.

Persistent bacteria. What this means is, is that it persists in the body under biofilms, and biofilms help protect the organism from, first of all, your immune system being able to recognize it.

It's hiding underneath the biofilms. And it also protects it from antibiotics being able to penetrate where the bacteria is hiding. So the reason we developed some combination therapy, and my first article on this with Doctor Phyllis Freeman was back in 2016 when we were talking about deep selling as a novel treatment for chronic Lyme disease.

Well, since that time, in the last ten years, we now have ten studies published on the efficacy and safety of DAPs, on combination therapy.

Why Dapsone Combination Therapy Helps Chronic Lyme

And the reason I bring this up for you about using low dose some combination therapy is that higher dose adaption double dose zone, which is 100mg twice a day for one month, followed by four days of high dose zone 400mg for four days is usually adequate for many people, at least 50%, to put them into long term remission if they do not have overlapping factors like mold, a significant amounts of heavy metals, leaky gut with mast cell activation, severe sleep disorders, vitamin mineral deficiencies.

In other words, assuming that you don't have many of the abnormalities on the 16 point M6 map that are driving inflammation, that some combination therapy will be very effective for treating Lyme disease in many cases.

However, because it the hematological side effects of that zone, which we'll discuss in just a moment, I've noticed from patients and doctors when I've asked them, have you used apps on which is highly effective in patients?

They tell me, no, I'm concerned about the side effects. So I'd like to discuss with you using lower dose apps on combination therapy today. It will take a longer period of time to get through the protocol.

But for those doctors, your patients that are worried about the app zone but still want to access the incredible healing potential of this therapy, this is one way that you can do it.

So again, the reason we're considering some combination therapy is because Lyme is a biofilm persistent bacteria. We published ten studies on it. Eight of those studies are retrospective studies, with over 350 patients showing that you can get better with apps on combination therapy.

It's statistically helped. Fatigue. Day sweats. Night sweats and chills. Joint pain. Muscle pain. Nerve pain like neuropathy with tingling, numbness, burning and stabbing oftentimes, and Lyme disease as you know this is migratory.

It moves around the body and app. Some combination therapy has also help with cognitive issues memory concentration problems, word finding problems, sleep disorders and even some of the neuropsychiatric manifestations.

So it's very, very effective. And we have found it, in fact, to be the most effective short term protocol. But there are certain things you need to be aware of before you start.

First of all, your gut must be in good order. You don't want to have a leaky gut. You want to have loose stools. You don't want to have overlapping Candida.

You have to make sure that the microbiome of your gut and your gut is in good shape before you start home. Although we do use up to four different probiotics with that some combination therapy.

And again, you can read the entire regular protocol in the journal microorganisms. September 2023 when we discuss the efficacy of higher dose adaptation compared to lower dose Tap zone for the treatment of chronic Lyme LGS and associated co-infections like Bartonella.

In that study, we show you that you want to use four different probiotics. We use ortho, biotic, therapeutic, Saccharomyces, Velarde and probiotics 350 billion.

So by using these four probiotics twice a day, including also using prebiotics, one of my favorites is the molecular fiber MGP. If you use these normally and you stay on a low carb diet, you will avoid any problems with Candida loose stools.

And in fact, we've not seen any problems with tritium difficile in years. So we're protecting the gut with multiple probiotics. With a low carb diet and the side effects of daptone that people are worried about, I describe as do no harm.

Each stands for time or reactions. A for anemia are for rashes and M for mouth hemoglobin Amia. Now the hrc's is with low dose. Some combination therapy are going to be much less.

And the way we normally decrease the amount of inflammation you get when you're killing off really burger fry and associated intracellular infections.

And this is part of the protocol, is we block a primary inflammatory pathway called NF kappa B. And how do we do that. Well we give patients and acetylcysteine NAC 600mg twice a day.

Alpha lipoic acid Alamak 600mg once a day or twice a day. If you do take it twice, you just have to be careful.

Gut Support, Probiotics, and Preventing Side Effects

You don't suffer from reactive hypoglycemia. And then we use glutathione on a minimum dose of 500mg twice a day. Higher doses up to 2000mg 2 to 3 times per day can be used for hexes.

And if you alkalis the body with either freshly squeezed lemons or limes or sodium bicarbonate. This usually will help with the heart timer reactions.

But the beauty of using low dose zone and what we're discussing today with low dose is using 25mg every other day to start, and then slowly working up the dose.

When you use low doses like this, you'll generally avoid severe Horkheimer reactions. The second side effect anemia, is because the sun's effect on the bone marrow is that it interferes with folic acid metabolism.

Now, before you take that zone, you need to make sure that you have an enzyme called G6, PD glucose six phosphate dehydrogenase. If you're deficient, you can get worsening anemia and make hemoglobin elevations with this protocol.

Now, fortunately for me, I've only seen it three times in 41 years of clinical practice, so it's not very common. And likely you will be able to take the on.

Most people are G6, PD positive. So when you're doing DAP shown before you start, you want to make sure that if you're a woman, you're up heavy menses, you want to avoid, for example, iron deficiency.

You want to replace iron levels before you start DAP. So you want to check B12 levels to make sure that you reversed any B12 deficiency. You can even check markers like methyl Melnik acid, which is an indirect marker of B12 deficiency.

But the way we reverse it specifically when we use DAP zone is we use folic acid. And in the regular protocol, we use lucho for an folic acid up to 100mg twice a day with methyl folate.

SA from Xamarin is the product we use and again we use for twice a day from, as I mentioned, which is 60mg twice a day. So in the full protocol we're using 320mg of folic acid, both for clinic acid and L methyl folate.

Now when you're doing low dose some combination therapy, you don't need to be using those levels of folic acid. If you're only going to be using 25 to 50mg, as we're talking about today, you can usually get away with one look over in 25mg twice a day and one XR 15mg of L folate twice a day.

What you'll generally see is you'll see a drop in hemoglobin of when you get to about 50mg, adaption of maybe a gram maximum 1.5g of hemoglobin. Most papers patients don't even feel that it's negligible and even when patients sometimes drop four grams with double dose zone, they usually don't notice it.

In fact, some people's energy level improves because as you're knocking down inflammation from treating Borelli and co-infections, usually energy levels improves despite the anemia.

Now, regarding the anemia, one thing I want to make very, very clear from the outset in this talk is all of the lab abnormalities I'm going to talk to you about today are completely reversible with some combination therapy.

Now, I've told people when they do some combination therapy, the full protocol, which is a month of double dose stop zone, which is 200mg of caps on a day, and high dose stop zone, 400 a day for 4 or 6 days.

Six days is for Bartonella. If they do that, you will generally drop 4 to 6g of hemoglobin. Four grams is the average. Sometimes it's a bit more, but in every case we have treated over the last ten years, the anemia always resolves and goes back to normal.

It is never not happened that the labs do not go back to normal, and that includes in do no harm H. R m m stands for Mahima globin. Now, before we get to this, R is for rashes.

Now DAP zone is a sulfa drug. So for patients that say oh, I'm sulfur sensitive I've taken bactrim RDS which is sulfur methoxy, I'll trimethoprim and I've had a rash of a skin rash.

Well, generally what we found is if it was not a severe reaction to bactrim. And what I mean by that is you've not had skin sloughing, a really severe anaphylactic reaction, but a rash which might have been itchy.

Managing Herxheimer Reactions and Anemia Risks

We find that most patients can take daptone, but what we do is we give them an h1, h2 blocker like Zyrtec, cetirizine, ten milligrams twice a day to block histamine one receptors, and Pepcid famotidine ten milligrams twice a day to block H2 receptors, and by blocking H1 and H2 receptors.

Generally, when we start with that second low dose 25mg every other day, we find that most people will not get a rash. In fact, I don't remember the last time anyone who told me they were sulfur sensitive had a problem when they used an h1 h2 blocker and started with very low dose some combination therapy.

Now, assuming you do well with this, we keep people on the h1 h2 blockers during the entire protocol. The act of do no harm. Hertz's anemia, rashes, meth, hemoglobin Amia stands for not carrying oxygen well in the blood, which is what elevated meth hemoglobin is about.

The way we reverse this without some combination therapy is we give antioxidants. Now in the normal protocol, those antioxidants include things like vitamin C, 1 to 2g, up to twice a day, vitamin E, and not only from designed for help 300 I use twice a day.

We use into any d.h five milligrams up to ten milligrams twice a day. We use glutathione on minimally 500mg twice a day, but as you go up on the dose of that zone, the dose of glutathione gets raised to a thousand, even up to 20 twice a day.

And that lowers my hemoglobin levels. Apart from helping with hard time reactions, we also use a drug called cimetidine. Cimetidine is an old drug that used to be used for as an H2 blocker.

Like Pepcid. It was the first one in the class. It turns out the cimetidine lowers my hemoglobin levels. And then we use in the full protocol methylene blue.

Now when you're doing low dose some combination therapy, you don't need methylene blue. And you don't need these levels of antioxidants. Because mathematical open levels generally do not go up until you reach at least 100mg of that.

So so again, Oto steps on combination therapy. What this would entail is you're going to start and you can find these protocols by the way, again in microorganisms September 2023.

And you'll find also the protocols in my Medical Detective Substack. It's free to sign up if you look under the five Medical Detective Substack I did for Bartonella, numbers four and five are DApps.

Some combination therapy number five, which is the Two-Week pulse for Bartonella, is how we generally start low dose. Some combination therapy. We start with, for example, on a Monday taking plac when all hydroxychloroquine 200mg, let's say once a day with minocycline, 50mg once or twice a day with nystatin, two tablets twice a day.

We just introduced one antibiotic on day one on Monday. And again this is what the support supplements the for probiotics we're talking about twice a day.

All of the support supplements like NAC Alpha lipoic acid, glutathione. We even use Nrf2 activators like tumeric, curcumin, 500mg twice a day, and broccoli seed extract.

Sulforaphane, glucosinolates 30 to 60mg twice a day. So we're basically blocking inflammation to keep down the

heart and make the regimen much more tolerable.

But again, with low dose on, you're not really going to be worried so much about these reactions. Now, if you start the protocol on a Monday and you're just taking low dose minocycline with nystatin and plaque and you get a heart, what that means is because minocycline goes inside the cells, that means you have intracellular bacteria that are driving inflammation.

Now, if you are one of these patients that is highly sensitive, you can just even do minocycline every other day until you notice that the herb stays down.

Now, most people will generally tolerate 50mg of minocycline once a day. So we'll do that for 1 or 2 days. And then on Wednesday we'll add rifampin. In an adult, the usual dose of rifampin would be 300mg twice a day.

If it was a child, someone for example, 80 or 90 pounds or less, it might be 150mg twice a day. This is something you want to check with your doctor. So now we've added rifampin on Wednesday right?

So now we're just on minocycline low dose with rifampin. If you add rifampin and you notice I get a heart time reaction, it means the same thing. Rifampin goes inside the cells to kill these intracellular bacteria.

Again if you find that there is severe you can do rifampin every other day. Now one thing about rifampin that you have to be careful with is rifampin has drug interactions.

Rifampin will lower for example thyroid hormones adrenal hormones.

Rash Prevention, Methemoglobinemia, and Antioxidant Support

It will affect birth control. So you have to ask your doctor to do an electronic PDR check. Any time you take rifampin to look at drugs you're taking, because it will also affect for example, psychiatric drugs, accessories, surgeries, etc..

But again, some of the patients who've been worried about taking DAPs on because they have to come off psych medications because there are interactions with methylene blue, you don't have to worry about coming off those drugs when you're doing low dose alone, because you're not going to be using methylene blue.

In this low dose protocol, you would only be starting methylene blue once you get to 100mg of Dobson or higher. If you're now on rifampin site clean nice that and plaque Wynnum with the support supplements.

And by the way we're also using for biofilm agents to open up the biofilm. And again you'll find these in the medical detective sub stacks and in microorganism September 2023 we use bio Sidon cinnamon, clove, oregano oil.

We use peppermint oil, which is compounded from infuse serve and stevia from neutral medics. So we use these four biofilm agents to open up the biofilms.

Even though DAP shown with these other antibiotics does have biofilm capabilities. Assuming now that you're tolerating the minute side clean and you're tolerating the rifampin on Thursday, we might add on.

And again, this depends on whether you have problems with Bartonella or not. We might consider adding on zero max to the protocol on Thursday. But this does not have to be added on when you're first trying to use low dose tap zone.

It can be because what we found is the more intracellular antibiotics you use minocycline, rifampin, as if for max, all are intracellular antibiotics that go inside the cells to kill these bacteria.

The more of these that you use together, the more effective they are with some combination therapy. But again, in the first round when you're first trying this, you could be doing it without as yet for Mycin it is not absolutely necessary when you're first triangles.

However, if you do now on Thursday, you're on minocycline, rifampin, and as Seth for myself, let's say you're tolerating this week one and the X's are not bad.

You're controlling them with glutathione and alkalis in the body. Week two. You are then going to add on on 25mg every other day with Luca Vaughn, 25mg twice a day, and Zach will l methyl folate twice a day.

So what you've done then? Week two, after checking the terrain of how your body is reacting. Week one, you're now adding a very low dose of stops. On week two, you're going to continue on this low dose zone week two and see whether you get severe kind of reactions.

If you do not and you notice I'm feeling okay, I don't significantly notice I'm better or worse. Then week three, you're going to go to dapt zone 25mg every day.

So the only thing that is going to change with this protocol, when you're doing low dose, some combination therapy is once the minocycline, rifampin and or Citra max is on board again with plaque hydroxychloroquine, nystatin, cimetidine.

Again you'll you'll find the entire protocol in the medical detective Subutex under Bartonella and microorganisms September 2023. Once you're doing this protocol, the only moving part is going to be adaption.

Let's say you get to 25mg a day with 55 minutes. I clean once or twice a day, rifampin 300mg twice a day, and you notice you're actually starting to notice you're feeling better.

What that means is, is that you're lowering down the load of these bacteria that is causing the inflammation in your body. Now, you could choose to stay on this low level for a while, because if you're a chronic Lyme patient, oftentimes like the ones who come to me, you've been sick for years, you may want to break and just go, wow, I feel, I feel better, I want to have this feeling for a while.

So you continue this for a week or two. But ultimately, the rule of thumb with that zone is the higher the dose, the better it's going to work. So let's say you've now been on Daptone 25mg for a week or two.

You're not getting severe.

Stepwise Low-Dose Protocol and Antibiotic Ramp-Up

Hertz's you're actually feeling pretty well if you want to go slowly because you've been somebody, for example, who has Bartonella and you're worried about the neuropsychiatric carcasses, then week 2 or 3, the way you adaptation is you add 50mg one day, 25mg the next, 50mg one day, 25mg the next.

So in other words, week 2 or 3, it's 50, 25, 50, 25. Adapt some. And when you're doing the 50mg adaption, usually most patients will take 25mg twice a day.

They'll take it after breakfast, after dinner in fact, all the antibiotics are taken after a full stomach after breakfast and dinner. Don't ever take these antibiotics on an empty stomach.

Your stomach will not be happy. If you do need some extra GI support, you can use things like glutamine from Xamarin, which is, aloe vera, glutamine, a glycerin, an acid.

Those will protect your stomach. Gastro men from designs for health. Apart from using things like Pepcid and even cytotoxic, a drug which does protect the stomach from, let's say, gastritis and ulcers.

We have you side attack. You just can't be a woman who's planning on getting pregnant. Of course, on taking any of these, site attacks is contraindicated, under those circumstances.

But there are things you can do to protect your stomach. But again, because these are lower doses of the

antibiotics and you're taking them after food, most people tolerate them quite well.

Let's say week three. Now you're on 51 day of dapt. So in 25 the rest 50, 25, 50, 25 and you notice it's like the sun comes out. It's like, oh my God, I've never felt this good in years.

Again, you're going to speak to your doctor about this. You can stay on this protocol for a week, 2 or 3 even longer, until you notice the protocol wears off and you notice the symptoms are coming back.

This usually means you now need to increase the dose of that soon. The next step up would then be 50mg once a day. So again then this could be week four or 5 or 6 depending on how slowly you've gone.

You're now on minocycline 50mg once or twice a day. Rifampin 300mg twice a day. Blackwell 200mg once a day. Nystatin twice a day. All your support supplements with your probiotics, your biofilm agents.

You look over in your quill and you're going to hold it 50mg of DAP zone 25 twice a day in this protocol for a while. This is the low dose capstone protocol.

Now, the advantage of this protocol is for those patients who have been worried about the side effects of DAP. Soon I'm going to get to anemic. Well, you may drop one or 1.5g of hemoglobin.

And if you're worried about and it happens, you'll notice if you stop DAP zone your labs, you're going to come back to normal. It'll take 3 or 4 weeks in most cases, but they'll be back to where you started.

Some women again need to supplement with extra iron at lunchtime. You don't want to take iron supplements with a cycling because it binds it. But you'll notice your lastly back to normal, and you're not going to get elevated hemoglobin levels by taking 50mg of DAP shown, it would be highly unusual.

I don't think I've ever seen it. We usually see it by 75 or 100mg of DAP, so. So I just wanted to share this trick of using low dose DAP, some combination therapy for those patients with doctors who say, I'm worried about starting the option.

Right. And the question will be, you know, will I still get benefit from this low dose protocol? And the answer is yes. What happens with these persistence with these biofilm persistent bacteria?

What we've noticed is if you, let's say take 50 of DAP zone for a month or two or even three, and you stop it when you stop the protocol, you'll notice, let's say you started at 10% of normal.

You had horrible fatigue, horrible joint pain, terrible brain fog. You may notice when you stop, you're at 30% of normal. You're feeling better. You still won't be feeling perfect.

And remember, you always have to go back to the 16 point M6 model to make sure that you don't have active bbca. If you have day sweats, night sweats, chills, air hunger, flushing the BCA will interfere with the success of this protocol.

Even though DAP zone does have somewhat of an effect on the BCA. We noticed that helped in about 25% of the people we treated, but these low doses of DAP soon will definitely not be enough for Bartonella.

Long-Term Use, Dose Adjustments, and Closing Remarks

If you have active Bartonella by PCR or fish fluorescent in situ hybridization, you need to get through the full nine week double dose and high dose DAP zone protocol with several pulses of high dose some, but similarly, you want to be checked for all toxins from real time laboratory for heavy metals to make sure you don't have Pops disorder, Nami, mitochondrial dysfunction low adrenal function shows up in most of our patients.

Please make sure you do a full message review with your doctor and looking at those factors. And I did publish a

study back in the journal Health Care back in 2018, again with Doctor Phyllis Freeman.

You can look at all those eminence factors to make sure you're not missing any of them. But the advantage of this protocol is you'll get used to that soon.

You'll start to get used to the effects of the drug. You'll minimize the Hertz's by taking low dose adaption. You'll see that the hematological side effects of the anemia is really not that bad.

When you stop, you'll see the labs come back to normal. And then when you're ready to start back, you can go back to 50mg. This could be a month or two later.

If you're treating mold sometimes will treat mold for several months and then go back to dapt some combination therapy. If you do that, you start back at the last dose of the option that you finished 50mg, and then if you need to go slow, that next ramp up would be 75 one day, 50mg the next 75 one day, 50mg the next.

Kind of easing into it the way you did with weeks one and two, the way we described it earlier. So I just wanted to give you this mini talk on the use of low dose, some combination therapy for the treatment of chronic Lyme Pete TLT yes, because this will help those patients who are worried about the side effects, whether it's the horses, the anemia, the hemoglobin Amia.

And it will also give your doctors the ability to put their foot in the water and say, you know, I'm getting used to that. So now I'm getting used to the side effects and the benefits of this protocol.

That is how I learned about it years ago. I mean, now, of course, I'm used to the protocol. I'm used to, you know, a four gram drop of hemoglobin unfold app.

So in combination therapy is normal for me. It doesn't bother me. But early on in my career it was like, oh my God, what's happening? I now know that these are always reversible side effects.

I tell patients with this protocol, you know, it's not easy when you do the full protocol. It's like cancer chemotherapy. But in cancer chemotherapy, if you're going to cure non-Hodgkin's lymphoma and you take Chop therapy, you might have chemo, brain fog and you might have neuropathy, but you'll live and you're going to put up with the side effects, the beauty of that zone.

There are no long term side effects. All of these blood tests will come back to normal. Of course, you have to be careful that you keep on a proper diet to avoid any candida overgrowth in the gut, and that you're taking the proper probiotics and supplementation.

So again, this is Doctor Richard Horowitz and the co-host of the Doctor Talk Killing Lyme Summit 2026, the Neuroinflammation Brain Protection Summit. And in future mini talks, we're going to talk a little bit also about how we reverse the side effects from high dose stops, some combination therapy, and also the advantages of the app zone for helping to lowering down some of these neuro inflammatory markers that are now showing up in the labs.

So stay tuned for another episode. Speak to you soon. Bye bye.