Dapsone breakthrough in chronic Lyme

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Doc, this is the best I felt in seven year. My energy's great, my pain is gone, My brain fog's gone. I turned to my wife, who'd been sick with Lyme for 25 years and I said, Sweetheart, would you like to a medical guinea pig?

She's been eight years in remission and she's never relapsed. Now, she was, by accident in fact, is how I discovered actually some of the final clues to this disease.

Hello and welcome back to the podcast. This week we feature Dr. Richard Horowitz. He's been a leader in Lyme disease for two decades in the Hudson Valley, but he has some new data on Dapsone and Alzheimer's that he's going to be sharing here today.

I think this is a really powerful way of understanding the way that medicine is going. His new book, Ending Chronic Illness, is talking about the 16 inflammatory causative factors and how to work with them.

I think there's a lot of tools in his book that could be useful for you if you're a practitioner and looking for the hard science on how back up some of the recommendations.

So please welcome for first time to the Evolution of Medicine podcast, Dr. Richard Horowitz. Thanks, James. It's great to be with you. So great to have you here.

And, you know, I've been following your work for a long time, even before the functional forum started. When I lived in the area, used to come to the Hudson Valley and see practitioners in a previous life.

There was rumors of some really interesting line work going on at that time. This must have been like 2010, 11, 12, 13. And so it's amazing to see the journey that you've taken.

Introducing Dr. Richard Horowitz

And this podcast was stimulated by connecting at IMMH. I heard your lecture and I know you had an opportunity to hear mine. So here's an opportunities for us to share a little bit more with the community.

Before we get into it, there was one major error in your presentation that I want to just pay attention to, because you probably don't know. But you said that you had enjoyed the lecture of Dr.

James Maskell, and for the record, I'm not a doctor. So it was a major era, but hopefully that's all put to rest and no one's confused anymore. If that is the only major area I made, we're doing okay here.

Awesome. Well, look, yeah, I guess for people who aren't familiar with your work, tell us the journey of a doctor to this sort of Lyme specialist and then how it's gone out since, you know, obviously you're doing it in your practice, but then influencing a lot of other doctors over the last decade.

So my journey in medicine was a bit unusual. After being at Northwestern University for four years and get a major in biology, I went to Belgium and I was there for seven years at the Free University of Brussels doing medical school in French.

It was my fourth year there that I met the Tibetan Lamas. I started meditating doing TM the first year because things were quite stressful. Ended up doing the TM city program.

And when I meet the Tibetans, what was really interesting about this journey is I had been very religious when I was young and kind of an empath and intuitive, you know, I heard things when was I young but didn't exactly know how to interpret it.

And here I met these Tibetan lamas who were very wise, they were funny, very warm, so I studied with them and I've been studying with for 45 years at this point.

In my last year of medical school, I went to L'Homme again in Rinpoche and I asked him the most important thing that I needed to know before going out into the world as a physician.

And he said, Richard, the important is compassion and exchanging yourself with others. Put yourself in people's shoes and do for them what you would want done for yourself.

It's kind of basic advice like love, wanting other people to be happy and compassion, and wanting people free from suffering.

From medical training to Lyme practice

But this particular advice, this reason it was relevant, is I finished my internal medicine residency and got board certified in internal at Mount Sinai in the city hospital systems.

This was 84 to 87. And then decided to move to upstate New York into Dutchess County, New york, close enough to be next to my parents from Bayside in Queens.

Um, and I thought, okay, this is a great place. I'll be a country doctor. Little did I know I was moving into the largest Lyme endemic area in The United States in Dutches County Newyork.

Here these patients were coming in with bullseye rashes early on, you know, Half of them, by the way, don't look like bullseyes. We can get into this later.

But at the time, we only had a few tools in our toolbox. we had doxycycline for a month. It worked for certain number of people, but 25% or more kept coming back going, Doc, my fatigue, joint aches, muscle pain, neuropathy, it's moving around my body, I have brain fog, cognitive issues, can't fall asleep, anxious, depressed.

And you would do what an internist is taught to do, which is refer. So you sent them to psychiatry and infectious disease doctors and rheumatology, physical therapy.

I mean, no one knew what to for these people. And that's when the light bulb went off in my head, remembering Guénon Bruchet's advice, because no-one knew to what do.

If I was sick, I guess I would want my doctor to look into answers, and I started reading the medical literature, going to the conferences. That started a 42-year journey of seeing over 13,000 chronically ill patients.

And interestingly enough, as we'll talk about today, that journey now has led me to Alzheimer's disease. So it's kind of like my journey in medicine has been kind interesting because it has taken me into places I certainly did not expect to go when I That's awesome.

Yeah, well, it's a great story and I love the driving force behind it, the methodology. Where would you place yourself now? I know that there's sort of like a spectrum of doctors that treat Lyme.

You've got on one end of the spectrum, I would say, sort of what you would call like the lime literate MD, you've got groups like iLADS that have grown reasonably substantially, your other organizations that educate out to the consumer, out so the practitioners as well.

How would you define the methodology that you think works the best for creating the kind of transformation

hopefully in your patients that would want if you were a patient?

So, interestingly enough, I was one of the founding members of ILADS 26 years ago with Dr. Boroscano and Dr Steve Phillips and Andrea Gaito and Nick Karras.

We sat in this hotel room 26 year ago actually discussing forming the organization because we recognized there was a real need for these suffering people.

So where I would put this at this point, basically my discoveries of what chronic Lyme is and how we get people better, is the biggest, I think, information challenge that doctors had up until about 2015 is we were missing a key piece of information about the bacteria Borrelia burgdorferi.

Up until then, we have thought that this bacteria had three different forms, a cell wall form where you would use penicillins and cephalosporins like IV rocephin, an intracellular form we'd use things like tetracyclines, azithromycin, rifampin and then what we would call cystic forms otherwise known as cell-wall deficient forms L-forms, S- forms round-body forms Those forms would be susceptible to drugs like Plaquenol, Hydroxychloroquine, Grapefruit Seed Extract, Flagyl, I actually published the first abstract on it 25 years ago, and Tinidazole.

So we were using things like Ceftin, Plaquinol Grafefruit seed extract, Zithromax, going back before 2015. It would help. People got better, but the problem is they kept relapsing.

And then fast forward, John Hopkins, around 2015, comes out with a really key landmark piece of information that Brilli-Bergdorferi has a fourth form known as a biofilm persistor form.

This form is the same form you see with tuberculosis and leprosy.

The Dapsone protocol and remission

Now, when I was in doing my residency at Mount Sinai, this was during the HIV epidemic, and we had seen these patients coming in with mycobacterium avium intracellulare, MAI, tuberculosis.

So I got very used to using rifampin, INH, pyrazinamide. In fact, one of my main teachers was an infectious disease physician who influenced the way I practiced.

And I realized, like, okay, if it's a biofilm persister bacteria like leprosy, let me look up in the literature, and I knew they used lepercy drugs like rifampin and Dapsone.

So when I looked up Dapzone, the light bulb literally went off in my head because it met all the criteria that I would want for that type of a bacteria.

It was oral, with great penetration into the brain. it was anti-inflammatory. We knew that every manifestation of chronic Lyme, and in fact, many of the diseases we're going to discuss today that's in my new book, Ending Chronic Illness, it's chronic inflammation that underlying all these chronic disease manifestations.

It had anti-malarial properties, so I thought, oh, maybe it'll help with Babesia, this malaria-like parasite. It hit autoimmune reactions. They would use it for Bissett syndrome and autoimmunity.

And we do see that in Lyme patients, and it hit the biofilm persistiforms. So what I did is my first study in 2016, we published it in 100 patients using doses of Dapsone between 25 and 100 milligrams.

It was a home run out of the park from the very beginning. These people that had failed all these drugs Once we added a tetracycline like doxy or minnow to rifampin and Dapsone, these people were saying, wow, my fatigue, brain fog, pain, moods, everything's getting better.

But the problem is they kept relapsing because we didn't know the dose of Dapzone that was needed to actually

cure Lyme or at least put many of these in remission.

Years going forward, one of my patients made a mistake when he was supposed to be taking 100 of Dapzone, he doubled the dose. This kid was sick for seven years, in bed, couldn't go to school, could get a job.

He comes in his fourth month and says, Doc, I'm feeling terrible. I said, what are you taking? Well, taking Doxy twice a day, Rifampin twice today, and Dapsone twice day.

100 milligrams twice and I say, no, you're taking too much. Go home, stop the drugs, come back in a month, let me know how you are feeling. comes back in a month, now remember, he's been sick for seven years, and he says, Doc, this is the best I've felt in seven year, my energy's great, pain is gone, brain fog's gone.

I went, what? I said, don't take anything else, come back three months. We followed this guy for a year and as I saw he was getting better, I turned to my wife, who had been sick with Lyme for 25 years, and I said, sweetheart, would you like to be a medical guinea pig?

I say, this guy just went into remission. All he did was double the dapzone. Now, my life had taken 50 of dapsone for a year, felt great, relapsed, was PCR positive in the blood.

I gave her 100 of Dapsone for six months, she relapsed. I then gave 100 milligrams twice a day based on what happened with this patient. She's been eight years in remission and she's never relapse.

Now she had all 16 MSIDS factors, Multiple Systemic Confection Disease Syndrome, we'll talk about the factors in a moment, but I had to address her hormonal dysfunction and POTS dysautonomia and microbiome issues and mast cell activation causing her migraines, I still had address all these things.

But she's gotten COVID twice and the flu once, never relapsed. And a lot of times with these patients, when their immune system is under attack, they relapse.

So I published the last study that actually published, the full protocol of how we get patients better and keep them better. It was published in the journal Microorganisms back in 2023 and again in 2024 with follow ups with three women who've now stayed in remission for years.

So the protocol is published. There's 11 articles on Dapzone. One is from Tufts University showing that Dapsone, Rufampin cures Lyme in the animal model.

When I did with Eva Schoppe from the University of New Haven showing, that when you combine a tetracycline like Doxy with Rofampine, with Zithro and Dapseone these four drugs are the most effective combination of hitting the biofilm persister form of the bacteria.

We've advanced, I mean, tremendously in the last decade and we've got 11 articles backing it up, but that's pretty much, it was by accident, in fact, is how I discovered actually some of the final clues to this disease.

Yeah, that's really amazing. Would you say that there are other elements of the restoration of, I would say, the terrain that you think are important journeys in creating a full long-term remission?

Oh, the terrain is absolutely crucial, and that's in fact the focus of the 16-point EMSIDS model. So the way I usually describe the model, knowing that chronic inflammation is underlying all chronic illness, Abacterial infections like Lyme and Bartonella.

Bartinella is a biofilm persister bacteria just like Lime. There's over 18 pathogenic species, so you can't just do a Bartonella instantly from a local lab.

You've got to use specialized lab testing, which we can discuss, but you've gotta hit the Bartonnella, because if there's Bartronella the nine-week Dapsone protocol will be insufficient.

But most people need four pulses of hydrostapsome. It's a 13-day protocol, ultimately, but it does put many in remission. But that's only if, B, you've hit your parasites, like Babesia, C, You've dealt with reactivated viruses, which some of the long COVID population comes in with, Like reacti-vated Epstein-Barran Herpes virus 6, Or D, your fungal infections, even Candida o-growth in the gut.

These four types of infections, combined with environmental toxins like mold, getting into 90% of our patients now, causing mitochondrial dysfunction and immune dysregulation.

A lot of these people have heavy metals, but they also have microbiome disruption of their gut, right, from the antibiotics or from environmental toxins.

They've got leaky gut with intestinal hyperpermeability, with or without mast cell activation. go into an ocean of inflammation with 10 downstream effects, which is mitochondrial dysfunction.

As we know, every chronic disease from Alzheimer's to autism to ADHD to chronic fatigue syndrome has mitochondria dysfunction, the question is, where the free radical oxidative stress is coming from?

And then yes, we see hormonal dysregulation, 99% come in with low adrenal function, or the men come with with testosterone because the hypothalamic pituitary axis has been thrown off from inflammation, They have thrown out their luteinizing hormone, they're not making testosterone, or they come in with dysautonomia, with POTS, which can be due to Lyme, BART, long COVID, and mold.

They all cause dys autonomia with similar symptoms of fatigue and brain fog, anxiety, palpitations, right? And then we see things like pain syndromes, deconditioning, neurological issues, psychological issues.

Liver dysfunction, one third of the world's population is metabolic-associated steatotic liver disease with insulin spikes and metabolic syndrome. So all of these things, including immune dysregulation, Lyman-Bart will cause chronic variable immune deficiency and subclass deficiencies, add long COVID to it with T-cell exhaustion, where now you can't fight the viruses, the cancer cells or autoimmune reactions, or mold comes in with gliotoxins against suppressing your immune system.

The immune dysregulation and autoimmunity from the toxins, from infections, the microbiome issues, that's the terrain, right? So yes, we have to address all of these factors or you're not going to see the full healing in these patients.

Yeah, that's really interesting.

The 16-point MSIDS terrain model

Well, look, I mean, you've got this book, End Chronic Illness, and, obviously, we hope that that will make its way into the people there, ending chronic illness.

They got a revolutionary new protocol. So I guess I'd love to just get your thoughts to step back a bit. You know, obviously this is a subset of the population that is coming into your clinic, but obviously there is some of those underlying factors are more population wide.

And I guess I'd just love to get your take on, you know what does it take? What do you think it will take to create a net healthy population that maybe we used to have historically?

Like what would have to happen? And that's a big question, but I guess like, are we always gonna be, even if this became the standard of care for this type of patient, how do we go upstream so that not everyone is facing such a high prevalence of the pathobiome that you're describing?

It's a great question. If I was running HHS and the NIH, I would be creating chronic disease centers of excellence. And the way I'd be doing these chronic centers would with associated chronic diseases prevention centers because

from the prevention standpoint, When you look at these 16 points, the thing that was highlighted in my new book, Ending Chronic Illness, and I didn't know this, by the way, nor did any doctor before this book got published, it just came out this week, is the same 16 factors that I was just describing for chronic Lyme, PTLDS, are associated with autism.

I presented at the MAPS conference three weeks ago, showing them that all 16 factors are associate with Autism and not just associated, I asked the doctors there who treat autistic kids all day long and I said, listen, if you test these kids and you treat their Lyme and the Bart, how do they do?

Oh, doctor, their brains woke up. Well, what about mold? Are you finding it? Absolutely. When you pull out the mold toxins, they get better. They do. What about the microbiome and propionic acid?

And oh, absolutely. So these 16 same points, are showing up and the reason we need to look at this is 86% of our health care costs and 70% the deaths are due to chronic illness, 18% our GDP going to 20% is chronic illnesses, 60 to 70 percent of Americans have one chronic and 25% have two or more.

So to answer your question of how we get back to health, I would be using the 16-point model preventively because if you have undiagnosed infections, mold toxins that have gotten in, which are getting into most of us, microbiome issues, we've lost diversity.

We've loss the short-chain fatty acid bacteria that lower inflammation. If you look at these 16 factors, and that's what I'm doing, I am 70 years old and God willing I still in good health.

But, you know, I'm doing high-intensity interval training pretty much daily. I am meditating every day, getting eight hours of sleep, keeping down the carbs in my diet to stop insulin spikes.

So I would be giving people money back on their taxes if they meet certain goals, not just blood pressure, cholesterol, metabolic syndrome, diabetes, meet the goals that we know are necessary for long-term cardiovascular health.

but also make sure you're addressing these 16 root causes of inflammation, which I found are underlying ADHD, autism, Alzheimer's disease, Which I just published this year in the Journal of Alzheimer Disease Reports, but, also, these same 16 factors underlie cardiovascular disease chronic fatigue syndrome, fibromyalgia, cancer, digestive disorders, immune disorders hormonal dysregulation, every mood disorder I looked at.

from anxiety, depression, OCD, bipolar schizophrenia. And we've reversed schizophrenia in people using this model where Lyme and Bartonella and mold were driving these neuropsychiatric manifestations.

So this models applying to a broad range of diseases, even long COVID. I published two years ago in the journal Microorganisms. the same 16 M SIDS factors are associated with long COVID.

Preventing chronic disease upstream

So to answer your question, the way I would do it preventatively is don't just check blood pressures and, you know, check the prostate and colonoscopy and mammography.

All these things are great, but you've got to check to 16 root causes of inflammation and where it's coming from. That's a great point. Well, look, I think we're definitely aligned on that.

I'm interested next month I am going to Japan and the doctor that's bringing us over, he's been teaching Japanese primary care to like the other Pan-Asian countries.

And he's now sort of found out about functional medicine is super excited. And so he is having, you know, some luminaries come over, to speak and whatever.

But one of the things that he shared is that the range of tests that everyone gets every year in Japan is a lot broader than we would get here. And you can kind of see that future emerging with the way that, you know, direct to consumer lab testing is sort of taking off that there's an appetite for people to know more about themselves.

And I think that if you were able to assess, many of those 16 factors consistently, You'd be able know earlier on when you're going in those directions.

The more I see of all of these, particularly brain diseases, which I've been focused on for a long time. In fact, autism was one of the things when I was first starting, you know, pre that.

Part of reason I found out about you was because doctors like Christine Gedrick and, um, and many of their, like, early pediatricians, that were dealing with these kind of issues and some of the founding doctors there, MAPS like Nancy O'Hara, they were in your orbit for sure and connecting and so I think there's a lot that we could do here.

I'd love to talk a little bit about Alzheimer's because you shared a bit of this case study and I saw you on Dr. Hyman's podcast the other day and we've really got to get this word out there.

So do you want to share a about the case and how it came about and why it's unique in you mind? Yeah, so the fascinating part again about medicine is if you have curiosity, which I've always had, I mean, science is just fabulous.

I'm reading an hour of literature per day. But what's interesting is these teachers who taught me really developed compassion for these sick and suffering patients, but by the way, you almost can't not do it because your heart breaks open listening to these horrible stories of people.

Every day in my email list I am getting 25 emails from people across the world who've gone to 30, 40 doctors looking for help. And many of them, by the way, my dad has dementia.

My husband was just diagnosed with it. So the reason this Alzheimer's paper came about is, so here I'm seeing these 13,000 Lyme patients over four decades.

I knew the work of Judith McCloskey from Switzerland. which she had proven by Hills and Cox criteria, published in the Journal of Alzheimer's, that there was a direct association of these spiroketal infections, like Lyme, with Alzheimer dementia.

Not a big surprise, because sproketial infections like syphilis are known causes of dementia, right, for many years. So she published on this. We knew the dissociation.

She said, hey, if you've got a spire cake in your brain, you got 10 times higher risk of Alzheimers. Then comes Eva Schoppe, four years ago, who published with my good friend, Dr.

Alan McDonald, to recently pass, God bless you, Alan, for all the great work you did. And they showed, it's not just spirochetes in the autopsy studies of these people who died of Alzheimer's and Parkinson's, but they had biofilms with these spireketes with p-tau, phosphorylated tau, and beta amyloid.

Now, the reason this is important that I'm telling you about the biofilm is biofils make these bacteria 1,000 times more resistant to antibiotics. And what I had developed in the DAPZONE protocol is I use four biofilm agents twice a day, biocidin, cinnamon, clove, oregano oil, certain essential oils, peppermint oil.

Stevia from Nutrometics has been published by Shopee's group to have an effect. We use these biofilms agents and DapZone protocol has published in a BMJ journal showing that we actually get down the load of these biofilm persisters.

Two years ago, Quest and LabCorp started being able to offer these biomarkers, these Alzheimer's biomarks, and I said, gee, I know about the work of Shopee and McCloskey.

I wonder what's happening in my patients. And to my great surprise, at least half of my Lyme patients, 50%, were testing positive with low beta-amyloid 42-40 ratios, elevated PTAL 181, elevator PTal 217, elevating neurofilament light, Occasionally, gliophilic acid was high, if they're APOE status, we ran it if their APoE was 3, 4 or 4,4. So I said to myself, oh, well, it's Lyme, its neuroinflammation.

And then I took a step back and I went, hold on. If these patients had gone to a board certified neurologist, with these low beta amyloid ratios in p-tau-217, the most sensitive specific biomarker for Alzheimer's, they would probably be told, you're going to go on and develop dementia.

Here's your anti-amyloids drug of lacanumab, dinatum, and I said, uh-oh, I should really try and see if Dapsone could do anything for these people. But the problem is most of my patients had already taken Dapzone.

I found this one woman whose p-tau 217 was above two times normal. For 15 years, I had been begging this patient to do Dapsin. I'm glad she finally didn't do it because she met every criteria for chronic Lyme PTLDS.

She had a bullseye EM rash treated with doxycycline 15 before, still had joint pain with rheumatoid factors, signs of peripheral inflammation. Her memory, she thought, was good, but that's because she was meditating.

It turns out it was not so good. And she had MSIDS factors like metabolic syndrome, leaky gut with food sensitivities.

Alzheimer's biomarkers and Lyme

We had to chelate her heavy metals. She had Lyme, Babesia, Bartonella, Coxiella burnetti, Q fever, which we treated with rifampin and doxy early on in the course.

But I said to her, listen, Your p-tau 217 at.33 is more than twice normal. You may go on and develop a bad cognitive issue later on. Would you finally be willing to do this nine-week dapsum protocol?" She agreed.

We give her the protocol. Three months later, all her labs are back to normal, I check her ptaus 216, and it's normal It dropped by 63% in nine weeks with this protocol.

Well, when I published the article in the Journal of Alzheimer's Disease Reports, I didn't realize at the time that the best that anyone had done before lowering PTAL-217 was about 23%. extra 6% if you include placebo with these anti-amyloid drugs.

So I was almost twice the amount, right? It was twice better than they were, but in nine weeks, not six to seven years. Why? Because they're trying to pull out amylloid without getting to the source of where the amlyloids coming from.

And you and I both know p-tau and beta-amyloide are antimicrobial peptides. They're showing up in the brain for a reason. There not just showing for no reason, so the reason this case study is so important, Right now, the NIH told us last year that 42% of Americans are gonna go on and become demented over 55 years old.

The numbers of Alzheimer's cases are going to double and triple. You pointed out at IMH that by 2050, half the world will either be having dementia or you'll be dealing with someone with dementia, right?

Hopefully I got that statistic right and you can correct me if I didn't hear you correctly, but it's an overwhelming epidemic. And because of the way the NIH has worked, they've had this blind spot of chronic spirocheteal infections in the brain driving Alzheimer's.

And the reason they said, you know, well, it's an association, not causation, cause it all autopsy studies. I proved for the first time in world, we did it in a live human being.

Now we need multi-center randomized placebo trials, or maybe I can work with your groups. And by the way, I've

asked other doctors who I train now to check these Alzheimer's biomarkers.

Dr. Tammy Lidey, who i've consulted with frequently, she's finding them in close to 100% of her chronic Lyme population. This means that based on Dale Bredesen's work that you and I just heard at IMMH last week, where he found roughly 35% percent of his Alzheimer cases had Lymen, Maybe we've got an answer for a third of our Alzheimer's patients, maybe more, may be less, but somewhere in that range using Dapzone and the 16-point MSIDS model.

I mean, it's exciting because right now the Cochrane report said, hey, we got really no good tools in our toolbox. Yeah, I'd love to, you know, obviously the idea that this amyloid and the plaque is an antimicrobial peptide is, cutting edge, right, should we say, but also controversial if you spoke to neurologists.

To what degree do you think your case and some of this information is starting to turn the tide on that to make it just be a more obvious answer? Well, you know, I think it's turning the tide, but the ones I've noticed it turns the tides is a couple of my patients who had Lyme and Bartonella, who have amyloid PET scans that were positive scene neurologists, and I sent them the study and spoke to them about it because this one guy with Bart, as I said, You can't get rid of Bartinella just using the 9-week Dapsone.

This guy had Lime, Bart and Mold, And in between, after I do the nine week Dapzone, or phosphatidylcholine binders like charcoal, bentonite, clay, right?

I've got the whole protocol in my book, Ending Chronic Illness. So I spoke to the neurologist and I said, listen, the guy's biomarkers started to like stabilize and start to reverse a little bit as we kept pulsing this for the Bartonella.

So understand, we have a lot more we need to kind of flesh out here to see what we've got. But a couple of the neurologists I spoke to were interested because they weren't just in the camp like, you're right doc, I know the Cochrane report, these anti-amyloid drugs are maybe slowing down the process, but they're not changing the course.

We need do something differently. And these were fortunately neurologist who had curiosity and compassion, right? And again, who understand the science, Who were willing to actually try these.

So I think as time goes on, and we get more studies out there, I think you're gonna see more and more people agree that this is probably a tool in the toolbox that the neurologist will be using.

Yeah, absolutely. And I the infectious side of neurological issues is actually maybe something that they'd be more open to because then it's like, well, it no wonder they don't know about it.

Whereas I with some of the lifestyle stuff or some other more like pure functional medicine stuff, It could be a little bit more intimidating because or just It could be harder for the neurologist to accept it because it's not in their paradigm at all.

But all of this infectious stuff is new science for everyone. We're on the bleeding edge of understanding what drives brain disorders. And I wonder whether it is going to be more palatable.

I am going to have an opportunity to test that because I'm actually doing an event in Johnson City, Tennessee on the 9th of November with our quarterly health forum that Dr.

Michael Mabry runs there because he'd been in a health system for a number of years doing functional medicine and sort of built those relationships. He's got a bunch of neurologists coming to the event.

And so I'm super excited to see if we can sort of start to chip away at this because ultimately we want to understand the truth of the physiology of how this disease occurs, which I think you could probably see from my presentation.

And if you look at the drug chart of where medication is going, it sort shows that no one really understands that. Or in conventional medicine, there's not a lot of understanding as to the root causes of cognitive decline.

Right. And, you know, in the literature, I think most of the neurologists who follow it would understand the association because they've shown the chlamydia pneumonia, right?

And even Coxiella Bernetti showed up. Other spirochetes, denticulospirochetes, porphyromonas, gingivalis, H. pylori, other spirectal infections, they'd been associated with dementia.

They tried years ago with the viruses, with herpesviruses, using antivirals. It didn't do anything. But here's the problem with all of these. So, if you have a 16-point model where you are 16 potential root causes of inflammation, and it's a personalized precision medicine model, right?

That's what I discussed with Mark Hyman on our podcast. If you only address one factor in this, how do you expect to possibly see a difference? If I just treat Lyme, but I don't treat Babesia Bartonella and I do not treat the mold and the adrenal dysfunction and hormone dysregulation and mass cell activation, How would you expect to see the full results of a protocol?

You can't. And unfortunately, this one-cause-one-disease model that was taught in medical school from the 1860s onward, from Pasteur's postulate and Cox's Postulate, it doesn't apply in modern disease medicine to chronic diseases.

Chronic diseases are multifactorial. Every disease I looked at, I have over 2,000 references backing this up. You can see them on my website, cangetbetter.com.

Just go to the bottom of the website under references. Simon and Schuster, by the way, it was 63 pages of references, they wouldn't put it in the book.

They said, go stick it on your website. But anyone can read the references but… I think the neurologists, they recognize infections are there, but they would say, oh, it's association but not causation yet, right?

The great part is this article I published this year in the Journal of Alzheimer's Disease Reports was causations. I reversed PTAL-217, which had never been done.

And that's kind of cool because here it is, that four decades of work in Lyme, all of a sudden is now going over from one epidemic to another epidemic.

It's like, oh, that's just so cool. I mean, it pleases me to no end that maybe I found some solutions for Alzheimer's indirectly without, you know, even trying.

Yeah, I love that. Well, look, I want to just ask you a question about, you know, your on Dr. Hyman's podcast and obviously, Mark's journey is more towards like, and with what he's done doing with function, which is, an incredible effort in so many ways, but ultimately, it doesn't necessarily include the practitioner community, right?

Human connection and the art of healing

The AI plus the data plus all of that stuff is what will drive the preventive medicine model that they're looking to build. And I'd just love for you to reflect on you as a person doing this for the last 40 years.

And you know, you've been able to identify these tools and go in this journey. But I would love to you reflect what you think of the human to human elements of healing and what role they play because I'm always interested to see if you could separate out Richard the human who sat opposite these patients and Dr Horowitz the doctor who's learning from that journey and pulling together these tools.

To what degree do you think that healing of any sort has a human element at the center? What a great question.

So yeah, I mean, there's no doubt in my mind, you're talking the part about the art of medicine versus the science of medicines.

When I meet with people, one of the first things I would do is I will say to them, listen, when you get better, what are you going to do with your life?

It would throw them off. It's like, what do you mean when I get better? It was like when you get there. So the first thing I would do, because I knew I could get them better.

In fact, without exaggerating, I can count on one hand the number of people after 42 years who did not have any response to this protocol. Some at least got some help.

Most got moderate help, many got significant help and I have lots of People in long-term remission. But so these people when they came in, you know, like to think I'm a good person and a nice person.

But what I think patience, the interaction you're referring to, is they knew that I really cared. And I do. I care about people. Sometimes where my heart on my chest, people would tell me some stories and I'd be crying with them, you know, listening to their stories, because it would break open my hear listening this.

When you get a doctor and a patient together, there is a healing relationship that takes place. And my Tibetan teachers, early on in my course, they taught me, apart from exchanging myself with others, They also taught one very important thing to do.

They taught to plant seeds in the ground like a farmer with what they would call aspiration prayers. and they said, listen, even if you right now don't have the power to heal people and to make them better, what I want you to as I you every day like the farmer, to plant a seed in the ground of proper aspirations.

May all beings have happiness and the causes of happiness, may all beans be free from suffering and causes suffering, May All beings know the great equanimity, which is free of all suffering.

may All Beings know that great bliss, right? You would plant these seeds, me I be a great healer, make people who hear my name be healed. I would do these like hippy dippy things 45 years ago, I'd be planting in ground and I thought, all right, this is my Tibetan enlightened teachers telling me to do it.

Well then, fast forward 42 years, I look at my life and I go, hmm. I kind of wonder if doing these aspiration prayers every day and exchanging myself with others and really trying to do my best to help people, what I feel has happened over time is that when people see me, they know the Richard Horowitz who cares.

They also know that Richard Harowitz, who published a lot of articles, pretty much one a year, at least in the literature, that every time I learned something that benefited people I would put it in a literature.

So I think there is this this kind of mild factor. You can almost feel it between patients where they feel your heart, they just don't know your mind, but they know you're heart.

They know that you care. And I think when patients know, you can care and you are not going to give up. In fact, one of my patients before I was finishing clinical practice, she sends this to me.

This is from Someone who's in Hyde Park, right, FDR, this is one of his great statements, and it's like, I never gave up on patients. I put myself in people's shoes and say I'm just going to keep trying to get you better.

And when they have a doctor that knows that you care and you won't give up and your already outside the box, you're doing functional medicine and got a model that's working and I'll put them in touch with other people who've gotten healed, When I ask them that question of, what are you going to do?

What is your gift to the world when you get better? It already starts the healing process, but you know, it's not

enough. And I've noticed most of these people, by the way, I'd say at least probably 40% had limbic, they need limbics and vagal retraining for trauma.

They'd been through 20, 30 doctors. They've been gaslit. There's nothing wrong with you. It's all in your head. I used to joke at them. Well, they're right, it's in all your heads.

You've got spirochetes in you head, you've mold toxins in the head and they knew what I meant with it. But it is true. By the way, I don't know if you know Alberto Vierdo from the Four Winds Society, but I was with him on stage one time and he showed me actually the energetics between practitioners.

I was almost going to do this at IMH, but I didn't have the time. And he had somebody hold out their hand, I actually did it on stage with him, and he said, don't allow me to put your hand down.

He pushed on my arm. There's a place in Chinese medicine, dia ten, it's kind of where your abdomen is, he kind cut the energy and I couldn't hold my hand up.

But I've done this with patients and noticed that when I would do medicine Buddha mantras, And I would tell the patients what I was doing, but I'd be doing these healing mantras in the background when I'm listening to their lungs.

I've been doing Medicine Buddha, and I never told people the things I do. In fact, I don't even know if I ever shared this with anybody on a podcast, this is what my Tibetans taught me to do, if you look at the results, here's the 16-point model, caring for people, having compassion, knowing that you're not going to give up.

There is part of the healing journey that absolutely I think it does play a role. And maybe that's why the success I've had over time where so many people have gotten better, I, think you might've identified actually part to not burn out.

I mean, I think I'm a little crispy along the edge after 42 years in medicine, fighting the system. But I thinks it's allowed me to kind of stay more balanced over time with my meditation practice by doing these type of things.

So it is a great question. And absolutely, yeah. That's the art of medicine I believe and really caring about people. Yeah, love that. A great example of that was we were both watching Dr.

Judy Benjamin there with Dr… Dr. Bredesen, who was patient zero, and 15 years after being put into remission for her Alzheimer's, is walking across the country, walking cross England, giving a lot of hope to a whole lot more people.

I feel like planting, creating an aspiration of what could happen after health is valuable. I think one of the things that we tried to do here at the functional forum, the evolution of medicine is to, do the same thing for physicians, to give them an idea of, that this kind of healing, this work is aspirational to make it easier for them to that.

And so much of that was designing to put aspiritional characters up on screen and And through the podcast, and certainly, Doc, I think you fit into that category.

And thank you for all the pioneering work over the years. I'm sorry that it's taken us 12 years to arrive at this moment, but ultimately, it is exciting to see that all of the work that you've done in one area can affect another area.

As we realize how cross-pollinated everything is, that we'll see many of those types of innovations in the future. And I would love to find a way to work to continue to gather the data so that we can really understand what if 34% of Alzheimer's is solved by this understanding, well, there's another 60% to go and get into.

And, I'm excited to see if this is something that could solve in our lifetime. So, Dr. Richard Horowitz, thank you for being here. Remind me the name of the book again.

So the name of the book is Ending Chronic Illness, a revolutionary program to reverse inflammation and heal persistent disease.

Building chronic disease centers of excellence

It's really a manual of both classical and integrative functional medicine, right? The best of those worlds of what I found works for people. Again, there's over 2,000 references, so doctors with EHR, you can just go on my website and copy and paste if you're going to use these protocols, which are basically all functional, medicine and classical.

You can put these references in your records to back up what you're doing because we know in this day and age, medical, legal, you've got to do it. But fortunately, there's really hard science.

If it was not hard, science backing it up, it didn't make it into the book. So that's the beautiful part of it is it's this great mix because what I found works, as you know, is mixing classical and integrative functional medicine.

It's the best of both worlds, right? So people can find out more at my website, cangetbetter.com. I do have a questionnaire on my web site for those people who are interested, what's pre-test probability that you have Lyme disease, in this model of someone who comes in with chronic fatigue syndrome, fibromyalgia, long COVID, because all the symptoms overlap.

please look at the website. You'll find the questionnaire there that was validated in 1,600 people. I have a medical detective substack free to sign up.

Um, you'll a five-part meditation series where I took all the meditation instructions from my 45 years of studying, which a lot of my teachers would be laughing hysterically if they knew I did this and kind of putting it into a 5-Part series of how do you look the nature of your mind.

So, You know, everything I've learned from others that I thought would benefit, I kind of passed on. So thank you. You're doing a great job. And I hope we really can coordinate and work together and in the functional medicine community, you know kind gather the 16-point model, gather it and publish these results because that's how we're going to move medicine ahead, right, is by gathering the data, publishing it.

But I know for a fact it works, but now we've got to Go from association causation, we have some causations, but to really get this out there, We need the gold standard science, so we need functional medicine docs to use the same model, publish it, and this way medicine will move ahead and people won't have to suffer they have when they've come to see me failing 30, 40, 50 doctors.

Yeah, I appreciate that. Well, Dr. Richard Horowitz, thanks for being part of the Evolution of Medicine. This has been a great session. We've been talking about Lyme and Alzheimer's.

And we'll be back next week with another intriguing conversation. Thanks so much for tuning in to the evolution of medicine podcast. I'm your host, James Maskell, and we will see you next time.

All right, let me just pause that. Awesome. Hey, yeah. Let me follow up about that because ultimately, I think the thing that actually struck me right now is the revelation that I'm having in my head is that the end state of what we're working on now.

So we've got 70 clinics that are running the software at this moment. Ultimately, what I've looked at is what would be a structure to build on. But really, I think that we can build a nationwide network of chronic disease centers of excellence without waiting for anyone to grant us the permission to do so.

In the Alzheimer's patient community, at this moment, one of the things that I'm thinking of is You know if if you're over 55 and you have money and You start to get you know start, to move down the chain of Mocha score you don't really have time to mess around with one, function health, you know, two, a doctor who's never treated these kinds of issues, isn't literate of this world.

You really need the only thing that's ever reversed this kind of illness, which is the coordinated team, the orchestrated team that I showed with you.

And so our positioning is always, is like, hey, like here, come to one of these centers because you're going to get this information. Because the Alzheimer's thing is going to become much more obvious, you know, with Dale's new paper otherwise, that that could at least be the seeding part because you need to, start it with cash, right?

You need start to get the cash in so that you can prove the outcomes that gets the flywheel going that eventually it could become. a nationwide network of centers of excellence, but ultimately I feel like we have all the pieces in place to do that and I think that your doctor education online might be the subsection in that part of it that practitioners need.

So let's continue that thread. I need a few weeks to just get a thing lined up but I'll be back in touch. Great. Look forward to working with you. Whatever I can do to help.

I'm here. Thanks, Dr. Horowitz. Take care. So we are here asking practitioners about their practitioner journeys. And the reason why is because Journeys is a new product from Fullscript.

Journeys allows you to set up your own lab offerings as the top of the funnel. give the patients what they want, they wanna know about themselves and it's the easiest way to bring them into your practice.

We have all types of practices from across the country that are building their own unique lab panels for their unique practices, selling them to their community and acting as a great funnel into their practice, this is a massive innovation, I think this will accelerate the evolution of medicine, you can go to goevomed.com slash journeys to find out more, set up your own journeys in half an hour and transform the health of your community.

Go get it. So that was the podcast. What an epic session. Thank you so much for tuning in to the Evolution of Medicine podcast, we'll be back again next week.

And thanks so