The Lyme Treatment Roadblock: What's Holding Back Your Healing? Transcript

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Introduction and background

Hello everyone. My name is Doctor Richard Horowitz and I'm the co-host of the Doctor Talk Healing Lyme Summit 2.0. It's my great pleasure today to introduce to you Doctor Nikolaj Duchamp.

She's been doing Lyme disease for over 20 years. She's in California, and we are going to discuss today the factors that are interfering with Lyme treatments, with people getting better.

Nikola, thank you for joining us today. It's a pleasure to see you. You're so welcome. Great to be here. Yeah. So why don't you tell people a little bit about yourself how you got into Lyme?

How you got into doing what you're doing? Yeah, absolutely. So. Well, I grew up in Australia, which was sort of an influence in all of it because I had this super healthy mom that, you know, had us eating well and bushwalking and hiking and doing all the healthy things.

And so I got interested while I was in Australia instead of in the fitness industry, and then through that into nutrition and through that into naturopathy.

And so I did become a traditional naturopathy in Australia, which is the only qualification there is in Australia. There is no naturopathy medicine there.

So I was on that path already, but then went traveling in my early 20s. Like, you know, young Aussies tend to and backpacked around and spent three months backpacking around the States and ended up in New York and just fell in love with New York.

Like, I couldn't get enough of it. I just go back to Sydney and find another way to get back to New York. And so I ended up finding an internship program that places young Aussies and young Brits in New York City with a job.

And these are health insurance. And, you know, an apartment, all of the things and as you know, quote unquote luck would have it. I ended up in a posting at Columbia University College of Physicians and Surgeons.

And so I was in the research institute there, neurology and Public Health. And really, that was a lot of what inspired me to to look at my own life and think, gosh, I could do more.

I could, you know, I could really go somewhere with this if I set my heart and soul to it. And so a family friend said, oh, you should go to Seattle to best year and do naturopathy medicine.

And I did a quick, you know, Google or whatever it was back then. And I was like, oh, Seattle. Oh, it's four years. Oh, it's a doctorate. Oh, it's 35 credits a semester.

No, no no, that's not no. Absolutely not. Like it didn't didn't even take that on. Then I processed it and I was like, okay. So there I was five months later in Seattle embarking on my doctorate in natural medicine, got through that for years and then moved to San Diego in 2003.

And when I first went into practice, I was very, very blessed to be connected with a brilliant doctor named Doctor Kurt Wheeler. And he, treats kids on the autism spectrum.

And so he taught me all of that work. So I really did a lot of that work with autism for the first couple of years. And then what happened is the I started seeing some of the moms of these kids, and they'd come in to see me and they'd say, oh my gosh, you know, I'm exhausted the whole time.

Everything hurts. I'm getting these headaches. But they just sort of put it off, right? Because I knew moms for a while and like the new mom thing. And then it was like, oh, your mom of a special needs child, that's more stress.

And then after a while, they're like, this is ridiculous. Like, I can't go on like this. So I would do a functional medicine, work up adrenals, heavy metals, you know, Lyme disease, all the food sensitivities, all the things.

And it was uncanny how frequently Lyme came up as positive. And then by the way, this is going back even 20 years ago. This is 20 years ago when you. Were starting to see how often Lyme was coming up in the diagnostics.

Yeah, in my patient base in Southern California. Now, it's not to say that everybody contracted it in Southern California. We do have Lyme here. There is no question we have less in other parts of the country.

But some people like Central California, is a hotbed, Northern California, the Midwest, all over the place. And so I started working with these patients and learning about Lyme.

And, at the time I felt like, you know, there were lots of autism docs around, but there were very few Lyme doctor to this day. There's very few Lyme docs here in San Diego area.

Right. And so I really kind of did delved into it. And at first I was like, I was not going to prescribe the antibiotic, sorry. I was like, oh, Doctor Harris, here's a patient.

No, Doctor Yang, he's a patient like my mentors who I trained under. Steven Harris would one of my major mentors. And I did my physician training program highlights physician training program with him back in the day.

And so I would tell the co-manage with the network ethic aspect. But then over time, as I learned the protocols and got more comfortable, I realized that there was a need for someone who could manage both the antibiotic part and the network ethic support.

And so that's kind of really where my approach to treating Lyme was born. Is that really like integrative approach of, you know, antibiotics can give people their life back.

They're not for everyone, and they have the downsides and all of the things, but they can be life saving and life changing. But I would never give someone antibiotics without supporting their body and supporting liver function and their guts and all the things to try and offset.

So that's kind of how it started. And then from there, I mean, it's pretty much all I see now. I can't remember the last time someone came in and said they just had the flu or cold or something. That doesn't happen.

But I love it. And it's it definitely feels like a calling for me. And I feel also very fortunate to have been able to work with some of the patients in Australia, where there was still no help for them.

There's still no recognition. Well, I mean, Australia, when I've spoken to the Australian government, I mean, and I've, you know, gone to their Senate committees in the rest and I've spoken, they're still claiming there is no Lyme in Australia, although they have hundreds of cases of erythema, migraines, rashes and these mysterious illnesses.

And as you know, I mean, the controversy in Australia is actually one of the worst in the world because people have to leave Australia to go get treatment.

Absolutely. And so that that's what everyone was doing. And then that became very problematic during quarantine and Covid, people couldn't leave Australia to get treatment.

So it's a real disaster there. It's very, very heartbreaking. So, you know, I do get to work with some of the patients in Australia and try and bridge the gap.

And, you know, I'd say ten years ago there were a handful of Lyme literate doctors there doing good work, that I

could collaborate with. And they've just been restricted and restricted as the years have gone by.

So it's a very, very sad situation in Australia for sure. So that's, you know, again, it's it's one of the things I love is to be able to do what I can from afar.

I can't prescribe in Australia. I'm not licensed in Australia, but I can at least facilitate testing and kind of give them some guidance and herbal protocols and things like that.

Yeah. So so great. So, so, you know, as all of us, I mean, we kind of fall into this by accident as a board certified internist, when I moved to the Hudson Valley, which was one of the Lyme hotspots in the world at the time, it was the biggest, actually in the US.

You know, you walk into these things, you get sick patients and you go, all right, they got better with this. But why are so many people still sick? And you go on a journey, right, to figure out why they're sick.

And I think we all come about after a while to the functional medicine approach and the antibiotics that this is kind of at this point, some of the best approaches.

So let's talk a little bit about, what you think is missing in live treatment today because I've spoken, you know, to a couple of the other experts. From your perspective, what do you think are the most important things that patients need to know about line treatment?

Yeah. So there's a few different things on a few different levels. I mean, the first I'd say is that, you know, the role of diet and lifestyle nutrition factors is so key.

You know, if people aren't willing to get the sugar out of their diet, if they're not willing to kick some of the really inflammatory foods like gluten and, and dairy to a slightly lesser extent, but it's up there.

I just, you know, paying attention to sleep habits, stress management, you know, working on trying to get into the parasympathetic mode and getting out of that fight or flight kind of mode.

I think that foundation of like the things that people can do for themselves at home is really important.

Lyme treatment gaps and co-infections

I think that there is a huge role of like trauma and limbic system dysfunction in a lot of patients. So and to be clear, this is not me saying this is all in your head.

It's all psychosomatic kind of thing. However, I have seen my patients where they have gone back and done the work to kind of work through fellow who traumas or previous traumas like, you know, it's always that expression.

The body keeps the score right, like your cells can hold. The. Memories. So I think that's a factor. One of the things that I see too, in patients and about 12, 13 years ago, I actually was toying with the idea of going back to New York cause I talk about my love affair with New York.

But I had a practice here in San Diego, so I spent a year going back and forth. I did practice in Connecticut, and I spent two weeks in San Diego, two weeks in Connecticut for the whole year, probably one of the most fun years of my life.

It was a great adventure. But I went with a sort of the perception that there would be lots of Lyme literate doctors in Connecticut who could do the prescribing, and I could sort of handle more of the natural panic part, and we could sort of have these nice collaborations.

And what really surprised me is how many docs. And there may be other reasons for this that are more like, you know, watching out for protecting licenses and whatever.

So I'm not going to go into all of that. That's beyond the scope. But how many docs were still like giving a single antibiotic, for example? So, you know, one of the things I mean, I think the morphism element of Borrelia is clearly and and the recognition of co-infections is key.

So that just to touch on both of those, you know, we know that the Borrelia bacteria can exist in three different forms. You know, we've got the spark heat, the cell wall efficient.

The cyst form I told my patients think it's like you've got a caterpillar, a cocoon and a butterfly, like theoretically the same creature, but they look and act very different depending on where they are in their life cycle.

But the difference here is that it's not just a single linear direction. You need directional kind of movement. So and I was always training and taught and this is how I prescribe that.

To be thorough, we have to be addressing the multiple forms of the Borrelia bacteria that, you know, a single antibiotic is really going to be enough and if anything, maybe more harmful in the end, because it just sort of pushes the bugs into that cysts hiding mode where you know, the patient feels better for a while they've been on, you know, doxycycline or oxiclean or whatever.

They do better. They come off the antibiotic and then get worse right away, and then I think that's what I call the bugs are coming back out to play. Right? They've gone. They've gone quiet.

But now they can they have a chance to come back around and take a hold again. So I mean, I think that is a really important piece of making sure the antibiotic protocols are comprehensive to cover the different forms of Borrelia.

And then the other part of that I see in terms of the prescribing and this isn't purely antibiotics, this could be applicable to herbals as well, is not recognizing co-infections.

And I have a system. I mean, I love hygenic testing. I think it's the best testing we have available for Lyme and co-infections. I've used them for 20 years.

And I do my own little co-infection provocation, which is a strategy that I developed years ago, and it's been so incredibly helpful. So how it looks is, you know, make sure patients detoxification is well supported because that's that's the foundational thing I do before starting any antimicrobials.

And then it's three steps from there. Step one is I introduce a herb a single herb that targets Borrelia. And then say a week or ten days later we add something that targets the BDA.

A week or ten days later, add a herb that targets Bartonella because they're the three biggies in my mind the three B's for Elliott, easy Bartonella. And we gauge how people respond at each set.

And that has been incredibly helpful in helping me to determine which co-infections are present, which co-infections are kind of causing the most problems, and to some extent, which co-infections may be.

You know, attributing to which symptoms. So sometimes that. And I agree with you 100% because and I'm surprised and I think at this point, a lot of doctors are aware.

But you know, in our community, you know, the problem is you're absolutely right. I mean, every person pretty much who's walking in these days has the three B's, a brilliant but easier Bartonella.

I don't even think there's a doubt about it. And even when I don't find Bartonella on the initial screen, usually if I look hard enough, it'll end up showing up.

Like if we take multiple antibiotics going to the intracellular compartment, we can flush these bugs out. I've seen that happen with tularemia, with Bart, with others.

And you write about the polio morphism. In fact, you started doing this years ago with multiple antibiotics, as did I. But it's recently in the last couple of years when we did the Daptone trial in culture, we showed that four drugs was better than three and three bugs was better than two, and two is one.

And Hopkins showed the same thing and it's now coming out. But you're right about the amorphous and the thing we were missing years ago and Hopkins came out with.

It was the biofilm, persistent forms that apart from in the morphism, the cell wall forms the cystic cell wall deficient intracellular these biofilm persist or forms for me have really been the kind of the wake up call.

And that's where rifampin zone appears in amide methylene blue is work. But yes, I'm in 100% agreement with you now. When you're when you're doing this and you're using these IRBs to kind of get a sense because with the BCA, you know, for the most part, 99% it's malaria, like it's day sweats, night sweats, chills, flushing er, hunger that you can't explain with cough, Bartonella pain in the bottom of the feet, the stretch marks, bad neuropsychiatric immune deficiency.

Bad parts. Right. For certain markers. What herbs you're using specifically in your protocols that you're finding to stimulate it, that, you know, tell you what direction it's in.

Yeah. So I like I said, I use single herb. So Borrelia I use T cell root for b0, I use artemisinin and bartonella I use it to nia. And you know, recognizing that it's not a perfect science.

Right. Because in nature plants don't just target one thing. Right. And like antibiotics are being developed to be more specific, plants have not been developed by nature to be as specific.

So, you know, we've got to recognize that there's some overlap, but they're the three that I have found consists only have an affinity for that particular pathogen.

So and I'm. Sorry. So repeat repeat it again. So cutaneous for the bark which we use in some of the Chinese automation publication. What was the first one.

Cell root. Teaser. Yes of course. Yeah. And so I love those three. And I mean, there are other combination formulas that I may in to integrate later on down the road with Cat's Claw and Japanese knotweed and Petunia and all of that.

Or Andrew Griffiths, I mean, but I like singling out the three just as a starting point, just to keep it simple. And then I'm looking and, you know, to your point, you're absolutely right.

Like there is some hallmark symptoms of the bees. Yeah. They can there are some hallmark symptoms of Bartonella. But there's also so much overlap that it's it's kind of helpful being able to get a sense like I have some people who say, oh yeah, the teeth are that was fine.

Didn't really notice anything. The automation in all my night sweats kicked up or whatever. Okay, no great surprise. Oh my gosh. But when I started the Hooten.

Yeah, like my pain worsened. Like my body pain. So body pain, something that we may think is more a borrelia thing because bark is more like, you know, from here down on. Fine.

From here, up on the hot mess. But then if the joint pain really flares up, then it at least clues me in to, like, oh, that might be bought for them. It's less common that it would be so.

But for that person, it gives me a bit of a sense of like which which co-infection is driving, which symptoms. And that process helps me to then to put the next steps together.

And if the next steps are antibiotic protocols, just helps guide me where we need to go first. Right. So so apart from

like lack of recognition of co-infections and the paleo morphism, you were talking earlier about detoxification that maybe enough doctors are not doing enough detox working the functional medicine pathways.

Lifestyle of course is important. And when you were talking about diet, when we check people for leaky gut and we do in the 95 degree food, I mean, the majority of everybody I'm checking at this point, right?

They've got inflammation in their gut designing. All levels are elevated. When I can get it. They've got mast cell activation from eating the wrong foods apart from the Lyme in the bark causing that or the mold.

And yeah, you're also finding like I am that mold toxin producing mold toxins are showing up in nine out of ten patients the way they are at this point.

Totally, totally. So that was another big thing that I was going to say. That really complicates things. And I think, you know, I've had to learn this.

I mean, you know, I know that in your decades of practice, like you evolve over time and you learn things. And for me, it's been an acceptance to of, oh, yeah, this mold is really a it's really a big deal.

Like, yeah, I really need to pay attention to this. Like five years ago I was like, oh, I don't really want to go there like that. And by the way, I'm the same way I used to joke with Neil Nathan and I used to joke about five years ago.

I used to say, you know, Neil, you see primarily the mold. I'm seeing the Lyme. I do find the mold, but the three BS of the top for me, followed by the peak.

And now it's kind of like you're running head and head because if I don't address the mold. So now it's like I'm doing a nine week that's on protocol.

But the minute I stop, it's like, go detox the mold right? So I have no choice but to pull out the mold toxins. Right? I 100% agree. So yeah, I sort of had to like, sort of eat my words a little bit.

I actually brought in a practitioner was like, okay, you get to make a certified, so I'll send these people to you for that. And then, you know, but now I they're we are doing mold as well.

So I think that is a huge part and one thing and I'm still learning this like there's a lot of practitioners out there. They're like, you have to go after mold first because if you don't get rid of mold, they won't recover from Lyme and I.

There's some truth in that. And like I had to go yesterday completely prove me wrong. Like so we just diagnosed her with an a plasma Bartonella and high mycotoxins.

They were the three standouts on her labs, and her pediatrician had agreed to put her on Doxy. And so they were very keen on starting the Doxy. It wouldn't have been really where I would have started, but I sort of came in a little bit later in the game.

And so I said, okay, well, let's do that as a trial. We'll do that. And that will give us some clue about what the role of the pathogens in this. Well, I talked to them a week later and she's 50% better.

Mold, mast cells, and detox support

So you know, and so, there are cases where and then I talked to her parents and I said, okay, so that's a good that's a good thing. We'll keep that going for her.

And we'll start chipping away at the mold. And obviously the first step there is environment and you know, making sure there's no current exposure. And then you know, with the Lyme and mold piece, I also look at like what are the things that we have in common?

Like what are the things that are going to help both which opening up those detoxification pathways, supporting with the glutathione and supporting glucagon.

It is a big one. I have found making sure the bowels are moving and toxins are coming out, you know, sweating if possible. Binders like all of those things that we use in mold treatment don't hurt in Lyme treatment either.

So I try and look for the overlap of like, how can we get, you know, the most value out of the most distinct kind of protocol so that there's not two totally different things running at the same time?

Absolutely. And you're finding, just as I am, the mast cell activation is playing a big role off. So you're finding that overlap because. So. Yeah. Please speak a little bit about that. Yeah.

So the mast cell is becoming to be a huge deal too. And I see more. So more in my opinion I may not be right but I see that more triggered by mold than I do by the pathogens.

And so you know, and so it becomes the order of go. Right. It's like we've got to look at like how far we've got to get the mast cell calmed down, sort of as a top priority because if there's so many histamine reactions, a lot of patients aren't then going to tolerate the treatments that they need to be able to take to get rid of, like the mold and the the infections and things like that.

So if somebody is struggling with mast cell stuff that that has to be addressed sooner rather than later, otherwise they just won't be able to go further.

These are really sensitive folks that can't take anything. And and you know, and it's become complex because the checkpoints do stimulate mast cell. But the mold also does it and so does leaky gut and so does long-covid.

So I mean, not so, you know, when we looked at the long Covid, the last article we published this year in microorganisms, in 2024, we did an emphasis review of all 16 factors.

All 16 showed up in long Covid just like they do in Lyme. I did a search on Alzheimer's. All 16. It's I mean, it seems like most of the chronic diseases we're dealing with these days, there are these overlap.

I call them like the six rivers of inflammation and the ten downstream effects and the six rivers of inflammation is the infections bacterial, viral, parasitic, Candida.

We and also you're also seeing an overlap a little bit of Candida sometimes in the gut in these people mimicking the same symptoms. Right. Where if they don't get off carbs and really get the sugar down the inflammatory response just doesn't treat right.

But it's the mold and the toxins and the heavy metals and the wrong type of microbiome in the gut and the leaky gut with the mast cell and not sleeping, stimulating IL six and vitamin mineral deficiencies, those things all contribute to inflammation.

And you're absolutely correct, by the way, about the trauma. Just yesterday, this was a fascinating case. This guy's been following me for years. He's done the DAP some protocol.

He had the usual, you know, culprits. We treated him for mold. But every once in a while we'd get these reactions. He used to say to me, I feel toxic, like I get in a sauna.

I need to sweat it out and I feel better. I would get some back pain, some stuff, and he could never identify with a trigger was coming from. He started doing Primal Trust, one of these neurofeedback techniques and limbic retraining, along with any hopper DNR rats in the gut to and he said, and I've told this to my wife also who I'm trying to convince to do this because my mother in law is still causing her vagal dysfunction a little bit.

I said. Sweetheart, so he let me know within six weeks of starting the primal trust that these inflammatory reactions

he was getting that he thought was just tickborne.

It turns out he recognized he was holding on to emotional trauma. And it's exactly what you said. It's not telling people it's in their head, but you can't like, separate out the mind body connection at this point in people and everybody I know, including myself, including my wife, everyone, we've all had trauma.

And I'm even thinking of starting next year when I have some more time starting a vagal and let me retraining. I just bought myself an Apollo neuro, just like I got one from my wife, my friend, because it's like everybody I think needs this as part of their healing program at this point.

Yep, yep yeah. And I, I like the Apollo Neuro. I do find some of my most sensitive folks don't tolerate the vibration effect of it, though. But I think, yeah, I think the limbic vagal piece is huge.

And this just, you know, it's a lot. It's that that's where and are exactly the three programs that I talk to people about to the DNR stick up during the Primal Trust and, I sort of have patients go off and kind of look each one up and research it a bit and see what resonates.

But I've had people come back to me go, I just generally want to do an hour a day, and, you know, everyone's in a different place and everyone gets to make their own decisions and has agency over their own, their own body and their own choices.

And that's one of those things where I'd say, but what's it worth to you? You know, that's something that you can do at home. It's something that you know, if you're at home, you're unwell.

It's not, you know, you have the time. It's just applying the the discipline and enforcing the habit of it. And as you know, Doctor Nathan would say, even if you just do 15 minutes a day, it's better than nothing.

Like don't do nothing because you can't do everything if that feels too much and too. Overwhelming, I, I agree, it's better like I've, I figured out with my exercise program, if I minimally if I don't have a full 20 minutes of cardio like on my treadmill at 12%, even if I have ten minutes quickly to get that cardio up, do some, hit some high intensity interval.

I have it so it's seven days a week. Like literally if it's the evening and I haven't gotten my exercise in, I've trained my body to get in the car. It's I think it's the same thing with these programs.

But you're right, you need a structured. We all have busy lives. Yeah, but I think the limbic. I was talking to my wife this morning, like starting the new year.

Where am I going to find time if it's 15 to 30 minutes? Not an hour. I wouldn't find an hour. But how am I going to do it? Because my food sensitivities are still there.

I could think of dairy, you know, and I'll start to itch. I really, and and I've done, you know, I've healed my leaky gut. It's much better. But yeah.

I know that I need to rewire a little bit just from, you know, having this stuff for years. Look, we all need to rewire. I mean, you know, we're in modern Western society, and life is stressful.

And there's there's things, I mean, I, I very, very, very fortunate by the grace of God, enjoy very good health and fitness. And, you know, a lot of people assume or at least ask me if I have Lyme because a lot of practitioners get into this area because of their own journey or journey with their family.

And I get to say no, by the grace of God, I don't. However, we all, you know, we all have our stuff we all carry around us stuff. And, we have our sort of weaker points in our health and some of it comes down to genetics, some of it comes down to lifestyle choices.

Some of it's just, you know, how our nervous systems are regulated. But I think that that piece for is so huge for a lot of people. Yeah. So so by the way, what are your therapies you're using and liking these days?

I mean, we've talked about and and I'll speak to a little bit about your experience with Daptone and the molten rasp, but other newer therapies you're liking these days like that you're finding are effective in your patients. Yeah.

So I mean, we have started doing so. I mean, ozone is not new, I will say. And it's not new to us either. But I bring it up just because I love it. I do love ozone Zone.

We did ten ozone for a while, ended up being a little bit more problematic than it was worth for us, just because it set off such big hook reactions, and it had a higher demand for, heparin, which just was a little bit more of a risk factor.

So we've kind of settled on just doing the single part match ozone and love that. We have also started doing SRT therapy, which is, I know, a little bit more controversial.

It's a little bit hard to describe, but somewhere between a gene therapy and an immune therapy. But essentially, you know, we start, take blood, send it off to a lab in Europe that makes a remedy.

We have to have a positive test result for the pathogen that we're asking for. The remedy for, within six months. And it has to be down to the, the strain, not just Borrelia, but, you know, Borrelia Bergdorf for you.

Right? So we send it off to a lab, they create, a remedy that is specific to that strain in that person's blood. So if you then infuse that, formula in somebody else, that would do nothing.

So it comes back to us just as a little crystal and oval, and we, reconstitute it. And then just rip it by I. V. into the patient. And what that can help with is, is stopping the replication of the pathogen.

And so it works in the body for up to six months.

Mind-body healing and limbic retraining

And we do I also do antimicrobial therapy during that time to, like, we want to kill off the active pathogens and do what we can. So it's not it's not a standalone therapy.

But as an adjunct, we have had good results with it. And I've had it a little bit all over the place, and I don't recommend it often. I've had patients come to me who've done s.a.t, and it's c I mean, certainly some people have gotten help, but I've also seen people get no help whatsoever from it.

They've tried it for like, Epstein-Barr when it's active and some other ones. Do you have a sense why in some people it might be helpful in others. And I mean, do you think it's cure?

It is because my you know, of course, my question is they haven't really published the results. These are biofilm persistent bacteria with, you know, brilliant Bartonella.

I don't know any evidence. I mean, it may be that it actually is affecting these forms. Maybe the immune system can get to it, but do you have a sense why it's effective in some, not in others.

And what do you see with the long term results from it. Yeah. So I think it depends also on like trying to as much as possible. Well the first thing I'd say there's no one thing that works for everybody.

Right. So that's the thing. And it is a sort of higher cost therapy. So it's a little bit more of a risk in that front. I haven't seen a lot of negatives from it, other than some people do get hooked on the reactions in the beginning.

I think it's picking the right target. So yes, we want to look at lab work and see what's popping up there, but we also

need to match that with the symptom presentation of the patient and make sure it makes sense.

What we're asking for. There is definitely a recommendation to do tick borne pathogens before Epstein-Barr, before viruses. So if people go in and do Epstein-Barr first, that's probably the wrong order.

If they have the three B's, and also Epstein-Barr, they do say it may need 2 or 3 shots to really be effective. But I do less of the Epstein-Barr, more of the tick borne pathogens.

You know, I think with any of these things, like you're going to like I said, you still have to be killing off. You still have to be breaking down biofilm trying to get to those persist cells.

Like, doesn't replace the need for that. Yes. So maybe that's where some people are kind of not doing enough in the treatment throughout that six month period and just sort of expecting S.a.t to do it all, which it won't.

And right, I thought, in fact, they said there's a period of time they didn't want people using the antibiotics after the s.a.t at least. Again, I don't do it, but that's what I've heard.

Is that true or it's. So it's it's two weeks. So no antimicrobials two weeks before the blood draw that actually goes off to the lab in, in, Europe, Greece, I think two weeks before the infusion of the s.a.t, and then like a week after, and then you can go back on.

Okay. Yeah. But and what you're, you're starting to use some of the new approaches like that. So when methylene blue went up from the PCR, why don't you speak to people a little bit about your experience with this.

Yeah. So I mean I'm very encouraged by it. I have put a few people through your double dosed episode protocol. And I have more people interested in that.

So I'm definitely going to be getting more into that. I'm also kind of looking more into just prescribing depth on at the lower doses, for at least just as a starting point for people who may feel like they're too sensitive to go into the double dose steps and right off the bat, so that we're not it's so it's not all or nothing, right?

So that we can utilize depth zone, in sort of more moderated ways, at least for a period of time. The to think when I like I think that's a good it's sort of it again, doesn't replace the map on my own, those kinds of things, but it does give that boost.

Now, back in the day, we used to do Larry, for the same reasons, right. A little bit more of the blood brain barrier penetration, a little bit more, you know, helpful for the neuro aspects of the BCR.

And then that sort of got a bad reputation. So it sort of went by by. But so I like that there's sort of a resurgence of this kind of family of medications without specifically being Larry and and I have found to win at least has been beneficial without a whole slew of negative side effects.

Methylene blue I like a lot. So I have been incorporating methylene blue with a lot of my patients, not only for those sort of the, the Borrelia, Bartonella persistence and whatnot, but just for the mitochondrial support for the cognitive support, like a lot of people get more energy from it, the more clarity I personally have found that I've had to start lower dosing in a lot of folks.

So I would say an average kind of starting point for me would be probably ten milligrams and do that once a day for a week, and then go up to twice a day and then go from there with sort of an average of 25mg.

I rarely go above 50mg twice a day, because then I feel like I start seeing side effects of people getting like overstimulated and feeling like wired.

The way I've gotten around it is a very slow increase during the Daptone protocol because as you know, when you increase the adaption dose, the math hemoglobin gets worse.

Yeah, I found that if I just increased it slightly week by week, like 50mg 100, I found the tolerance generally has been fine. Yeah. Of course I get people off all the SSRI and psych drugs before I do it.

By the way, the other interesting thing about methylene blue, I the article just came out recently. It's killing Covid. So it just came out this past week that it may even be micromolar concentrations of methylene blue.

This may be the next drug I'm not sure it will be. Instead of Paxlovid, but it's possible with it because instead of the Paxlovid rebounds that people were getting.

Yeah, if you want to keep them on low dose, it might even be something like ten milligrams twice a day for, you know, 2 to 4 weeks. But it's it's interesting.

And it just got published for it. But, regarding the use of low dose taps, and I should tell you, because I'm not sure you're aware, I've had elderly patients who said to me, you know, I don't I couldn't do the higher dose protocols.

I just put them on 50mg of minocycline with 25 of them, which you barely even get anemic, and they would come in a month later and go, my cognition is great.

I feel so much better because it's lowering down neuroinflammation. Yeah. And it's not like I've got gazillions of patients doing it. But what I found in the patients that have done even the very low dose taps on for long periods, I'm talking a year, year and a half and then stopped it.

They didn't relapse. Actually, as much as I would have expected, I would have thought like, oh, I needed the higher dose protocols to kill the Lyme in the Bard.

It seems like it's still knocked down the load of the persistence enough. Yeah. When they came off of that, they did notice a slight backslide. Yeah, it was not what I would have expected.

So I think there is some long term benefits. And I've certainly seen like my wife, who is now in remission for six years after doing double dose taps.

She was an active apart when she finally took it. She did 50mg for a year, felt great, stopped it, relapsed PCR positive in her blood, went back on a hundred for six months.

Felt great. Stopped it, relapsed. Now she's so. She had done a year and a half of lower dose taps on below 200. She only did one month of 100 twice a day, and she's been in remission for six years, so it's not.

It is kind of like the total amount of time you're on the dapt zone, even if it's lower dose. I think it's making a difference. I'm just trying to use these nine week protocols so I don't have to leave people on antibiotics.

You know, we started off the conversation as a natural path and functional medicine. You don't want to give long term antibiotics to people for the microbiome.

If you can avoid it. Right. So I'm trying to get it through. But there is an advantage in some people. I mean, I think kids, we need to do more studies on this.

I think for kids 50, 75 up to it may even be fine without having to do higher doses. It may be a little bit of a different situation. We we have more studies but but but I think yeah, there's going to be some room to kind of experiment with these different doses over time.

That's awesome. That's great. That's great information. And yeah, that's and sort of that's kind of where I want to head is, is getting into more depth on dosing, like even the lower and more moderate dosing with more consistency for people who are sort of scared of doing the big double dose steps on protocol.

Yeah. You know, the people that are the easiest to do for those listening, if you're a woman with a hemoglobin over

14 and a man with, you know, 15, 16 hemoglobin, literally, I can close my eyes like a dartboard, throw it and get them through the nine week protocol.

Only because the high. Ever since we discovered the higher doses of methylene blue, up to 300 bid with other things that lower hemoglobin, cimetidine, 400 bid lowers hemoglobin.

I only have to use one plaque. All the day when I do it. Glutathione and vitamin C, vitamin E not a ND they all lower hemoglobin. So the average with hemoglobin on quad that zone for the six days.

For Barc it averages about 5%. And most people will get well little symptomatic but not dangerous at all. And that's kind of how we got them through. It is just by adding all these antioxidants to it.

But clearly the easiest people to get through it. The ones with the highest hemoglobin, yes, they will hurts. They'll feel worse, but it kind of speeds up the protocol to get them there.

And then it's usually pulses with part. We're finding like a two week pulse of antibiotics every two months, usually as long as the mold is gone and the long Covid is treated.

Newer therapies and dosing strategies

And we're evaluating pravastatin or atorvastatin with Morava Rock. Now, I spoke to Bruce Patterson. He's going to be part of this, healing Line summit, the study that just came out a couple of weeks ago.

I mean, it looks useful. I need to see enough personal experience. Have you tried the, the rock pravastatin yet to see kind of how long it. Needs or not?

It is worth it. It's very well tolerated. It is very well tolerated. It's shutting off some of the monocyte activation in these people. They come back with these radiance diagnostic profiles with the 14 cytokines, with the VG.

HF is high with SCL 40. These vascular inflammation markets. And I said to Bruce, how do you know it's the spike protein that's causing the vascular inflammation versus part with the EGF.

And he says, you know I don't know. And I said you're probably going to find it's both right in a lot of these people because now they're finding the spike proteins in brain, bone marrow and meninges.

That's I mean, it's it's becoming a real problem where the inflammation is now, you know, five years ago we didn't have to worry about long Covid. Yeah.

Now, apart from the three B's I got mold and long Covid kind of right below on the list between the pots and the adrenal dysfunction and and everything else that you and I've been talking about.

But yeah, you may want to look at, I think I don't have enough experience myself yet. I'm kind of still evaluating. But the study that just got published, it looks like it may be helpful in a certain percentage of patients.

That's great. That's great. Yeah. And in your experience with semaglutide, you've been using it for obviously. Yeah. Tell me a little bit about this because obviously I'm using it.

We know that a lot of the inflammation comes from the belly fat. A lot of people are now using either will Govi or, you know, any of the versions of some of this.

Tell me a little bit about your experience in the community with it. Yeah. So I, I realized, I mean, I started using it with some patients who did, you know, want to lose weight or whatever.

And so we utilize the compounded version of it. So it's readily available. There's no hoops to jump through with insurance. It's much, much, much more affordable than the Ozempic or Wigo the other brands.

But what I've been finding is it's helping reduce inflammation in a lot of my patients at very low doses. And so it opens up an opportunity. And it's definitely helping with cognition too, like just feeling.

And it really was it started I had a patient who I've treated on and off for years. She's sort of mid 20s now and being, you know, went off to college, came back.

She's doing good things in the world. But she came to see me because she had done a microbiology test and wanted to go over the results. And I said, have you been oh my gosh, the last year I've been amazing.

And I said, tell me what's been going on, what do you been doing? And she said, I've been on it with those in pick for her. And she said, I've lost 40 pounds.

My joint pain is gone, my brain fog is gone. Like I feel better than I ever felt. So yeah, literally you would look at that and go, okay, well with less body weight, there's less stress on the joints, right?

So that's an obvious connection. However, what I found beyond that is there is this sort of clear association with lowering inflammation in the body in general and lowering neuroinflammation.

And so there's a lot of kind of information out there about like the microdose. Right. And I mean, I'm like, oh, there's something magic about microdosing semaglutide, right.

It's like not this sort of this mystical fantasy thing. It's just like low dose. You just like start low dose and stay low dose. And and you're finding, by the way, the low dose is helping inflammation and inflammation by the way, of course is the cause of every symptom.

People get right in almost every chronic disease. But you're finding even without the weight loss, the major weight loss at the low dose. Yeah. Like it's still is the inflammatory.

Correct? Yes. So let's say if a starting dose is.25 milligrams is like the average starting dose. So I have patients who I start lower than that. It gets a bit tricky because you know it's so little fluid in the baby little insulin syringe.

That comes to a point of like, how are you going to get such a small amount of liquid to actually logistically get that, that get that in. But so the people that want to lose weight and have weight to lose, yeah, we can build up to the higher doses typically as we titrate up monthly on the dose.

I tell people who are even doing it for weight loss, you probably won't see much for the first 6 to 8 weeks, but don't worry about that. You know, like that'll come.

But this is why we start low offset side effects of, you know, nausea, GI upset, whatever, which still can happen in maybe 10% of people in my experience.

So the weight loss folks do go up in dose because that they want to get to the therapeutic dose for that. But the folks that don't want to lose weight and look, if someone's underweight or really has to be careful about their weight, I'm not likely to do it like we've got to be sensible about, you know, it is an appetite suppressant. Yes.

So we want to be mindful of people who don't have weight to lose. But generally speaking, a lot of people will be like, oh, 5 pounds would be fine, 10 pounds would be fine.

Like, it's not a problem. But yeah, even at the lower doses, we don't have to titrate up into the therapeutic doses that are going to start kicking that weight loss more significantly.

But they still get the benefit with the inflammation. Right. And you know, and I think going forward and I have not integrate this as much, but I'm very interested.

I'll be speaking to Doctor Jocko soon about, you know, even looking at once these patients are reasonable level of

health of even doing some fasting. You know, to, to lower inflammation because it's resetting all of the epigenetics in the body, right?

When you can do a good five day fast and kind of reset everything. I'm even taking myself next year, like as I'm getting older, like I do a lot of things from my health.

I, you know, keep down the sugar, I exercise, I get to sleep enough, I take a gazillion supplements. You wouldn't even want to know what I swallow every night.

My whole family. I mean, it's it's ridiculous. Honestly, it's. But, you know, I read now, you know, the the colon cancer rates in the young kids is now double what it was from all the.

I read all of this and I go, all right, what can we do for longevity? Right. As as people are getting older and I realize, you know, the fasting component, you can't really do it until people are, well, from Lyme.

Yeah. But they've used these kind of fasting clinics. I mean, they started in Russia, in Germany, my God, 100 years ago. They were using it for rheumatoid arthritis in every disease and found that once you stopped eating and the insulin stopped secreting.

Right. And the body was getting into a state of what have you with the micro mitochondria were overturning it, lowered inflammation and reset the system.

And as you know, as I keep doing year by year and I keep thinking, where do we go? Where do we how do we keep improving what we're doing? Yeah. I'm just kind of wondering whether as people go forward like this might even.

Have you had any experience with your patients doing it at this point? Not longer term fasting like that? I have patients who do intermittent fasting.

Yeah, but not longer term fasting, and I do I, I sort of feel the same way as, as you were just indicating that they sort of have to have a certain level of wellness.

Otherwise it just becomes so stressful on the body. It creates more problems in its souls. But I think the irony is, like with, you know, modern medicine and developments and all our supplements and this and that, the other, and then what are we?

Where is the solution? Fasting. Like where, where, where? Right back at the beginning. Right. So, we're kind of getting close. I knew you and I'd be speaking for close to an hour because it always happens.

First of all, tell people how they can get in touch with you if people want to get more information. And also, please, apart from the email share, tell them about the books, that you've written, especially about diet and autoimmune.

Explained a little bit about your history. What that. Journey. Yeah for sure. So the first book I wrote was called The Lyme Diet. It was supposed to be a patient handout.

I sat down at my mum's mum's kitchen table in Australia, and I'm just going to write this patient handout because they wanted to ask me what to eat. And six months later that became a book.

So the Lyme diets really, you know, talking about how to eat to minimize inflammation, how to eat to balance adrenals and hormones and, for neurotransmitter support and all of those kinds of things.

So it's not that it's sort of rocket science in terms of the way it is, but the information is presented in a way. It's like if you have Lyme, this is why this matters, right?

This is so people can understand, like how foods are interacting with the different systems of the body. So the

Lyme diet. Then I wrote the Beginner's Guide to Lyme disease, which it's not truly a beginner's guide because it's pretty comprehensive.

But it's ideal for people who who may be newly diagnosed or have a family member who's who's struggling or friend and sort of needs to understand all the pieces right.

What is the paleo morphism of what are you talking about? What are the co-infections? What what are the antibiotic options? What are the natural options?

I could there's a bit of a section on diet in there too. And then Lyme Brain is the third one. So that's more like, you know, the cognitive aspects, the neuropsychiatric aspects.

And Lyme brains actually available on audible too. It's the only one of my books that is available on audible. So because we thought, which book should we put on audible?

Oh, how about Lyme brain? Because people with Lyme brain can't always read books. And how how can people get in touch with you if they want more information?

What's the best email for you? The email probably would be hello at Doctor Nicola duchamp.com. My practice is restore medicine that does not have any on the on the end.

So it's rest hour medicine and the websites restore medicine.com. They can reach out there at info at Restore medicine.com. And then I also do have a website doctor Nicola ducharme.com that has blog articles and other things on there.

So either one of those and yeah, I am based in San Diego, but work with people really worldwide at this point. Great. Let's kind of parting thoughts here.

So as far as the mindset of people with Lyme disease, we talked a little bit about it. But, I always give people hope because I really am seeing much better results with, you know, doing daptone and pulling mold and maybe just talk a little bit about like the six pillars that you're using.

And it's just part of classical natural path and mindset. Maybe just finish up a little bit.

Books, practice info, and closing thoughts

Let's discuss that about some of the basic things that you're finding is also making a difference with people. Yeah. So a couple of years ago I got certified in neuro linguistic programing and clinical hypnotherapy and EFT and a variety of different techniques.

So I put a program together called the Transformative Transformational Healing Academy. And it's a mastering mindset program. So it's not quite the same as like the limbic, you know, like the limbic rewiring programs.

But it's a program that I offer personally myself in a small group coaching format. And next year I'm going to be offering more programs that combine, like the education piece.

I've got a limited online course. It's like 25 hours of education on Lyme disease, everything from antibiotics to hormones to detoxification with one on one individualized care.

Within this mindset, program and group coaching calls, so I've offered that as a standalone program, and it's helping people to understand how the conscious mind works, how the subconscious mind works, how we can utilize the subconscious mind to support healing.

So that is a it's based on neuroplasticity. So that is a rewiring. But I teach people like why are your thoughts so important. Like what does that even matter to.

Like having a chronic infection or a toxicity. And I teach people that with the scientific development and understanding of neuroplasticity, like you can choose a positive thoughts.

And if you choose that positive thought, that healing thought, that empowering thought over and over again, you will literally strengthen the neural pathways of that thought.

And if you choose a negative thought and have that over and over again, you will also strengthen that neural pathway. So I teach people and I give them actual tools as to how to put this into place and give them, you know, hypnosis tracks and, and journal activities and tapping techniques and different tools that they can implement day to day.

And over that sort of nine week period, like people will learn like, okay, my mindset matters to my healing. Like when we have a thought and that thought produces chemicals in the brain.

Every cell in our body, other than our red blood cells has receptors for those chemicals, those neurotransmitters for those neuropeptides. The literally what you are thinking is influencing how your cells work on a, on a physiological basis.

And so I give a lot of education and help people understand how all of those things actually fit. And then I give them tools to be able to work with in their day to day life.

And then I also just love the sense of community that comes with doing those great programs. Because it's it's a positively oriented focus, but it's still an opportunity for people to be with other people who are going through the same things they are who understand, you know, so it's not like we're not trying to sweep anything under the rug and pretend it doesn't suck, but we're just saying, okay, you can think that it sucks.

And then I need you to shift your thinking and choose something else. And it is a choice. In the beginning, it's like working out like you don't sort of.

Some days you have to choose to do it, but the more you do it, the more you know, the stronger your muscles will get. Yeah. And so that's kind of and that work just lights me up.

I just love doing that work with people. Know and I think it's great. I mean, I, I don't teach everyone meditation in my practice. I discuss it and I do one on one training when people need it.

I'm in fact doing a medical detective Substack series now on meditation from the 40 plus years of studying with Tibetan lamas. Because after people started, you know, freaking out after the election and all the, you know, emotions that were coming up, I thought, you know, this is a good opportunity because people's emotions are going to affect their health.

Let me teach them some of the basics I learned from, you know, people way smarter than I am, who've passed on this lineage of incredible information. So I've been doing a five part series.

I agree with you. I mean, I've even seen and this is years ago, I remember these stories just like the gentleman I was saying earlier, the people that hold on to these negative thoughts about themselves who have had trauma, and a lot of times it is from trauma, physical, emotional, sexual trauma.

Early on, it's like the immune system basically gets wired that they don't deserve to be happy, they don't deserve to be healthy. And I have seen where you can hit the bugs.

You can pull out the mold, you can deal with the gut, you can get everything you want. But if that pillar, if that nail in their foot is not treated properly, they will not get better.

And I've seen it happen where all of a sudden they have the moment with those psychological things that come up. They they recognize what it was, they get through it and all of a sudden the things that weren't working all of a

sudden start working.

And it's like for those who don't believe in mind body medicine. Yeah. But for us who've been in the field this way, I think, yeah, this is not some woo woo medicine.

This is real life stuff that really, I think has big implications for people. So yeah, that's great. I'm glad you've incorporated that into your regular practice.

I think it's very important. It's so important. And I've had patients who have done the program who said, oh my gosh, I wish, I wish I'd had this. Like right when I was getting started would have changed everything. Yes.

Yeah. Yeah. Nikola. Thank you. This was great. I know people are going to get, a lot out of it. And I think, look, I think they're going to everyone who listens to these doctor Trust summits, they're getting a lot of different perspective from different people.

But I think the one thing that everyone is hearing is the three piece of really. Well, I mean, they're getting it from all sides. It's like it doesn't matter who we're speaking to. Yeah.

Like the minds is important and the dial. Is on the thread. Yeah. Yeah. Yeah. So so I think it's great and I think you're really highlighted those well during the talk.

So thank you. And again one last time just for the email for people to get in touch because I know people are going to want to just one last time please share. Yeah.

Info at Restore medicine.com. And there is no E on the end of restore. So info at rest. Medicine.com. Okay. Thank you so much. So for everyone who's been listening yes it's been great.

My name is Doctor Richard Horowitz, co-host of the Doctor Talk Healing Lyme summit. I've been speaking to Doctor Nicole Ducharme. I'm she's been in the field for a long time as a great naturopath doing this.

So please join us for another episode soon. Thank you for tuning in.