Introduction and Dr. Perronne's Background

Hello, everyone. My name is Dr. Richard Horowitz and I am the co-host of This DrTalks Healing from Lyme Summit. And it is my great pleasure today to introduce to you a very good friend of mine, Dr. Christian Perronne.

Dr. Christian Perronne is one of the leading infectious disease doctors in France and in Europe. He has worked for the French government. He's been a leading force on the edges of Lyme disease in France, helping patients who could not get help anywhere else.

Christian, it is really a pleasure to see you today. Thank you for agreeing to do this talk. And, please tell people a little bit about yourself and kind of how you got into this with Lyme in France.

Thank you. Richard. it's a pleasure for me also. I'm a professor of infectious and tropical diseases, but I'm, recently retired now. But I'm still working.

not with patients, but working for science and research and, advocacy also. my background, I, was, professor of infectious diseases in 1994, and I was the head of, an important department of infectious diseases, you know, university hospital in the Paris area.

but in my career, nearly half time, I worked for public institutions, and I was chairman of many important committees working for the minister of health, on subjects like, infectious diseases, vaccination.

And also, I had some responsibilities, at an international level. I was a vice chairman of the IT task group. It was, is is, the official, committee of experts for vaccinations in the European region of W. H. O..

So we'll have organization. But the this, European region is much wider than the European Union. So very big, Europe, including Russia or the republics in Central Asia, Israel and Turkey.

And so and also, countries in Northern Europe or Eastern Europe not included in the, in the EU. So I had many responsibilities on why did I, worked on Lyme disease?

because when I started my career, in my department, I saw many patients and, the professor who work before me, unfortunately, he died when he was rather young.

He was he was a leader of the Lyme disease in France. And he traveled a long time ago in the United States. He learned about this disease. And he came back in France with the kids for to practice serology, to practice culture of Borrelia.

And, so, I learned a lot from him. And when I saw patients at the beginning, I was I was believing in the official, status about this disease. But, I rapidly realized that chronic patients with severe, impairments could be, really improved after a few weeks of antibiotic treatment, but most of them relapsed several weeks later, and I had to treat them several times.

I didn't understand why and why this was not recognized, and I tried to organize, research groups with colleagues, including at the Pasteur Institute in Paris.

At the beginning, they were very kind with me. We wanted to help, but rapidly I saw that they were completely, and, under pressure to not to work on this topic. And, I was very surprised as a scientist, while only on this disease, it's not possible to work like for other diseases.

Right? So there was a there was a political aspect. You saw this from almost the very beginning. And in fact, the

reason you had to do it is because you have compassion and cared for patients.

And, could you speak just a little bit? I mean, from what I know, the epidemic in Europe for Lyme and tick borne is really bad. So could you talk a little bit about what's happening in France with Lyme disease, rest of Europe?

How bad is the epidemic there? if you look at, at the numbers, from for decade ago and it's the same thing in the US, the epidemic is very increasing.

Lyme Disease in France and Europe

But the problem in France, the report of the disease is not mandatory. Most of the physicians don't report about Lyme disease. there are no statistics since, 2020.

The only disease in the world is Covid 19. But the other diseases do not exist. And, if I look at the official data, it's, it's really, terrible because they say there is only, 60,000 cases in France for one year.

in fact, I think there are at least ten times more patients. the number of, of, of, officially, hospitalized patients is a few hundreds for one year. It's completely stupid. It's not the reality.

But as we know that the serology is not good at all or some statistic, based on the results of the serology. So is the, so this is a search for antibodies, created by the patient when he, she is infected by Borrelia.

so I don't believe in this, the statistics. But we know that there are more and more patients in Europe, and, it's only we have to speak about, also diseases, vector bite, tick bites because it's not only Lyme disease.

And, I can speak, later about the two studies that we published in the medical literature, with colleagues and with a veterinarian lab, we could practice PCRs so a test which amplifies, some microbes in the the blood of, mattresses, and we we could find that, in fact, yeah.

not some most frequent recurrently. isolated bacteria. And we, we find much more of, bugs. It's such a bacteria. Parasites. Right. And in fact, your there were two studies which I've read of yours, of course, that were very strong.

One that there's no gold standard right now because we have all these different species of Borrelia. You have afzelii for aqui dermatitis chronicametrophan You have garinii for neuroborreliose but you've got all the other species like valsana and all the others that are not picked up on standard antibody.

And I think one of the PCR, as you did, you're talking about Borelli and Miyamoto I, that you also found relapsing fever in these people that the standard testing doesn't even find. Right.

So for the Miyamoto, it has a Japanese name because it was discovered by a Japanese guy a long time ago in rodents. and then it was very poorly studied in humans.

But, several years ago, there were several papers in Europe, in, North America saying that, these studies showed that we we could isolate borrelia Miyamoto in some patients with chronic conditions.

So we did this study in France, at that time, the National Reference Center for Borrelia, which is not doing a good job, unfortunately, said that there is no case in France.

It's just a Japanese stuff or an American stuff. There is no case in Europe. but several publications showed that the ticks in northern France, in Europe, could harbor a borrelia Miyamoto with a rather high frequency.

So I said it's it's bizarre why the ticks are infected and not the humans. And and then we performed this, this PCR study, and we could, we found the largest, number of patients with chronic conditions, with Borrelia Miyamoto.

There was a previous study from Russia in Siberia, showing acute cases of borellia Miyamoto After the tick bite.

But, you know, it was chronic patients.

And what was surprising, few of them had, erythema migrants. So it's different borrelia And borrelia miyamoto is an intermediate bacterium between so the Lyme disease complex like Borrelia burgdorferi and sensu lato and so on and the relapsing fever complex of bird.

Yeah. There are many Borrelia in the world giving relapsing fever. And in our cohort of patients, more than 40 patients, half of them had, dysregulation of the pandemic, filmic balance of they had fever, chills, episode of, no.

colds and or with, flushes and so, so, because in relapsing fever, it's a fever which relapses regularly and with some, some clinical, pattern in this borrelia miyamoto patients and, and our reference center said in France, oh, don't worry, this is a social Borrelia burgdorferi So nice that, it, it it can, diagnose also all the cases of borrelia miyamoto But that's fake news because we showed that, in fact, most of our patients, didn't have a positive serology from Bali.

but off Iran, red. You know, so the problem is it can't pick it up. And of course, it's the immunosuppressed patients, right? Those are the ones that get the worst cases of Borrelia.

Miyamoto. and, and a lot of the elderly patients, if they're on drugs like we're toxic Mab or immunosuppressants, they're the ones that especially.

Borrelia Miyamotoi and Relapsing Fever

Right. Have to be careful. Now, we were talking about Lyme and relapsing fever. What about other species? Like how many? The Busia, Bartonella? tularemia, Q fever are you seeing a lot of or like.

Yeah. And like all the ones that we're seeing because in tension friends, there was a study years ago that co-infections were the rule, right? Not the exception, that the ticks there contained like 40 different species.

How are we seeing this clinically? This is a first, bacterium we discovered was mycoplasma. And then it was, Rickettsia. Different species. And Alicia, much more than, Borrelia. But I'll never diagnose in current practice because Mycoplasma, you have a several, for some species, but they are not, they have not a wide spectrum of for detection.

researchers are rarely diagnosed, but in fact, it is frequent. And we are very surprised also to see that, parasites were very frequently isolated. So Berbizier is well known, but but besides a parrot plus proplus is, it's a cousin of, Plasmodium falciparum.

as a plasmodium responsible for malaria. Yes. but there is another class which was not done in the human medicine course, Syria and Syria, well known by this because they are frequent infections in the in animals in the country, especially horses, and they know different species of Syria.

And at that time there was, a lab in France, they published that if they put Syria on, human certain culture, these cells could, be transformed into cancerous cells.

And if you remove that area, they they became sentinel cells, again. So I was surprised by that. And I spoke about Syria with, my, that colleague who did the pcrs.

And one day he was listening at me, but not really, thinking it was a good thing to, to self service. parasites in humans. But one day he phoned me and he said, oh, Christian.

I, I was identifying, searching for bugs in, in a woman. But I made a mistake. I used the house kit instead of human kit, including Syria. And I found Karen Young, this woman.

So I said you should add Syria detection in. And that's. We did in, when we we made the the succeeding

publication, and we found a high amount of Syria, but, parasites, in humans.

So, so, so Christian. This is fascinating because I've wondered about this for a long time, because we have many patients that have malaria type symptoms of sweats, day sweats, night sweats, chills, flushing.

It's not the Busia microbe, it's not the Busia Duncan I now they're talking about maybe the Busia Ohta coli, which has been found in Canada. It's been debated and I've wondered about single area species, but I didn't realize that they had actually found them in humans.

This is a question I've had. you'll have to send me this publication because I don't believe I've seen it. And this is this is really important because it explains why Metron and Z3 Max may not be working.

It's not just resistance to the Busia Mike protein by genetic changes. It may be other pyro plasmids that are causing people to be sick. So I published that.

So I would send you the references and but and I think it's the same thing in your experience clinical experience. I saw frequently that patients who improve partially with antibiotics also in drug seek for.

Can I use the lots of drugs. some of them responded much better with anti malarial drugs. so I think that the BCA and maybe area and others, in some conditions, important, bacterial, I'd say actors in the disease. Yes.

You know, so you also brought up a point very interesting about mycoplasma. It's been found in ticks and not just the mycoplasma pneumonia. When we did our studies, it was mycoplasma, but fermentations, Mycoplasma penetrance.

Like you don't find these species unless you do a PCR. with these, all these were atypical Mycoplasma species that we're showing, which could also explain why some of these intracellular drugs like toxicity clean is it from mice and make them better.

But you can pick it up on serology right. These are kind of atypical species. And and the problem with all these bugs we have not a reliable diagnostic test.

when I realized these studies with some colleagues, we did it, with, vet lab, as I said, because all the human labs so didn't want to collaborate. They were under pressure.

no. Lyme disease didn't exist. The co-infections do not exist. And so on. this lab, they accepted that we we did the study because it was an official clinical trial, which was declared with the ethical committee and the promoter and so on. So, it was a case of the authorities, but, the the lab is not allowed.

Now, if the the study is finished and published for two years, they are not allowed to to practice this test for humans. They had some, strong attacks from the French drug agency to forbid the realization of this test for humans.

So it's terrible because we we discovered things very important. But we are not allowed to use this test for our patients. for me, it's something horrible to know.

I know that the medical. You and I have discussed this previously, the medical politics of this disease. And when you and I both got out of medical school, I think we came from it.

We've discussed this, like, with the really good motivation of we're here to help patients, we're here to make a difference in the world. And then all of a sudden you discover a disease where people want to close their eyes.

I don't hear anything. I don't see anything. You can't speak it. It's terrible. It's affected patients across the world.

Co-Infections, Parasites, and Mycoplasma

And as we know, many French patients have had to go out of the country, right, to be able to get help. So, and that just to finish was PCR. It's not a perfect test.

Of course, the sensitivity is not 100%. I agree completely, but it's better than nothing. and what was important in our studies we showed, but it was also interesting to look at the bugs, bacteria, parasites, even, viruses, not only in the venous blood taken in, in a sample from your, vein, in your arm, but also to look at the capillary blood, you know, you make a little puncture at the end of the finger, like, for a diabetes test.

also to look in the urine, saliva. and if you look, the difference fruits, you can see that, for example, for some bugs, it's much easier to isolate them in the capture the blood, them in the venous blood.

and yeah, I discussed I remember communication by, Ernest, you know, there is, an American, researcher who is working on Lyme and infections named Ernest is from Santos family, from the great Ernest, the German guy who described Elisha and he presented, I remember in an international conference the fact that in the capillary network, from surgery, samples, he could discover many, bugs that were trapped in the net of the capillary network.

And, we saw the same thing. For example, I don't remember which bacterium. Precisely, but, some bacteria, discovered more frequently in the capillary blood run in the venous blood.

I think if you want to fish. no small fish in the middle of the Saint Lawrence River, is difficult due to the current, but, you know, the capillary network is is like a trap.

and you have a probability. Increases the concentration of some microorganisms. it's a very interesting approach. And also with, even Borrelia more frequently in urine and urine is, is not cannot be a contamination because it's come, in saliva.

Saliva, of course, people may say, oh, it's an open, milieu. It's can be contaminated from outside. But we know that the salivary glands, some pieces detached from the gland regularly containing a lot of microbes and, but to to to be sure about that, we it would be necessary to revise biopsies of the gland.

in addition to the of salivary test. But it's not possible ethically, but I'm convinced. But, some bugs when we find them in a high concentration in saliva.

It's not a contamination from the outside, but it's, secretion. Like for Epstein-Barr virus, for example, coming from the inside. From the blood. a question if people have questions for you at all.

on European Lyme, is there an email or a best way to contact you at this point? yes, I would give you my email. Okay. Great. Yes. Can can you tell us now?

We can. This way people can. Turn that around at, gmail.com. Okay. Great. Thank you so much. Good. You know, you brought up something interesting about finding the bugs, and you had published earlier, with some of your colleagues about maybe opening up biofilms.

You were talking about capillaries and how they're stuck in the net. But you also published in Medical Hypothesis, and I don't think anyone's followed up on this.

And this is an important issue that these organisms can be under biofilms like Lyme and Bartonella. But we maybe should be using biofilm agents to open up the biofilms and try and increase the ability to find them.

That that was a very interesting study, and I think people really need to follow up on this. and unfortunately, the, the biofilm, products who could work are not very effective.

They work a little bit like serum peptides or, bromelain or coming from, from pineapple on the you have some natural products would have such effect that I think that orally they are not well, absorbed by the, by the intestine and they are not very effective.

But we could see that using, for example, serum peptides if we did several pcrs at, 48 hours interval, after the use of a biofilm, breaker, we have a little increase in the, in the sensitivity of the test.

So I think it's it's, it's a good way of of, progress, but unfortunately, we have not very potent, drugs to break this of biofilms by the oral roots. there's that biofilm breakage, EDTA, but it can be used only by the IV root, and it's, because we know, there are studies and on, catheters and people who are wearing catheters for long durations are several weeks or months.

They have biofilms in the chamber, which if they have, regularly inoculations of a drugs for chemotherapy, for cancer, for example. And in this chamber you have thick biofilms.

And when you analyze them, you can have a structural Cox idea of a bugs. And there were studies showing if you flush in, I. V. Lyme EDTA, it, it, it cleans immediately.

Also the biofilms. But it's not possible to use it EDTA like that in humans. And so, it's an interesting way of research, but I have not the solutions at the present time.

Yeah. No, you know, it's interesting you bring that up with EDTA. The, the approach that we've taken, because we don't have enough really good studies on how to combine them is I use multiple biofilm agents when I use something like cinnamon, clove, oregano oil, biocide and stevia peppermint oil.

But I have used EDTA suppositories, not I. V., but I have used them 750mg suppositories. They're called detox them. And now I don't have good scientific proof.

How? Well, I know it gets into the bloodstream because we've used it for legislation when I don't want to use, you know, IV, EDTA or DMC. but it's an interesting question you bring up as far as could we improve.

Testing Challenges and Biofilms

Right. Finding these bacteria looking in the micro capillaries, opening up the biofilms with the it's it's a great question. I want to bring you back just to two organisms you brought up, which we don't see in America.

And I think they deserve a little bit more information. You were talking about one of these organisms relating to cancer. And I know in Europe they found, it candidates.

I think it's called recurrences. like neo or licky a princess, which is a bacteria we don't have here, which was causing, like Hodgkin non-Hodgkin's lymphoma type symptoms and autoimmunity.

And then you also have, a Rickettsia species, Rickettsia helvetica, which we don't have here. Could you speak a little bit about these because there's a lot of controversy about these, and we don't have them in America as far as we know.

So so this neorealism, recurrences was also described in Japan at the beginning. so my colleagues at the National Reference Center said, no, stupid to study that because it's a Japanese stuff.

And, no cases in Europe. But in fact, there were cases published in I remember in Holland and other countries, a few countries, a few studies, a few cases in Sweden, I think, and million visitors who, who is, that, a researcher in France published several years ago, a study.

She, she collected many ticks in the Ardennes. You know what? border of Belgium and, northern part of France, in an area with big forests. And she found, significant proportion of ticks harboring, no early recurrences.

So I said it's not possible that there are the ticks. Why? There are no human cases. And in fact, in our studies with PCR, we found some cases of, new addition recurrences.

So, it was more isolated in people with the autoimmune disease, lymphoma. probably could be a cause or, one of the causes of these diseases in some cases deficit.

no, it's just because people are immunosuppressed, we isolate this bug. It's another option. But I think, that could play a role in these immunosuppressive, diseases and possibly some cases of cancer.

so I think it's important to continue to study this bug. I thought there were a few cases in North America. So it's important to, to look at that. You know, the reason it's fascinating is the last couple of years, you know, we we knew that like H.

Pylori is associated right with, you know, B-cell lymphoma. It's in the stomach. But then Lyme was starting to be associated with, you know, B-cell lymphoma.

Bartonella has been associated with it. But then all of a sudden Bartonella is coming on the scene, associated with melanoma, inflammatory breast cancer.

Right. So it it brings up the question, how many of these organisms, these bacteria, we know viruses been associated with cancer forever, right? Hepatitis B, hepatitis C, HIV.

I mean, there's many of them certain herpes viruses, HPV, but bacteria, I don't think it's received the same. So it's a question in Europe, if you get, for example, neo or licky omicron's, doctors, you never get to look for Lyme, a Bartonella, or this organism in a cancer patient.

Right. They'll just say, oh, you have a lymphoma. you have an autoimmune disease. Let's just treat it with, you know, the drugs they use. But it's a question of maybe we're missing, right?

Some essential elements. What's this problem that some some lymphomas, especially, digestive lymphomas are linked with a bacterium infection. And, I could in my experience, patients with chronic Lyme who had a kind of Hodgkin's disease or in coma, some improved a lot with, doxycycline and, so, I was obliged to because, the family wanted the, his patients to go to him in the matter of g for classical treatments or infamous.

I couldn't, in pages about that. I had the conviction that probably they could have been, at least, in a better condition. And why not cured with a prolonged antibiotic?

combined, antibiotic anti-parasitic treatment. but unfortunately, we are not allowed to make research about that. It's a it's a it's it's, taboo and the worse.

And and by the way, so also getting back to rickettsia Helvetica, you know, early on when Willy Bergdorf was initially, you know, describing, like, what was happening after Alan Stear discovered it, I believe that that organism, it came up as rickettsia helvetica.

But can you talk a little bit in Europe? Because we really don't hear we are obviously about Rocky Mountain spotted fever, cuts, yellow Brunetti fever, typhus.

We don't really discuss and can't see a park. Right now is, for example, in the boroughs like Queens. it kind of the Gulf Coast tech moved to our area.

But can you talk a little bit about the Rickettsia Helvetica and maybe its effect in Europe? I don't think people know about it. Find the many cases of alphabetic.

But if you I think you have read there's a book by Chris Newby about the the lab of a luxury of some bugs. And she said from the archives of, of, really book doctor that he created this book from, Swiss, Rickettsia species and from, cross with American Rickettsia, from the Rocky Mountains.

And it at that time, he called it the Swiss agent in his book. It was written in French because there was a German,

Swiss before coming in America. But he spoke better French and English from the beginning.

So he, he wrote his, his notes in his books in French. And he that's on Swiss, the Swiss agent. But, I discovered that this book was created by man. I was fascinated when I saw that, but I think because, in her book, she said that, that the first Lyme epidemic, the only book that was published was, born.

Yeah. Right. But in fact, she said that most of the patients of the first epidemic also harbored the Swiss agents in Vertica. So it may be frequent in Northern America.

Now, I don't know exactly, but in Europe, even some of the genes are coming from Switzerland, we don't see many cases. Okay. Right. So so it's one of these things that really needs more, more exploration.

can you also speak a little bit about, Bartonella? We're finding at this point a lot of Bartonella. There was only one study that I'm aware of in Ixodes.

Ricin is ticks that they transmitted, Bartonella. Berta Lisi was the only species. I don't know why they haven't done more, gotten more information and done more experience experiments on it.

But can you speak a little bit? Do you see Bartonella in the patients in France? Yeah. Fascinating. bacteria. And, we just focus on, no, the the cats cross disease, Bartonella.

And so Bartonella. So the, the trench fever, only a few, a few numbers of species that we have known previously in the medical history. And there are several, not only for these two species, but in fact, there are many other Bartonella, in humans.

Other Borrelia, Rickettsia, and Bartonella

And, those are published also. Several years ago, a paper by PCR in humans using vet kits. she discovered that several species of Bartonella were known by the vets, but that had never been described in humans before.

but this it was published at that time by Degroote in Marseilles, who confirms her results. It was published in Emerging Infectious Diseases. But nobody cared about that.

And it's nobody searching for these different species. And what is interesting about Bartonella there a very good the team in, North Carolina it's a vet university group.

they published a lot about psychiatric conditions induced by butternut infection, including schizophrenia and, of, severe neurological psychotic diseases.

And also, you spoke about it. It's, it seems to be an important factor of development of melanoma. so I think Bartonella are very frequent bacteria involved in chronic conditions, but the, the diagnostic tools, very bad.

Yeah. We we have to use the Bartonella fish test, either from eye genetics or t labs to find it. We use the Bartonella immuno blot from my X, but it's true.

The regular labs only check Bartonella Hensleigh. Bartonella quinton a very difficult. There's up to 17 pathogenic species. And, you know, again it's it's a frequent co-infection we're seeing that is interfering with the success of, you know, 8 or 9 weeks of on therapy.

We need to pulse it. But, so you probably are seeing a lot more in France. And again, it's one of these big areas. We just need more research, especially in, in Europe.

Can you talk a little bit about the viruses. Because here, you know, we have Powassan but there you've got tickborne encephalitis virus. You've got, Congo Crimean hemorrhagic fever.

There was an outbreak in Spain. Can you talk a little bit about the viruses and, and even the, the vaccine, since you're an expert in it? I know that they have a vaccine in Europe, right.

For tickborne encephalitis. but we don't, of course, have one here. in France, it was considered very rare. Only a few cases in Alsace at the German border.

Why? It's it's rather frequent in Germany, especially in Bavaria or in Sweden, in northern countries. But in fact, even the National Reference Center for birds recognized that it's, the number of cases is increasing in France.

And they discovered a few cases far from the German border in the central, central part of France. So, it remains a rare disease, but it's it's, a frequent diseases in Sweden.

It's, for example. So we discovered also by PCR, some rare cases of, West Nile virus and, I think it was a woman in the eastern part of France, who, who was breeding horses.

We know that this virus, is a common, this can be found in horses. And she developed meningitis and fatalities, and we could isolate, what's known virus in, CSF, cerebrospinal spinal fluid.

So it remains rare. But I think there are some cases, including in France, but there's no big study to confirm that. right. And and also unpasteurized goat milk. Right.

I've read that these some it's one of the rare cases it could be transmitted. So again you're feeling like it's one of those areas. We need a lot more research.

It's just not being studied enough because these are flaviviruses in general like West Nile, Zika Powassan virus. They can be chronic, persistent for at least for Zika and West Nile.

We're not sure with Powassan, but it probably is. and then it's the question is, what are these chronic flavivirus infections right, doing to people's brains?

Right. It's an unknown. And, so that's why I'm not, convinced that, as a new Lyme, vaccines will be very efficient because we know that the limerick's, which was, marketed in the US several years ago, it was withdrawn because they it induced a severe reactions with my my hypothesis.

It was used in adults in Massachusetts or Connecticut, in the area where the, the, the, the the epidemic was at a high level. So vaccine was inoculated in patients, who already harbored this bacteria.

And it probably the immune reaction, made that some symptoms, came out and, because it induced some symptoms, like the disease or the Lyme disease. And that's why it was withdrawn.

I think that we all have the same problems now. and it was only against Borrelia burgdorferi census tract or now they included several, species of Braulio.

So maybe it will be, progress. But, I think that it will not resolve all the problem because we know now that the majority of the bacteria is a parasite involved in these chronic conditions are not born yet species. So, it will be a great limit to the interest of these vaccines, I think.

Yes. No, I mean, from what I've seen from the Le 15, from the Valneva, sites, I mean, it looks like it's creating an immune response. They're not describing at this point, that there are any major reactions like we saw before, with the SmithKline Beecham.

But of course, you're right. I mean, this it's also why I've never understood why they have not put more money into a tick spit vaccine. they've talked about it.

It's like you could be blocking viruses like Powassan tick borne encephalitis virus, but BSI, if Bartonella transmitted

Bartonella, all these Lyme species with one vaccine with a tick spit, and they keep talking about it, but it's not being marketed yet.

And considering when I saw that several years ago, it was on to this tick and said, oh yes, a new really, a new field of research. If, as you say, there is no news about that.

Yeah. Yeah. I saw there was a report in Spain, this is back a year or two ago that Congo Crimean hemorrhagic fever. I mean we don't really hear much about it here, but that there was an outbreak going on in Spain and that it was even transmissible.

It was concerning meat. Was there anything that ever came of that or it just kind of died out. Worried about that because it, it was, a few patients coming back, coming back from Africa, probably, who were contaminated by tick, tick bite in Africa.

And there was very, very, little number of secondary contaminations. But the epidemic stops very rapidly by the isolation of the patients. So, there were a lot of, the disease was more mediated than real.

because I when this, phenomenon occurs, it's really very limited to a few numbers and few, little number of patients. Yeah. Okay. Great. So, you know, with the amount of, tickborne infections we're seeing right now, the U. S had estimated almost a half a million cases, back a year or two ago.

do you see climate change at this point, from your perspective, increasing the tick populations? You think it's getting worse over time? I'm, I'm convinced that more than climate change, it's a disappearance of many animals.

There are publications showing that in Europe, half of the birds have disappeared. you know, snakes, frogs, many, many animals who could eat ticks regularly, are disappearing, probably due to the use of pesticides and the, chemical substances in agriculture.

nobody speak about that. But, when I see, even in my garden near, you know, my house on, the suburb of. Paris, and I've been and I've been to your house where your wife, she we shared a lovely meal.

We played guitar, singing silly songs. Yes, I, I know, I know your house very well. It's a beautiful place. You played guitar and in the garden. So, at that time, there were a lot of birds in the garden.

Now I don't see birds anymore. Very that there are not so many as a few years ago.

Viruses, Vaccines, and Tick-Borne Encephalitis

So I'm convinced that change, in this animal, populations and they can play a role in the control of the tick proliferation. Yeah. So, you know, it's a shame I, I've seen also some of the studies that the animal populations are going down, but you're right, you know, they've talked about the biodiversity of this planet that within 20 or 25 years, we will have lost about one third of the biodiversity, which we need, obviously, for food production and the rest and, all of these, cop 28, cop 27, all of these different, you know, conference of parties, you know, they just recently said, oh, we'll finally start to maybe think about phasing out fossil fuels.

But they just published yesterday in nature that the sponges who've lived in the oceans for, you know, I guess millions of years, we've already hit 1.5°C.

this was just published yesterday, and that was the Lyme in the Paris accord, right in 2015 that we should not go past that. So it's I didn't realize that you had seen the, you know, the the decrease in the species in Europe that even personally, you're already witnessing it.

you know, the glyphosate, it's, terrible, chemical product. which is sprayed everywhere in the fields for agriculture. it should have been forbidden in Europe, but, thanks to the, lobbies, you, the European Parliament voted that it it can be used, during ten years more.

So it's terrible because we know that there are dangerous products in nature. And, and political. Writer and one of the ones, by the way, that no one wants to talk about either.

I mean, we won't go it in detail, but is is really the fact that it's, emfs. Right. That also we're not even sure, with some of the studies that are now coming out on cell phone radiation with these newer towers.

I see story sometimes that, you know, the birds are being affected, the animals are being but no one's doing any scientific studies. And it's kind of like, how do you deploy a technology without understanding the broad effects on humans and animal species?

And yet, you know, money talks and and politics basically, you know, determines what happens. But science is not always leading the charge here. And unfortunately, we've tried in the United States and we've not, really made much progress on this range.

So it's one of those big unknown question marks. Is this going to be a big health problem? Some studies say that it is. I think there's a lot more to learn about it.

That would like to discuss about. It's about the, it's a political problem because, when I was president of many commissions in France, I could obtain from the HHS, as in France, it's, higher authority for health.

we had, working groups, and, I could obtain text, in favor of the patients to to the acknowledge, the existence of a persistent, clinical form, possibly due to tick bites were authorized, an empirical therapeutic test, you know, to give an antibiotic if there is a suspicion, even if there are several lodges.

Negative. So, I obtain many things very, concrete and, going in a good way. I asked for the creation of a clinical reference centers in different parts of the country, but it was written when I was, that, I wrote also this text with other people.

it was written that the centers, in the steering committee, there should be representative of the patients of the Lyme patients, also representative of the Lyme doctors who have experienced some GP's and so on.

And in fact, I resigned from my, positions in, this institutions, the Covid crisis arrived and the National Council of Physicians was very aggressive, against all the physicians.

And they used the Covid crisis to, to suppress everything about Lyme disease in France. And they created these clinical centers, but, managed by an infectious disease hospital specialists who don't believe in Lyme disease.

So they see many patient consultation, but they say, oh, sorry, Mr. Horovitz, you have not Lyme disease. It's a scratch. It's in your head. and it's terrible because they give a lot of money to these centers who don't do, any research or any good research.

and for me, it's a shame, because I have some friends who were fired from the board of physicians, recently, one of my friends is, has lost his license, for life, some, threatened.

And now it's terrible because we obtained a lot of things a few years ago, many GP's took care of the patients. It was not, I did condition, but it was going in the right way.

And now it came back horribly. And, Lyme patients in front of this spirit because they they don't find any. There's a I know some friends who continue to follow some patients, but they they are afraid and they say, no, I don't want.

And, I don't want to take care of my patients. So now patients are going to Switzerland, to Germany, to other countries. Maybe some come to see you in the US.

from it's terrible because, they use the Covid crisis to destroy everything about life in France and. Or it's a terrible situation. I mean, you and I have discussed this before in the medical politics.

This is the only disease I can think of where the medical politics in the middle of an epidemic, a, you know, Lancet Global Health, you know, this had published about two years ago that 14.5% of the global population has been exposed to Borrelia burgdorferi.

And yet one out of seven people. No, it's every country but France. It's every country but the United States, right. We're in the middle of an epidemic, and they've allowed Lyme politics at this point, to be something that is interfering with doctors doing their jobs.

so, so what advice? This is a it's an excellent question. You know, when I visited you years ago, you arranged for me to meet, with the minister, the santé.

We met with the health department, and I spoke in French for maybe a half hour, 40 minutes, showing them science. I know nothing came of it. And I know I was with you when we were meeting with the guidelines Committee.

Right. I spoke a bit in that meeting, too, when some of the islets doctors were there. I realized nothing's happened from it. What advice would you give at this point to European doctors who are seeing these patients?

Because obviously you don't want to lose your medical license. You need to help patients. I mean, do you see a solution?

Climate, Biodiversity, and Environmental Drivers

I mean, I'm starting at the end of this year. I hope to start a multicenter, randomized, double blind, placebo controlled trial on its own to prove once and for all that we have a solution.

And I think a randomized trial will convince people, because you've got doctors like Dr. Jack, in France. Right. And I even in the southern France, I saw that 1% of the people in nursing homes with dementia turned out to have Lyme disease.

Right. And they were able to get out of nursing homes. This was published years ago. But what advice do you tell doctors at this point or patients, because you're dealing with such really a horrible political situation?

For years I dreamed about a good, randomized study, and, I wrote some studies. I, presented these studies to have some funding, but every time it was rejected, we don't give funds to for an imaginary disease.

You know, that's that was a scientific rationale to, to to block the funding. So that's terrible because it's, difficult to progress. And, I see now that French patients, look for, you know, they're not all doctors, but, people who do, naturopathy, UAP and, other parallel medicines.

But there is also now discussed at the Parliament to attack, all the alternative medicines and another terrible low which is discussed this week at the parliament.

The they are planning, although it was adopted by the as something national jumbo representative that it was opposed by the Senate. But it's coming back to the National Assembly in France.

It's not like in the US, it's a National Assembly which has the last word. If there is a difference between the two chambers and the law, says, nobody, a physician or another people in the society, is authorized to, give publicly, a message against the national official health policy.

nobody is allowed to refuse a mandatory drug. and if you violate this flow, you can have a €15,000 of a fee, you can go to jail, and it's France today.

it's not a dream. It's the reality today. it's terrible. And the media don't speak about that. And people, anesthetized by this government convince. But it's terrible because it's not anymore immoral democracy for me.

Right. And, you know, and I've always respected, you know, that France's and the French people are dear to my heart because I have good friends like you, other French people I know who really I love and adore.

I love Europe right? I almost lived in Europe. I almost did not come back to the United States because I had so many good friends in Belgium and in France.

It's a wonderful place. And of course, democracy in France you were one of the first countries, right, who really started the democratic movement to hear that it is being suppressed.

I think it's a terrible thing. So I think this randomized trial is maybe the only way we're going to be able to change the politics, unless you have other, suggestions at this point, because people obviously are they're forced to go out of France to get care just as they are, by the way, in Canada, and in and in many other countries.

So I think this randomized trial on on is, is do you do you know any doctors at this point? When I do this trial, is there a Centrum now yourself or someone else who might be able to do it in France so we can help the French people?

No, I don't think so. Because now everybody's afraid. In France. I know, a physician in Switzerland. I won't give his giving out his name publicly because he could have problems. But, even in Germany, I was invited by the German Society of Berlioz's for some concern.

We just behind the French border. I remember this society a few years ago. They were very numerous in the in the room with many young doctors. Now, there are also, persecute patients against the German doctors.

the number of participants was much lower. people were rather, old, because young doctors, they are told that don't go in this field. It's, it's like a sect, you know, dangerous people who are not, not scientific, so I can see that it's not only in France, maybe in France, it's it's stronger, but, also in Germany, it's the it's a difficult situation at the present time.

Right. So. So really, patients, really do not have good options. You know, I was doing a a study for a new publication, and I was looking at how many people suffer from chronic, fatiguing illnesses.

Now, if you combine chronic fatigue, myalgic encephalomyelitis, fibromyalgia and long Covid, just forgetting about Lyme, just those three. It's 14% of the US population and almost 50% of Europe at this point is dealing with these chronic fatiguing illnesses.

And yet you don't see the authorities right at the top levels of government going. We have all this disability. Eventually it's going to affect our economy.

It's affecting the workforce because people are too tired to work. They have brain fog.

Medical Politics, Long COVID, and Closing Remarks

They can't think you would think that they would get together and say, we have a real crisis on our hands. Let's get together, look at the science and see what we can do.

And yet you don't really see people coming together to do that. Why do you think that is? Well, I would love about that, that it's difficult. And if you're speaking about Long-Covid, it's terrible because I think that 30% of the patients who had a severe Covid condition, during the first and the second wave after that, the virus was much, mind, people who were treated very early with fieldwork, sick, working ivermectin.

That's it. Promising. they didn't develop chronic, Covid, the long Covid situation. But there are a lot of patients in France with long Covid. the intern, internal medicine specialists, infectious disease specialist say, oh, yes, it's exists.

It's important, but it's a psychosomatic disease. it's the same thing. It's terrible. You know. They in the in a publication, I'm looking at writing my third science book.

We're in the process, and I had to do a review of Covid of long Covid to see how many factors on the 16 point absence model that I've been using for Lyme.

How many effect long Covid. It turned out all 16 factors, every one of them viral persistence, viral reactivation, problems with the microbiome of the gut, leaky gut with mast cell sleep disorders, environmental toxins with air pollution, mitochondrial dysfunction, Potts disorder, mia adrenal.

It's what really surprises me with what you just said. It's not psychosomatic. We've already proven that this is all published in the literature, but it's almost as if no one, like, one hand, doesn't know what the other hand is doing because it's published.

But no one's taking the information and putting it together. It's almost as if they're following Pasteur's postulate from the 1800s that there's one cause for one disease, right?

It can't possibly be multifactorial, I believe, I think just even the paradigm shift of a one cause, one disease model to multifactorial, because even for long Covid, we know all 16 factors of the model I use has been published.

But you're telling me they're telling French patients it's in their head. It's a terrible situation. That, all these diseases are not psychosomatic and convinced, but, psychological factors may play a role because, you know, as well as me, that's some patients who are cured or in good condition.

the unfortunately, somebody is dying in their family. They are in a big stress, and they have a relapse within two weeks. So psychological factors may, modulate the course of the disease.

So I'm convinced about that. It's not because of that. That's a disease. The real cause is psychosomatic. And there is a confusion, about that. And also, I realized in this chronic patients, you see, I probably saw the same thing.

20% are very happy rapidly with antibiotics. In a few weeks, we are cured of the, very happy, 20% of the patient. I save numbers like that. not precise numbers, but, relatively, an average.

common sense proportion, 20%. it doesn't work at all. And the 60, of a persons the there is a progressive and, good, evolution of the condition with sometimes attendance of periods of, a better condition and then worsening and so on.

But in fact, it works. But antibiotics don't cure all the patients. And I could discover from my patients and from the discussing with other colleagues like you that, other factors are important, like the, what we're eating, changing the food habits, may have important consequences on the shelf.

stretchers, maybe. Probably in some cases, heavy metals, pesticides. all the all the, chemical, molecules we find in, in industrial, food and so on and, on.

So, of course, of resistance to stress, it's not only, infectious disease, it's, multifactorial. Yes. No, no, no, we we agree. And I think that's where medicine has to change.

And in fact, what's disturbing about what's happening with long Covid in France is there were studies now showing that some of these patients, Borrelia burgdorferi, has now been associated with a worsening of long Covid conditions.

So by ignoring Borrelia burgdorferi in France and its effect, and everyone says, gee, long Covid is a problem there are ignoring one of those multifactorial causes which may in fact be Lyme because it is being reported.

And I'll be speaking to Bruce Pattersen, who's an expert in long Covid, be speaking to him about this. And, Bruce

and I have discussed this in the past, that, Lyme seems to be playing a role.

He's finding it in the long Covid patients he's seeing in the United States. So, I think we have a lot more science to do here. So. So Christian we're We're already in an hour.

That was a very quick our conversation. I wanted to thank you so much for taking the time to do this. can you please just tell people again if they have any questions?

they want to contact you. What is the best email at this point to contact you Christian. Perronne@gmail.com Okay. Christian, you've been a good friend and a colleague for many years.

I want to thank you personally for standing up. You were one of the few doctors who had the courage to stand up and speak out for the French people. There is nothing higher in my esteem than a physician like you, who has put others before yourself and your own well-being to help others.

That is the highest in medicine that anyone can accomplish. And I want to thank you and for all the sacrifices you've made. And, you know, karma is perfect.

What comes around goes around. And I, I know that you're going to be blessed by all of the work you've done, and I, I want to thank you again for taking the time today and and again for being such a good, friend.

and I hope that you and I will be able to see each other soon in Europe. And and continue our conversation. So, so thank you so much. Thank you very much.

A pleasure from me also. Yeah. So thank you everyone again for joining us for this, healing from Lyme Summit. I'm one of your co-hosts, Dr. Richard Horowitz.

Thank you for joining us today. We've been speaking to Dr. Christian Perronne on, chronic Lyme disease and tick borne infections in Europe. thank you again.

We'll be seeing you soon for another healing from Lyme Summit.