

Review Article

Solving Epidemics of Lyme and Other Vector-Borne Infections through the Immune System

Savely Yurkovsky*

Savely Yurkovsky MD, Department of Cardiology, Assistant Professor (Retired), Winthrop University Hospital, Mineola, NY, USA

*Corresponding author: Savely Yurkovsky MD, Email: info@yurkovsky.com

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"Le microbe n'est rien, le terrain est tout." "(The microbe is nothing, the terrain is everything)." -Louis Pasteur

Abstract

Vector-borne infections such as Lyme disease and co-infections, rickettsiosis, dengue, West Nile fever, and malaria that are known for their high morbidity, and even mortality, have been globally on the rise due to several key factors. Among these are the increased population of and exposure to ticks and mosquitoes that are caused by climate change and deforestation, as well as a generally more health-compromised population as evidenced by skyrocketing prevalence of chronic diseases. The implicated factors in chronic sickness are continual rise in environmental pollution, unhealthy diet and substance abuse, overuse of antibiotics leading to microbial evolution into more aggressive forms, disturbed biome, secondary fungal infections and antimicrobial resistance (AMR). Some of the most common vector-borne infections lack effective treatments, including chronic post-treatment Lyme disease with diagnostic tests not always being reliable. Additionally, Lyme's *Borrelia burgdorferi*, that is the most common vector-borne disease in North America and Europe, presents a particular challenge to its treatments by existing in many different genotypes with some being particularly aggressive. This article presents a different approach to vector-borne, and infections in general, based on several principal factors. These concern the increased focus on the host innate immunity to defeat infectious agents using a novel diagnosis to ascertain reasons for suboptimal immunity, treatment to address this and elicit proper immune stimulation by vaccine-like action. Both diagnosis and treatment concern energy medicine, which is formally recognized by the NIH, and based on the physics of the living, water, and all matter in nature.

Keywords: Lyme disease and co-infections, Vector-borne infections, West Nile encephalitis, Antimicrobial resistance, Bioresonance testing, Energy medicine, Homeopathy, Digital medicine

Introduction

According to the US CDC, the incidence of one of the most common vector-borne, Lyme disease has risen by 44% from 1999 to 2019 and has been responsible for almost a half-million new cases in the US annually, at a cost of some \$1.3 billion a year. Studies have found that over 14% of the population worldwide in 80 countries, have contracted Lyme disease [1]. Yet, due to the presence of different strains of the bacteria, its ability to mutate, and the likely compromised immune response of the host, laboratory tests are not always reliable or drug therapies efficacious [2-6]. Consequently, as many as up to 20% of these patients remain chronically or post-treatment permanently ill with many seeking alternative treatments. Unfortunately, their shared experience and lack of published convincing results to the contrary, indicate that despite these treatments using prolonged antibiotic courses, antimalarial drugs, herbs, oxygen, ultraviolet light, electrocutions, and many supplements for immune support at the cost of up to six-digit out-of-pocket figures, their failure and harm prevail.

Many patient testimonials reveal unfortunate experiences with "progressive Lyme clinics" in the US or Europe, ending up feeling sicker and even being hospitalized. These treatments had in common the prevailing errors: excessive focus on "killing" the microbe and blinded attempts to stimulate immunity without knowing the fundamental causes of its malfunction. In light of the encountered

failures with both conventional and integrative approaches, concerned Lyme specialists have called for seeking a different approach to the problem [7]. However, a true different approach, instead of usual "stronger" pharmaceuticals, must foremost involve the state of the terrain, as noted by the great Pasteur, or immunity that allows the evolution of infection in the first place. Voluminous toxicological literature documents immunosuppressive effects of environmental pollutants which are abundant in the modern environments, some 100,000 agents with hardly any safety testing [8-10]. According to Harvard University EPA Working Group 2007 Report, traces of hundreds of environmental pollutants have been found in the bodies of 100% tested Americans that roughly encompasses all industrialized nations.

Some of these, heavy and other metals, affect genetic and epigenetic mechanisms yet cannot be completely excreted or metabolized [11]. The exposure and pathologies commence since pre and postnatal periods and continue to accrue through food, water, and air from modern kitchens to Greenland [12-24]. Among metals, mercury that is the most toxic nonradioactive element exerts multisystemic, including immune invasion and harms through massive use of fossil fuels, and silver amalgam fillings [25-28]. Dental restorations, including silver amalgams, and ubiquitous toxic metals in the bodies of modern populations, also act as conducting receiving antennas for just as ever-present electromagnetic fields, resulting in their enhanced

combined pathogenicity, further adding to the immune burden. Electromagnetic fields alone cause immune suppression, leading to chronic infections, cancer and numerous other diseases [29-36].

Also, just as prevalent and steadily rising are opportunistic fungal infections, due to a massive use of antibiotics and the high consumption of simple sugars, which cause increased immune burden, immunosuppression and immune invasion [37,38].

Additionally, antibiotics further impair the host resistance by altering immune response, damaging immune cells, the microbiome, and possibly the human genome that contains numerous bacterial remnants, thus exacerbating the vicious cycle and compromising overall health [39,40]. Consequently, they have been associated with many chronic diseases, including malignancies, with antibiotics produced AMR causing 700,000 global annual mortality that is expected to reach 10 million by 2050 [41,42].

Besides the known serious limitations of laboratory tests to diagnose toxicological agents where it counts the most, inside the internal organs in the living, infectious agents, including Lyme and co-infections bacteria, may elude these tests too [43-45]. Physics-based alternative medicine bioresonance test, applied kinesiology, has been used to address this diagnostic gap. Likewise, physics-based homeopathic or homeopathic-like copies of toxicological, infectious or any pathogen, *isodes*, have been employed for their established, based on hormetic effect, detoxification of toxicants, and antimicrobial vaccine-like immune stimulation [46-57]. The offered advantage of such immune enhancement therapeutics is the replacement of a direct microbicidal effect to avoid triggering mutations and antimicrobial resistance, with vaccine-like specific immune stimulation against infectious agents. Recently published studies and case reports presented the efficacy of this approach for COVID-19, and resolving pneumonia, and H Pylori infection without antibiotics [58,59].

In the long experience of this author, homeopathic remedies prepared from organs, *sarcodes*, indicated additional detoxifying and restorative effects likely due to enhancement of homeostatic function to expel xenobiotics. Remedies prepared from bodily fluids in order to dispel contained infectious or toxicological agents represent

autoisodes. Isodes, sarcodes, and autoisodes have been registered with the American FDA and its many counterparts worldwide. Since homeopathic remedies largely represent energetic signals, not chemical substances, materials scientists and physicists deem that the prevailing portrayal of these remedies as overdiluted placebos, constitutes “distortion of and ignorance in science,” and “unnecessary confusion.” [60-72]. Considering that physics deems the living to be fundamentally electromagnetic systems, their response to meaningful energetic signals is obligatory [63-75].

Capitalizing on this premise, we can use the immune system, instead of drugs, herbs and other “killing” means, to dispense with infectious agents and also cultivate, unlike antimicrobial agents, future resistance against it, through vaccine-like energetic signals. Well-known matter-energy duality, natural resonance frequency phenomena in physics, and water science support imprint of energy fields of microbes in water, thus creating agent specific energetic vaccines. This approach utilizes the same immune stimulation principle as the pharmaceutical vaccines – delivery of a weakened microbe – but only in its energetic, instead of material molecular form (Figure 1).

Materials and Methods

The applied sarcodes and isodes were obtained from homeopathic pharmacies. Most of the time, sarcodes and isodes were used after adjusting their potencies by an automated water programming device* in order to better match the patient’s individual disease state, according to bioresonance testing.

The same water programming platform was used to prepare autoisodes. Scientific literature referred to energetically modified high-dilution homeopathic remedies as homeopathic-like [76]. Medical Nobelist Montagnier, among other researchers, produced positive biological responses with electronically modified high dilutions and immunologist Benveniste named this paradigm digital biology [77-81]. An automated platform can be particularly helpful in acute and life-threatening emergencies when effective antimicrobial drugs do not exist, or are available, and shortens the production of vaccines from years, for pharmaceutical ones, to minutes, for energetic ones.

*Therapeutic Frequency Imprinting Device, US Patent #10941061

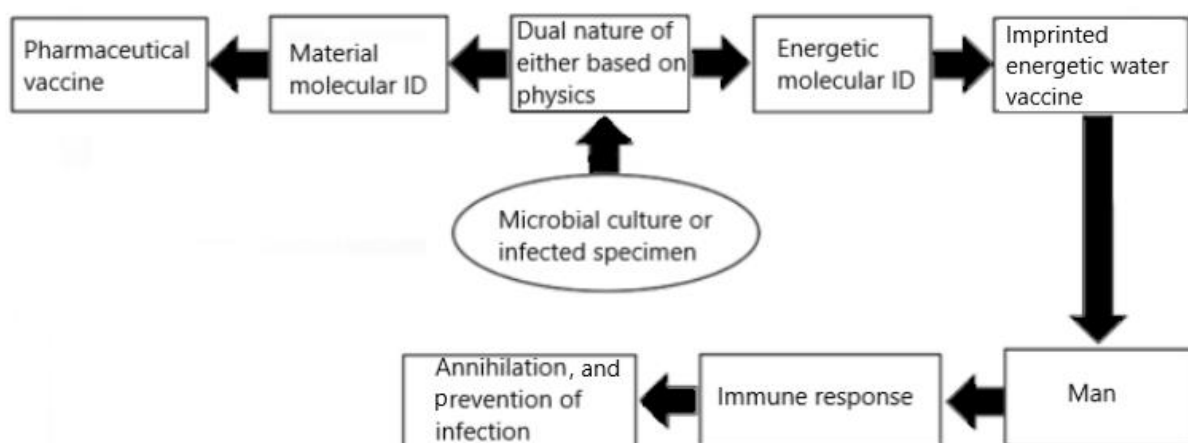


Figure 1: Immune stimulation principle.

Bioresonance testing, applied kinesiology, is based on phenomena of resonance, matter-energy duality, and natural resonant frequency of all matter in nature, including the living. The diagnostic tissue resonance interaction method has been used as a highly specific and sensitive technique for cancer detection [82]. The test is performed with a subject in a supine position on an examining table, holding a metal rod that is connected to a metal platform through a cable forming a conductive circuit between a testee and the platform. When glass vials with energetic imprints of body organs, toxicological, infectious, or other pathogens are separately placed on the platform, a person responds to their corresponding fields with an involuntary muscle stress response, if a tested substance is related to their pathology [83,84]. Muscle response displays a change of tone and a slight movement of the right leg. This reaction can be likened to self-awareness of meaningful information, as in a lie detector test through stressful brain wave pattern. Due to multiple intertwined connections between skin and internal organs, more than a single mechanism of response might be involved. The conduction circuit would encompass the brain and spinal cord with sensory and motor nerves, autonomic nervous system, widespread connective tissue, and biological water that possesses permittivity and connection with DNA [85-93]. A tester detects the muscle response by holding his/her hands on the subject's ankles. In the event of a tested substance not being part of the pathology, muscle response is absent. The test can also determine the potential benefit, absence, or iatrogenicity of a tested therapeutic substance. On the whole, the test utilizes the same fundamental properties of the living, electromagnetism and electronics, as all biophysical tests such as ECG, EEG, and MRI.

Treatment of all of the cases was guided by bioresonance testing that also suggested otherwise, undiagnosed Lyme disease. Testing and treatment of the cases primarily focused on detection of toxicological agents, opportunistic fungal, parasitic, and viral infections, residues of antibiotics, endocrine impairment of excessive electromagnetic radiation, all of which have known immunocompromising effects. Basic healthy lifestyle guidance was provided in eliminating simple sugars, and reducing exposure to environmental pollutants and electromagnetic radiation that was not always optimally followed.

Patient Cases

Case 1

Man in his forties with a recent diagnosis of Lyme disease, but suspecting having had it since his 20s. Complaints: poor memory, anxiety, neurological symptoms, decreased vision, poor energy, sex drive, with head and back pains. He tried many alternative treatments without success. After a fairly short series of remedies, he reported feeling the best he had in years and virtually free of symptoms.

Case 2

An alternative practitioner in her 40s with Lyme disease and head-to-toe problems for several years: decreased memory, burning mouth, fears, knee and back pain, headaches, hypoglycemic spells with sugar cravings, thyroid malfunction, poor energy, and an inability to lose excessive weight. After a few treatments, she reported feeling 'the best ever in my life.'

Case 3

A woman in her 40s with massive body breakdown over the years, and a tentative Lyme diagnosis. Presented with periodic fevers, debilitating back pains, fatigue, headaches, photophobia, abnormal space perception, food allergies with cravings, multiple infections, parasitic, bacterial, viral, enlarged lymph nodes, and a neurological voice disorder. Many prior treatments did not help. By the end of her treatment course, she reported: "I feel so much better than when I started. I keep being amazed by it."

Case 4

A woman in her thirties, with debilitating symptoms for years, was diagnosed with Lyme disease and Bartonella, two years prior to the visit. Neither prolonged multiple antibiotic treatments nor integrative treatments worked. She complained of intense pains with other neurological symptoms and fatigue. Other symptoms: excessive weight gain, food intolerances, respiratory and vaginal infections, severe mental impairment with brain fog, falling down after making even a few steps, auditory hallucinations of birds chirping, loose bowel movements, and depression. Her integrative MD was planning on implementing a special Alzheimer's alternative and pharmaceutical drug program.

Besides Lyme, bioresonance testing detected other pathogens, especially affecting her brain: pesticides, herbicides, (she lived in a farm region), solvents, mercury, and flu virus. Following a single treatment, she reported that she stopped falling down, had a substantial increase in energy, disappearance of auditory hallucinations, and normalized bowel movements. Alzheimer-like mental state disappeared too, with an increase in mental clarity, word recall, and overall feeling much healthier and happier.

Case 5

A middle-aged woman complained of chronic facial pains and twitches, fatigue, anxiety, fears, and headaches. She was unsuccessfully treated by an osteopathic doctor and a pain specialist with a published book on the subject. Among other causes, bioresonance testing identified Lyme infection affecting her trigeminal nerve and TMJ. She responded to the treatment well, and regained a normal life. Her pain specialist doctor supported this approach.

Case 6

A nine-year-old girl was referred to a psychiatrist for psychotropic medications by a surrendered child psychologist, because of the therapist's inability to remedy her progressing restlessness, OCD, aggressiveness, moodiness, and overall unpredictable behavior over the years. Bioresonance testing suggested mercury, Lyme, and strep infections in the brain. She was 90% cured after a single treatment and completely after the second one. "She is just normal. Huge change, huge, huge, since we came here," said the mother.

Case 7

A woman in her sixties with generalized joint pains, chronic anemia, and fatigue. She was treated for years by her rheumatologist with two anti-inflammatory drugs for rheumatoid arthritis.

Bioresonance testing detected Lyme infection and mercury in her joints and bone marrow. Within a year, she came off both drugs, had her anemia resolved, and quality of life restored to normal.

Case 8

A man in his fifties frequented emergency rooms with typical heart angina pains. All heart tests, including coronary artery catheterization performed at a prestigious university heart center, turned normal and his cardiologists offered no diagnosis. Bio-resonance testing suggested Lyme carditis and following brief treatment his chest pains ceased.

Case 9

A middle-aged woman suffered from debilitating migraine headaches for many years. The major cause seemed to be a missed Lyme infection in the brain. The outcome: resolved migraines.

Case 10

A woman in her sixties underwent a complete personality change with severe depression, anxiety, panic attacks with crying, compromised cognition, blurred vision, sensation of inflamed brain, arthritic pains, fatigue, dizziness, and inability to read due to poor focus, or retain information. After two years of unproductive treatments by conventional specialists, she was diagnosed with Lyme and co-infections by an integrative MD. Weeks of several antibiotic treatments along with supplements hardly helped. I advised her to stop all of her antibiotics and supplements, due to the detected side effects by bioresonance testing. Despite her fear of stopping the antibiotics, she had to discontinue one of these anyway, admitting to suffering its side effects. Following her first treatment she reported that her arthritis, panic attacks with crying, and inflamed brain were resolved; her energy and focus considerably progressed, with brain fog and dizziness being hardly present. She stated: "I can tell you that on your drops, especially the Lyme ones, I felt much more Herxheimer reaction than on my antibiotics." Following the discontinuation of her second antibiotic and receipt of another treatment, she reported that her problems were gone.

Comment: The more intense Herxheimer reaction implies more intense apoptosis of bacteria, due to a potent immune response.

Case 11

A young woman with dozens of mental, emotional and physical symptoms combined, reluctantly followed my advice to discontinue her antibiotics for Lyme and co-infections. Following her first treatment, she reported no longer looking and feeling like a corpse, and even the return of her five-year absent sex drive since the onset of Lyme disease. She also reported much improvement in her pains leading to decreasing her opiate pain regimen, and internal body vibrations with muscle twitches that she had suffered after using some "Lyme electrocuting machine". She too, noted stronger Herxheimer reaction to homeopathic-like Lyme drops, compared to all of her prior antibiotics.

Case 12

Man in his early sixties with multiple medical problems for years: sinusitis since infancy, fatigue in the afternoon for decades, brain fog,

arthritic pains, and chocolate cravings. All these were resolved in eight-nine visits.

Case 13

Fifteen-year-old boy treated with several courses of antibiotics for Lyme infection. However, his complaints persisted: fatigue, headaches, arthritic pains, shortness of breath on walking, low appetite, difficulty with schoolwork. All of these have been resolved after a few treatments.

Case 14

Athletic man in his twenties, with fatigue, depression, panic attacks, body heaviness, brain fog, compromised short-term memory, motor speech problems, and a sense of body detachment for years. He received over a half dozen psychotropic drugs throughout the ordeal and was still consuming a few. After eight months of the treatment, reported being off psychotropic drugs for months for the first time in twelve years. Most of the problems were resolved, with others better or much better. He noted, "My workplace is so loaded with computers and fluorescent lights which I believe drain me and slow my complete recovery."

Case 15

A woman in her thirties on a continuous 15-year antibiotics treatment. The latest regimen consisted of four antibiotics for chronic Lyme, Bartonella, sinus, and urinary tract infections. She was receiving other drugs for years, eleven in total, also for chronic Babesiosis, herpes and candida infections, a peptic ulcer, and countless other ailments. Virtually bedridden for many years, she was also receiving intravenous mineral and fluid infusions for severe fluid-mineral imbalance with dehydration and generalized edema. She was managed by prominent Lyme disease specialists who used multiple drug regimens, but her response was so poor that some of them even advised her to seek alternative treatments. The latter harmed her.

The initial bio-resonance testing indicated an even greater number of present chronic bacterial and viral infections, as well as systemic candidiasis. Mercury toxicity was also prominently present, likely due to silver amalgam fillings and a flu shot containing thimerosal received in the past that made her bedridden. Further follow-up testing indicated one of her cats as the Bartonellosis carrier which a blood test confirmed. The total iatrogenic damage in this case was so substantial that there were concerns about it taking years to mitigate. However, within the first two months of weekly treatments, she was able to discontinue all of the drugs and intravenous infusions that she was unable to do for years, since a cessation led to an increase in pain and all of her ailments. Nine months into the treatment, she reported having more energy, stamina, a positive outlook, and a far better quality of life.

Case 16

"My journey began working as an RN in a small rural hospital. During this time, I became a mother of six children and I started having reactions to nearly every medication I tried to put into my body, from lidocaine to antibiotics, to a Mantoux test. I would begin to shake and have involuntary body movements. Following a trip to the Mayo

clinic, I was told it was all in my head. In 2009, I began to feel very fatigued and began to experience episodes of involuntary movements that lasted longer and were more dramatic. The naturopath found that I had elevated mercury in my system and then, during the process of removing my mercury fillings, I was introduced to FCT*. I was barely able to work most days, some days I had no ability to figure out how to prepare a meal, and I had no awareness where my limbs were in space. My first FCT testing found that not only did I have mercury in my system, but I also had Lyme and 2 or 3 other co-infections from the tick. This was later confirmed through laboratory blood work. The medical doctor recommended two antibiotics to be taken for a year. I chose to be treated with FCT which involved taking 1 drop of energized water, under my tongue, of each of the different causative agents that were making me ill, and also, ones that would support the tissues that were stressed. I made a complete recovery until I was bitten by a tick again in 2011 and once again chose to treat Lyme with FCT.

I am familiar with many other patients who have chosen the antibiotic route and they still have symptoms, or if they try going off them, their symptoms return. I know one gentleman who has been on antibiotics for 3 years with no resolution to his Lyme symptoms if he tries to go off them. I live a full and wonderful life, hiking, fishing, skating, skiing, and caring for my grandchildren. I am truly fortunate to have found FCT and have witnessed the benefits that many people can have as a result of using it.

As an RN, I appreciate all the science that is behind FCT, so if God would like me to serve others by offering FCT, I will be happy to do so.

Have a wonderful day!"

Annette Roiko, RN 1/17/14

FCT–Field Control Therapy expresses the concept that health, or disease, originates from corresponding cellular fields, as per retired Stanford University Professor of Materials Science, William A. Tiller, Ph.D.

Case of a Recovered Dying Dog from Apparently West Nile Encephalitis

Although the incidence of West Nile Virus infection is relatively low, it occurs worldwide, can be lethal due to CNS involvement, and has been on the rise lately [94,95]. According to the CDC, about 1 out of 10 people with severe CNS infection die and no known effective treatment is available. The disease also affects a number of animals, including dogs. In light of these facts, this presented case might be edifying.

An elderly dog of a patient of mine, Duke, was developing limb paralysis and lethargy. As the “control” group, several animals at the same farm treated by a veterinarian for the same pathology had to be euthanized months before. Duke’s evaluation suggested West Nile encephalitis virus infection, which is typical for that climate, as well as toxic metals and other pollutants in his body. My patient stated that the area was frequently exposed to chemtrails and their neighbor often burned some odorous materials outside. The veterinarian suspected the same infection and Duke was given its isode that resulted in a 50% improvement. Soon after, two immune organ sarcodes and two environmental isodes added further progress however, soon after

the dog suddenly became completely paralyzed and comatose, with generalized body trembling. To add to the family’s misfortune, another dog suddenly died following a major seizure that was consistent with West Nile encephalitis. My patient notified me of the both events, without mentioning that a veterinarian with a lethal injection for Duke had arrived. I insisted on continuing the treatment but realized that the West Nile virus strain isode at my disposal was not matching his infection strain, as these mosquitoes and viruses vary greatly. My patient also reported another recent exposure to chemtrails. Under the circumstances of unavailable matching isodes, autoisodes can be very helpful. My patient was able to prepare an autoisode in a recommended potency using an automated water imprinting device, after drawing blood with an insulin syringe needle from Duke’s paw and placing a drop in his mouth. The next day the dog showed good progress and completely recovered several days later. Nine months since, he enjoys his daily chores.

A recent study indicated that autoisodes could be successfully used in the COVID-19 pandemic [58].

Conclusion

Since infectious diseases have and will continue their rise, parallel to environmental pollution and climate change, a different approach is compulsory due to the aforementioned limitations of the pharmaceutical paradigm in the treatment of all categories of infections, and to avoid further increases of antimicrobial resistance. As conventional medicine takes pride in being scientific, its neglect of the full body of science that, among others, strongly supports the interface of biology and physics, challenges this assertion [63,96].

Based on the physics of organisms and water, contemporary research demonstrated the effective application of energetic counterparts of environmental and microbial pathogens, as well as immune responses, and its potential to finally address Pasteur’s call for addressing a terrain–human petri dish [97,98]. The presented approach needs to be validated through proper clinical trials.

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