

Lyme Disease

Doesn't
Scare Me!
Anymore!



Special Report

by Richard Kuhns

**Lyme Disease Doesn't Scare
Me Anymore!
Special Report**

By Richard Kuhns B.S.Ch.E.

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Special Thanks to our medical consultant, Dr Su of Personal Care Physicians of Greater Newburyport, Ma. His email is drmarksu@pcpnewburyport.com and his office website is at www.pcpnewburyport.com

Lyme Disease—Devastates Your Life

Alec Baldwin, singer Avril Lavigne, actor/singer Kris Kristofferson, and Shenai Twain, singer, are all dealing with the debilitating effects of Lyme disease.

I first heard of Lyme disease in 1989. My wife and I were looking for a baby crib for my son, Andrew, and I responded to an ad in the newspaper. The lady selling the crib had Lyme disease. At that time, doctors knew nothing about it and most didn't even acknowledge its existence.

Yet, it completely destroyed this young lady's health and life and left her an invalid affecting her mental cognition.

My next encounter was with an employee, quite a few years later. He was bit by a tick and developed the tell-tale bull's eye rash. A few weeks of antibiotics and the rash was gone and presumably so was the Lyme disease.

Over the years I heard of how devastating Lyme disease can be if not caught in time—how it can go deep into the cells of your body and hide there. It was one more thing, like cancer and heart attacks, to be afraid of ending my life—not that I ruminate over either.

But, my fear became true years later when Lyme disease almost destroyed my life. Read on and I'll reveal what I did to get my life back from Lyme.

I don't claim to have the cure for Lyme disease, but I do claim to have the foundation that can make any treatment, if needed, more effective. I say, if needed, because, with the fundamentals it's possible, as it was with me to not need any further treatment for Lyme disease.

The good news is that as you read on, I'll reveal the fundamental

diet and specific nutritional deficiencies to address along with recommended supplements.

Why not go to your doctor to obtain treatment for Lyme disease? The answer: You should go to your doctor for the treatment of Lyme disease. Unfortunately, unless you have the classic ‘bulls eye’ rash, you may not even get tested or treated for Lyme disease.

With the classic “Bulls Eye” rash, you don’t even need to have your blood tested for Lyme disease. Today, any doctor with a smidgen of knowledge will know it’s Lyme disease and prescribe antibiotics right away.

Unfortunately, Lyme disease doesn’t always mean the classic “Bulls Eye” rash and may mimic symptoms of a dozen other diseases like amyotrophic lateral sclerosis, Parkinson’s disease, multiple sclerosis, Bell’s Palsy, reflex sympathetic dystrophy, neuritis, psychiatric illnesses such as schizophrenia, chronic fatigue, heart failure, angina, irregular heart rhythms, fibromyalgia, dermatitis, autoimmune diseases such as scleroderma and lupus, eye inflammatory reactions, sudden deafness, SIDS, ADD and hyperactivity, chronic pain and many other conditions. This is because the spirochete can invade any organ of the body and create illness.

Typically doctors look for other causes of these diseases and don’t even consider the possibility of Lyme disease being an issue.

And it’s not like they can send a blood sample to LabCore or Quest for analysis. Testing for Lyme is not easy. Typically, the ELISA and Western Blot test are used for Lyme and they are not perfect, In a study Lyme disease: How reliable are serologic results? A study done Nov 2015, “false-positive results from three of the four laboratories studied (a rate of 2.5%–25%).

[1]

Dr Axe suggests that the only real valid testing is via microscopy,

at a lab such as Fry Labs, located in Scottsdale, AZ does microscopic analysis. “In addition to microscopy we offer DNA sequencing for bacteria (Borrelia and Bartonella species are all detectable as they are bacteria). We also offer targeted serology testing (this is looking for antibodies) for both Borrelia and Bartonella (B. henselae and B. qintana). “

The point is that by the time it’s suspected or determined that Lyme disease is present, valuable treatment time has elapsed that could have been successful.

Once the Borrelia burgdorferi spirochete has reign over your body, it colonizes. The colonies are layers thick making it difficult to get to the core bacteria making the standard antibiotic treatment of a few weeks useless,

It has now become Chronic Lyme and this term is controversial. The powers that be in the medical world claim no such thing exists. A few doctors operating on the fringe use major antibiotic therapy over the course of months by rotating several antibiotics along with anti fungal medications. They are known as LLMD's, Literate Lyme Medical Doctors.

But, here's the rub: While the CDC recognizes Lyme disease, it does not recognize Chronic Lyme. However, they do recognize the need for Post Treatment Lyme Disease Syndrome [2] which is kind of puzzling because while they recommend post treatment, they do not specify said treatment only that long term antibiotic treatments are not recommended which puts the LLMD's at risk of losing their licenses.

Again, long time antibiotic treatment by LLMD's is an expensive treatment and most likely not covered by health insurance companies.

And, if that were the cure for the masses, it would be worth it, but it often produces little if any results or the results are not long lasting meaning that once the treatment is stopped, the disease resurfaces to create more misery.

So, at the present time, medical doctors may provide little if any results for many sufferers.

This has led to alternative therapies like rifting, detox protocols, Samento, and so on. Seems like everyone who has become interested in Lyme disease has a protocol of some sort.

Let's compare Lyme disease to cancer.

Back in the early 70's my first wife was stricken with leukemia. Her doctor, immediately sent her to Sloan Kettering in NYC. Sloan Kettering was, at that time, the world recognized hospital specializing in the treatment of cancer.

Today, there are cancer hospitals everywhere.

And, I had no problem with our health insurance, NJ Blue Cross, paying for the treatments and hospitalization.

Where are the Lyme hospitals? Go ahead and Google, Hospitals specializing in Lyme.” You get a few clinics and a few alternative specialists—that's it.

Where do you get accurate diagnosis? Answer: As previously discussed, you don't.

Maybe there aren't enough Lyme victims? The CDC tables report 8.9 Lyme patients per 100,000 people reported in 2015. That's only 28,658 people out of 323 million population in 2016.

“Officials from the federal Centers for Disease Control and Prevention now claim that about **300,000 people** in the United States are diagnosed with Lyme disease each year — about 10 times as many as are officially reported.” Aug 20, 2013 [3]

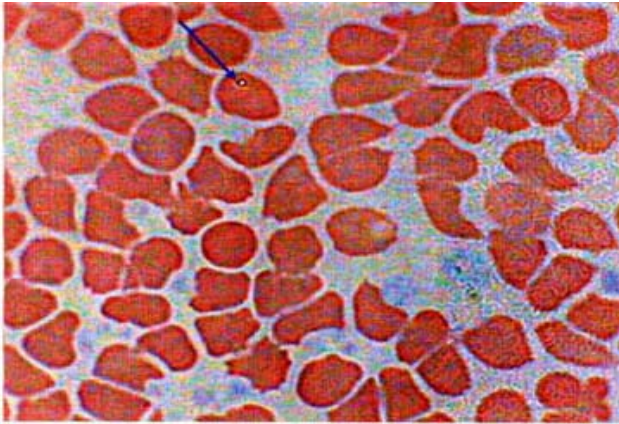
That is a huge discrepancy between those being diagnosed and those being reported. I'm not sure what this means, except for the fact that the diagnosis is typically made from the classic “Bull’s eye rash,” there are many more that never had the “classic bull’s eye” rash and now have chronic Lyme. **How I Contracted Lyme Disease**

I was never bitten by a tick of any kind. Instead, in the mid 90's I contracted skin parasites from droppings in the form of a cloud of dust in a nest that was dislodged when I pulled a vine from a tree in my back yard. The skin parasites I contracted were *Strongyloides stercoralis* and *Collembola* (spring tails) and some kind of bird mite.

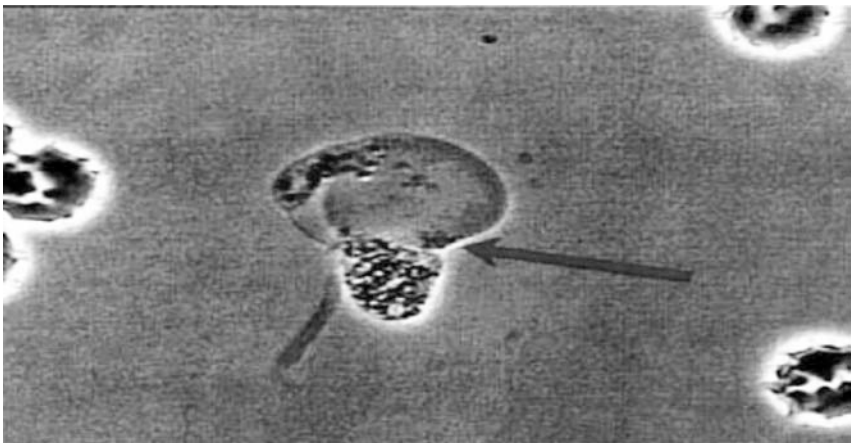
My Diagnosis from Microscopy

I Fed Exed a kit with a frozen sample of my blood to a lab in Florida. Today, I would use Fry Labs.

Below is what the laboratory found in my blood. This microscopy is of my red blood cells. The arrow points to one cell that's infected.



In the above microscopy, the arrow points to the red blood cell giving birth to a slew of the Lyme spirochetes. Below is an enlargement of that cell.



I had contracted Lyme disease from the exposure to mites.

The mites, Collembola, and Strongyloides produced relentless itching and biting sensations that did not respond to any medical intervention.

Ultimately, I took matters into my own hands and discovered a diet, the King Diet™ that enabled me to get my life back from skin parasites.

Through my experience I became familiar with another skin problem, Morgellons, and in 2006 wrote the first book about both skin issues, Soothing the Itch Within and the Diet to Control It.

In 2010 I revised the book with new found information and renamed it, How to Get Your Life Back from Morgellons, and Other Skin Parasites. Six revisions later, I added Chronic Lyme to the title.

Strangely enough, during all this time, battling skin parasites was not complicated by Lyme disease. I surmise it was because of the diet I had discovered also helped me with Lyme.

The King Diet™ is an anti inflammation, anti soy, low glycemic, and largely an anti-gluten diet. Stage I is detailed later in the sections about Morgellons Disease.

During the last months of fighting the skin parasites, my doctor, and LLMD, had me on a rotation of antibiotics for the Lyme disease.

I was on Biaxin, Bactrim, and Zithromax along with Mepron for the protozoan infection and an antifungal. The purpose of the anti-fungal is to keep keep fungal organisms from becoming an issue as the antibiotics destroy good bacteria as well as bad bacteria giving Candidia Albicans a chance to over populate.

While I was on the antibiotics, I went off the King Diet™ as my skin parasites issues were solved. And, a few months later, when I went off the antibiotics, and switched to Cat's Claw to control Lyme disease.

A few month's later, Lyme disease reared it's ugly head and over time began to destroy my life. I don't know whether it was because I was off the diet, or because about that time I was bite by a recluse spider and it somehow activated it.

Etiology of Lyme

Lyme disease is caused by a specific type of bacterium known as a spirochete so named for its spiral form. Today, we generally think of a spirochete as Lyme disease. But did you know that a venereal disease discovered back in 1905 was caused by a spirochete? Yes, syphilis is caused by a spirochete. And, if left untreated can destroy the brain.

Some experts estimate that there are many varieties of spirochetes—not just two (the syphilis (*treponema pallidum*) and Lyme disease variety, (*borrelia burgdorferis*)) and both are typically treated with antibiotics.

For years, it's been known that ***borrelia burgdorferis***, in the body, has three basic forms and that they are capable of shifting from form-to-form as environment and conditions change.

The first is the symptom producing spiral with outer cell wall. This form is susceptible to antibiotics.

The second form is the cell wall deficient form (L form) which is somewhat susceptible to antibiotics.

The third form is the cyst form—non symptom producing and resistant to antibiotics

Our medical consultant, Dr. Su of Personal Care Physicians of Newburyport, MA informs me that more recently there are actually five forms that have been identified:

- 1) the native spirochete form
- 2) the intracellular form
- 3) the cystic form
- 4) existing in biofilm
- 5) a form called "round bodies", which is sort of a combo between #3 and #4.

Antibiotics, if used incorrectly, often only force the symptom producing forms into the cyst form where it appears that cure has been attained.

Antibiotics also reduce inflammation so effectively that it looks like the disease has disappeared.

Excessive use of antibiotics leads to raging *Candida Albicans*, vision damage, loss of gall bladder function, low white blood cell count, liver damage, and so on which is why the CDC does not approve this approach.

Ideal Antibiotic Treatment for Lyme Disease

Ideally, as recommended by the CDC, a standard antibiotic protocol of doxycycline or amoxicillin for a period of three to four weeks [4] while the patient experiences die off with herx reaction.

This is often successful when Lyme is caught early with the classic bull's eye rash.

Chronic Lyme Treatment:

This is where the rules are thrown out the door and the standard antibiotic treatment is not enough.

The LLMD is presented with options:

After herx reactions stops for a week or two, the doctor has two choices:

1. Keep using same antibiotic for longer period of time which is the wrong choice because the spirochete will morph into the cyst form.
2. Switch up to another antibiotic to repeat cycle of herx die off reactions which is the better choice.

Often times he will switch up to three or four antibiotics in hopes of destroying the Lyme.

Ideally between antibiotic rotations other therapies such as rifting, salt and vit C would be mixed in the treatment protocol.

But, doing even this may not be the answer as Lyme disease may be complicated by other infections:

However, a recent study, 3/7/18, Persistent *Borrelia* Infection in Patients with Ongoing Symptoms of Lyme Disease [9] was conducted on twelve Lyme subjects who had undergone antibiotic therapy. Three of the subjects had Morgellons disease—more later about Morgellons.

“Our findings suggest that infection with the Lyme spirochete may persist in Morgellons patients despite supposedly adequate antibiotic therapy,” said Middelveen, lead author of the published study.

This clearly demonstrates that antibiotics do not fulfill the standard medical paradigm of using antibiotics to treat all bacterial infections.

The Babesia Complication

Often times, those with Lyme disease, including myself, also become a host to Babesia which is caused by one of several varieties of protozoan often transferred by saliva from ticks.

Babesia presents many of the classic symptoms of malaria--characterized by irregular fevers, chills, headaches, general lethargy, pain and malaise. [5]

While Babesiosis was identified in the 1880's by Victor Babes, a Romanian scientist who first documented the disease in cattle and sheep, diagnostic tests for it today still leave a lot to be desired.

Babesia is generally treated with zithromax and mepron both of which I was prescribed.

The Bartonella Complication:

Babesia is not the only complication, Bartonella is another bacteria that can complicate things.

Bartonella is a slow growing bacterium. There are basically three types,

- ▶ Cat scratch fever from being scratched by an infected cats, and other mammals, (dogs and even humans) or from being bitten by ticks, fleas, mosquitoes, etc
- ▶ Trench fever from lice
- ▶ Carrion's disease also from body lice or their feces

However, with a strong immune system, there is generally no threat as one's own immune system destroys it. And if for some reason, one's immune system does not destroy it, it can be treated, with doxycycline and rifampin for 2 to 4 weeks.

However, with Lyme disease present, Lyme disease compromises immune functioning and bartonella can easily gain a foot hold

usually by weakening the small blood vessels resulting in small vessel disease where the blood vessels are weakened and can affect most any organ or simply vessels in the feet resulting in pain in the sole of the foot upon awakening, or it can affect bone marrow resulting in bone pain—often the shin bone, or result in headaches, depression.

And just as with Lyme, diagnosis from lab tests are not easy as finding a lab is difficult. [6]

The fungal Complication:

Either poor diet or over use of antibiotics results in an over population of yeast—Candida Albicans. The colonies of Lyme hide inside of the yeast making it difficult to destroy—another reason that the anti-lyme diet is important and that anti-fungals are used along with the use of pharmaceutical antibiotics.

The Parasite Complication

One source on the internet suggests that 90% of us will have problems with internal parasites at some point in our life time. And, when your immune system is compromised, it's more likely to happen than not and complicate recovery from Lyme. Likewise a parasite like Morgellons further complicates recovery.

Bio-Film Complication

I asked Dr Su about Bio-Film complicating treatment. His response was, “I tell folks biofilm is not exclusive to Lyme at all. In fact, biofilm isn't necessarily a bad thing per se - a number of thought leaders and highly reputable, even instructional clinicians (I've seen through the Institute of Functional Medicine, but no doubt elsewhere as well) suggest that biofilm gets a bad rap - that it's a part of our normal host environment, it just unfortunately also can host unwanted pathogens. But that pursuing eradication of all biofilm may not be necessary, and certainly may

not be without consequences to us.”

I also asked him if there might be other complicating factors and he replied, ”Many patients who have TBD (tickborne disease) don't fully recover because they deal with CIRS-WDB: chronic inflammatory response syndrome (CIRS) due to water damaged buildings (WDB).

I use the analogy of a fortress and army - it's proposed and taught that until you can break down the fortress (CIRS), it's very difficult, if not impossible, to kill the army (tickborne disease - whether borrelia or bartonella or babesia or candida or parasites or whatever else).

I also tell folks clearly: TBD is different than CIRS in that while we often refer to CIRS as "mold", the person does **not** have mold in their body, as part of the CIRS definition. It's purely a reactive inflammatory condition, though the person **can** independently have fungus or mold in their body as well - it's just not a definitional part of the condition, much less necessary.”

Basically, as we find when dealing with Morgellons and other skin parasites, disinfecting—and if that not possible because of a sick building--changing the environment is necessary.

The Morgellons Complication

Thirty-five years ago, few had heard of Lyme disease. Was it as prevalent then as it is now? Answer: We'll never know because the medical profession didn't know to look for it.

How about Morgellons disease? Today the CDC does not acknowledge it as being of organic origin, but more of a problem of the mind as in delusions of parasites.

Morgellons symptoms involve strange filaments growing from one's skin, relentless itching and biting sensations, non healing

lesions, and so on.

How prevalent is it? Answer: Since the medical profession does not acknowledge its existence, they are not looking for it so just as we didn't know how prevalent Lyme disease was back in the 70's we really don't know how prevalent Morgellon's is today

While it's not suspected that Lyme sufferers have Morgellons disease, recent research finds that Morgellons sufferers do have Lyme disease.

Two studies have shown an association between Morgellons and Lyme.

1. Published 2/12/15 Exploring the association between Morgellons disease and Lyme disease: identification of *Borrelia burgdorferi* in Morgellons disease patients.

Summary: “Our study using multiple detection methods confirms that MD is a true somatic illness associated with *Borrelia* spirochetes that cause Lyme disease. Further studies are needed to determine the optimal treatment for this spirochete-associated dermatopathy.” [7]

The Morgellons Foundation reports that 6% of all Lyme disease sufferers have Morgellons. [10]

2. An earlier study published Jan 8, 2013, Characterization and evolution of dermal filaments from patients with Morgellons disease by the International Lyme and Associated Diseases Society, Bethesda, MD, USA; 2Department of Pathology, Olive View–UCLA Medical Center, Sylmar, CA, USA [8] explains even more, “The current findings suggest that in Morgellons Disease (MD), the presence of spirochetes not only stimulates and alters keratin expression by keratinocytes in the epidermis but also causes increased collagen expression by proliferative activated fibroblasts.”

“This suggests that the spirochetes associated with Morgellons Disease may act similarly, causing unusual collagen and keratin filament production. It also suggests that persistent infection despite antibiotic treatment could be problematic in this subgroup of patients with Lyme-like illness.”

And, if you put the two studies together, it appears then that both the standard Lyme (*Borrelia burgdorferi*), and perhaps another strain are present in Morgellons patients.

King Diet™

One significant difference in dealing with Morgellons is that the diet is very strict. It is discussed in detail in my book, How to Get Your Life Back from Morgellons, Chronic Lyme and Other Skin Parasites.

As noted before, I attribute the diet to having minimal symptoms of Lyme for many years until I eventually went off the diet. The diet was discovered for dealing with skin parasites—*Collembola*—and is very strict.

The degree to which one needs to be on the diet for dealing with chronic Lyme is not known. For instance, with skin parasites, the only oils permitted on the diet are real butter (not a blend), lard, and rice bran oil—nothing else. However, with Lyme, I could not say for any certainty that vegetable oil, olive oil, corn oil and so on would be an issue. Likewise, most fruits and even carrots are a problem for Morgellons sufferers. Again, I can't say that they would be an issue with Lyme—you'd have to experiment for yourself.

The King Diet™ has three stages. The following is copied from my book, How to Get Your Life Back from Morgellons, Chronic Lyme and Other Skin Parasites.

“Caution: The diet is only a guide—some people actually have

problems with either spelt or rice. Likewise, it's important to know whether you're dealing with *Morgellons* or *Collembola* or *Strongyloides*. While Stage I of the diet works for all three, those with *Morgellons* are more flexible with fruits, nuts, legumes, and can also use probiotics—a blessing for vegans.

Stage I of the Diet—Call it an Eating Plan

And now the good news--what I can eat in Stage I of the diet (the King DietSM or Parasite/Lyme DietSM)--call it the shrimp scampi diet. Chapter V contains some darn tasty recipes:

- **Protein:**
 - Eggs
 - Bacon* or ham** (no sugar, honey, or corn syrup or gelatin)
 - White fish, flounder, basa (no cod, salmon, or oily fish)

 - Sausage (without fennel) or Costco's roasted red pepper and spinach chicken sausage
 - Beef
 - Pepperoni (Boars Head only)
 - Pork chops
 - Chicken
 - Lamb
 - Veal
 - Shrimp
 - Lobster
 - Clams
 - Crabs
 - Scallops
- **Chocolate:** only if processed with alkali--not with soy lecithin. Unsweetened chocolate such as Ghirardelli 100% CACO or Baker's unsweetened chocolate.
- **Cocoa processed with alkali**
- **Carbohydrates:**
 - White or brown rice, risotto
 - Rice bran, spelt flour, and millet
 - Bread:

- *Spelt without yeast or soy lecithin*
- *Crackers:*
- *Dark Rye crisp bread (no yeast) Ryvita*
- *Oils:*
 - *Butter*
 - *Rice bran*
 - *Garlic oil*
- *Vegetables:*
 - *Spinach*
 - *Romaine*
 - *Red or green leaf lettuce*
 - *Tomatoes*
 - *Red and white cabbage*
 - *Cucumbers*
 - *Onions*
 - *Radishes*
- *Celery*
- *Peppers and roasted red peppers (in water)*
- *Green beans*
- *Broccoli*
- *Snow peas*
- *Sauerkraut*
- *Garlic (eat lots of it and add it to everything)*
- *Cold Cuts:*
 - *Roast beef*
 - *Boars Head Oven Gold Turkey*
- *Sweetener:*
 - *Stevia*
- *Condiments*
 - *Horseradish*
 - *Catsup (sugar and corn syrup free)*

- *Spices:*
- *Parsley*
- *Oregano*
- *Salt—regular, low sodium, sea salt...*
- *Black pepper*
- *Red pepper*
- *Paprika*
- *Garlic (no corn syrup)*
- *Cheese: It is best to avoid cheese the first two weeks of doing the diet. Thereafter, if Candida is not an issue, sheep and goat cheeses would be preferred. But remember, most cheese is a fermented product and some are actually injected with mold, which, overall means it's best to avoid.*
- *Fruit: Lemon and lime*
- *Drinks:*
 - *Water (can be flavored with lemon or lime)*
 - *Black coffee*** with stevia sweetener (no additives)*

Probiotics (only for Morgellons—not Collembola)

** bacon--I found Stop and Shop and Smithy Field low sodium bacon*

has no sugar or corn syrup.

*** ham--found Citterio brand prosciutto (ham and salt) no other additives.*

**** not all black coffee—especially blends--is safe. Some black coffees cause parasitic activation.*

Foods that Cause Parasitic Activation

*Please remember, this list is for the first stage of the diet. Some foods I have found caused the parasites to multiply and bite, to grow, and, Candida to multiply, while in Stage I (listed below), are added back in the second and third stage of the diet. Even though this section is about food, equally important are **nutritional supplements** you are now taking which often contain offending ingredients. If there are offending ingredients in any supplement, even small amounts can render the diet useless. **Compatible supplements** are listed later in this chapter.*

In Stage I, I definitely avoid at all costs eating or drinking any of the following:

- *Sugar (all types), corn syrup, maple syrup, molasses, honey, fructose, lactose, maltose, dextrose etc. Check all tins and packets. No mannitol, sorbitol or any other sugar substitutes.*
- *Snack foods such as pretzels, chips, crackers, nachos, cookies.*
- *Soda and or fermented drinks.*
- *Yeast or yeast products: bread, pizza, buns, breadcrumbs, marmite, Oxo, Bovril, Bisto, gravy mixes etc. flavored foods*
- *Refined grains, white flour products, cakes, biscuit, pasta, corn flour, quick rice, all prepared breakfast cereals (Kashi has never been tested).*
- *Whole grain wheat, oats, barley.*
- *No cured meats with additives like glycine.*
- *Fermented products, vinegar, pickles, chutney, tofu, soya sauce.*
- *Alcohol (beer, wine, all hard liquors).*
- *All teas, Ovaltine, chocolate (containing soy lecithin).*
- *Cow's milk. Note that lactose free milk without additives as you'll find at Costco may be OK.*
- *Yogurt (flavored or unflavored), cottage cheese*
- *Ice cream (most all brands).*
- *Processed cheese as in American white or yellow, Velveeta, cheese spreads.*
- *Salad dressings.*
- *Cheese (at least for the first one or two weeks).*
- *Fresh or dried fruit, no fruit juice.*
- *Oily fish such as Chilean Sea Bass, cod, blue fish, capers, sardines, anchovies, mackerel.*
- *Mushrooms (red and black mushroom are OK)*
- *Foods with MSG and/or soy** such as sushi and Chinese food, or Asian food. See complete list at the end of this chapter.*
- *Peanuts and peanut products, cashews and all other nuts*
- *Starchy vegetables like potatoes, sweet potatoes, guacamole, asparagus, sprouts, okra, and pumpkin.*

- *Sweet vegetables like carrots and sweet corn*
- *All flours (except for rice bran, spelt, rye, and millet).*
- *Anything with gluten (pasta, breads, pizza).*
- *Cooking and salad oils (vegetable, soy, palm, coconut, canola, olive, Crisco vegetable oil, cottonseed oil, peanut oil, safflower, olestra, or anything hydrogenated).*
- *Margarine, butter substitutes.*
- *Wheat germ.*
- *Canned fish or kippers.*
- *Vinegar.*
- *Foods from fast food restaurants (hamburgers may have soy).*
- *Glazed ham (additives in the glazing).*
- *Popcorn.*
- *All legumes, lentils, and beans.*
- *Sesame, pumpkin, and sunflower seeds.*
- *Mayonnaise, salad dressings.*
- *Chewing gum except for Cinnamon gum from Siberia on Amazon.com which is acceptable—expensive but lasts a long time.*

I also found that the following additives (many found in nutritional supplements) and spices caused the parasites to grow and multiply:

- *Fennel, licorice.*
- *Anisette.*
- *Rosemary.*
- *Ginger.*
- *Cajun spices (check all mixed spices as many have additives on this list).*
- *Cellulose gum, guar gum, carrageenan, xanthan gum.*
- *Soy lecithin or lecithin (often found in chocolate, ice cream, chewing gum).*
- *Carnauba wax, arabic gum (tic tacs).*
- *Pectin.*
- *Mustard.*
- *Monosodium Glutamate (MSG) used in many foods as a flavor enhancer. This is a sneaky one and probably the one*

that causes most to fail with the diet. It shows up in over forty different foods. Go to the end of this chapter to get a complete list.

- *A-1 Steak sauce and other similar products,*
- *Modified starch.*
- *Bullion or thickeners for gravies.*
- *Gelatin (found in Jello and capsules or in time release vitamins/meds).*
- *Glycene.*
- *Propylene glycol (medications such as cold and flu syrups which may have propylene glycol such as NyQuill).*
- *Glycol (soups that may have problem ingredients, i.e. chicken soup made with College Inn chicken broth has glycol).*
- *Brewers yeast (many nutritional supplements have it)*
- *Cod liver oil.*
- *Flax seed oil, Omega 3's.*

Note: I never tested Vitamin E , A, or D in oil form so I don't know if they would be a problem for me but suspect they would be a problem.”

For Stages II and III the King Diet™, I refer you to my book, How to Get Your Life Back from Morgellons, Chronic Lyme, and Other Skin Parasites available on Amazon or my website, www.parasitestore.com

A Fundamental Approach to Lyme Disease

The reason I'm writing this report is because of my own personal experience with Lyme disease and that of many other Morgellons sufferers with whom I've consulted. From both, I've found that treatment of Chronic Acute Lyme disease may not need be as complicated it often becomes if specific nutritional deficiencies are addressed before hand.

My Experience:

I had almost fully retired from my business and was busy

remodeling my home in my early 60's. Some time after the recluse spider bite, I noticed pains in my knees and as time went on my one knee was tremendously inflamed. The pain became excruciating 24/7 and I was certain my life as I had know it was over.

Lyme disease had surfaced with a vengeance. I had trouble getting in and out of a car. If I didn't have cruise control, I had to use a stick to hold the gas pedal down on long trips in lieu of cruise control. Even getting up from the toilet was a serious chore.

I was so confused with the recluse spider bite that I didn't even think it might be Lyme disease. After all, I had done all the antibiotics with the LLMD.

My general practioner's opinion was Lyme and not the spider bite. One of my subscribers to my updates on skin parasites introduced me to a nutritional supplement to increase glutathione. She claimed that it was instrumental in getting her life back from Morgellons. While I knew I didn't have Morgellons, but instead Collembola, I started taking the recommended daily amount of the supplement.

Years later, two research studies, cited previously, revealed that Lyme disease is a part of Morgellons disease.

Within 6 weeks I noticed a dramatic reduction in inflammation and pain in my knee—95%. I was so excited that I did a lot of personal research on glutathione. Why did I just now hear of this substance and not years ago? Answer: years ago there was no way of substantially boosting it in the body to make much of a difference so one could really see results.

Learn more about glutathione by going to www.glutathioneForHealth.co

Why is glutathione so important while dealing with Lyme?

It turns out spirochetes love a toxic environment with lots of toxic metals. In fact, they produce toxins and are like pigs in poop. Just Google “Lyme disease and toxicity” and you’ll find dozens of references pointing to the fact that detoxification is super important in dealing with Lyme. They use a multitude of herbs and agents with which to detox. But remember, even though some of these herbs have vitamins and minerals, your body is not deficient in them or the antibiotics that your doctor may recommend.

But, one big thing you can do right now is to stop drinking water or using tooth paste with fluoride in it. Fluoride makes it easy for aluminum to get into the brain. And aluminum is a bad bad metal to have in your brain as it’s believed to be a major contributor to Alzheimer’s disease and also would be a nice play ground for spirochetes.

While on the subject of aluminum, do not use aluminum cooking pots and pans and never use baking powder with aluminum. And ever use antiperspirants—use deodorants instead. They do not contain aluminum. Get rid of any source of aluminum or fluoride that can find its way into your body.

But don’t despair, it turns out that glutathione is the body’s major detoxifier. In fact, if you are taken to the hospital with arsenic poisoning, the first thing you get is a shot of glutathione. Glutathione takes away what the Lyme spirochetes want to be happy—toxins.

My symptoms, as a result of boosting glutathione were reduced 95%. Life was again worth living.

Does your doctor know the value of boosting glutathione? I doubt it. I’ve asked a half dozen doctors about glutathione and none of them know anything about it, period, much less about what a deficiency in it would cause. Don’t blame them—blame their med school curriculum—they don’t even get a class in nutrition.

Why is glutathione an issue? Answer: Glutathione is easily depleted by all kinds of pollution, all forms of radiation, physical injury, any infection (including parasites), poor sleeping habits, poor nutrition, many drugs such as acetaminophen (Tylenol), and so on. Today, we're exposed to more pollution and radiation in an hour than our great great grandfathers were in their entire life time. Any drug for which your doctor needs to monitor your liver is potentially a glutathione destroyer—especially Tylenol—the FDA should remove it from the shelves of drug stores.

For seven years I enjoyed 95% better health with respect to Lyme, but there was still that 5% that was uncomfortable in the form of occasional flare-ups. And I found that the flare ups were stress related. For example, if I was late for an appointment or had a problem at work.

I use the MaxOne glutathione accelerator which is not a glutathione supplement, but a formula of D-Ribose bonded with L-Cysteine to get past the stomach and into the cellular network.

In 2014 I was introduced to allicin. Allicin is said to be by some sources as a natural antibiotic, anti-fungal, anti-viral, anti protozoan, and anti-parasitic derivative from garlic.

I had used colloidal silver before—another natural antibiotic—and was disappointed. So, I didn't expect anything different from allicin.

I had no, absolutely zero, zilch expectation that it would have any impact on my occasional Lyme symptoms.

I took one capsule and within an hour or so, my knee inflamed to double its size with excruciating pains that I remembered from many years earlier. At first, I thought I had made a big mistake and somehow activated the Lyme. But, then I realized it was a detox (Hertz) reaction and that my lymphatics in my knee were clogged.

I bought small vibrator pillow to release the lymphatics under my knee and since then enjoy 99-to-100% relief from the symptoms of Lyme disease. Even my hand writing has significantly improved. It's always been scribbly, but with Lyme disease it got to the point I could barely sign my name without my hand jerking all over the page. Now, except when I have a load of sugar, my hand writing is 95% more like it used to be--scribbly.

Being natural, the theory is that Lyme bacterium can not adapt or become immune to allicin. Allicin also does not destroy healthy bacteria as pharmaceutical antibiotics do so you don't create an environment for yeast to grow. Now, I'm not recommending that allicin be used for the treatment of Lyme—that would be against FDA regulations for me to do so. I'm only sharing my experience.

Although I didn't require intestinal detoxing, I've since learned that it is a good idea as it's estimated that between 25% of us have internal parasites. And while one is fighting Lyme disease, opportunistic internal parasites can further complicate recovery. It is the reason some herbs such as Black Walnut and Wormwood are recommended. The alternative is consuming food grade diatomaceous earth which is the silica mineral which is what I recommend.

Summary:

While your body is not deficient in herbs and various products it is deficient in vitamins, minerals, and glutathione. Hopefully, one day, just as your doctor has your sugar levels checked, he'll be able to have your glutathione levels checked—it's that important because otherwise, doctors are “flying blind.”

And, in light of the recent research [10] that finds antibiotics do not eliminate the spirochete from your body, I recommend starting every treatment for Lyme disease with the following:

1. A quality multivitamin
2. Ionic minerals
3. A significant boost of glutathione
4. The natural antibiotic, anti-viral, anti-fungal, anti-protozoan, and anti parasitic—allicin
5. The inexpensive yet effective detox silica mineral—diatomaceous earth.

Again, this is not a treatment of cure for Lyme, it's to simply address nutritional insufficiencies to build natural immune functioning and health such that if treatment is required, any further treatment using herbs, antibiotics, vit C and salt, Riving and so on is required, the treatment/s might be far more effective and successful than otherwise possible.

To learn more about what to do to build your health and immune functioning, click here or go to

<http://www.glutathioneforhealth.com/Lyme-Disease.htm>

Or the on-line store at www.parasitestore.com

References

- [1] <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4627869/>
- [2] <https://www.cdc.gov/lyme/postlds/>
- [3] <https://www.cdc.gov/lyme/stats/humancases.html>
- [4] <https://www.cdc.gov/lyme/treatment/index.html>
- [5] https://web.stanford.edu/group/parasites/ParaSites2009/NaikhobaManobi_Babesia/NaikhobaManobi_Babesia.htm
- [6] <https://rawlsmd.com/health-articles/understanding-bartonella>
- [7] <http://www.biomedcentral.com/1471-5945/15/1>
- [8] <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3544355/>
- [9] <http://www.mdpi.com/2227-9032/6/2/33/htm>
- [10] <http://www.prweb.com/releases/2018/05/prweb15453732.htm>

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