LYME HASTALIĞI TEDAVİSİ

PROF.DR.FATMA SIRMATEL

Emekli öğretim üyesi

2022-EKMUD WEBİNAR

SUNUM

- LH tedavisinde kullanılan antibiyotikler
- LH tedavisinde kullanılan bitkisel kökenli ilaçlar
- LH da ko-infeksiyonlar ve tedavideki önemi
- SONUÇ

LYME HASTALIĞI

- Multisistemik inflamatuvar bir hastalıktır
- Bakteri hücre içi ve dışında yaşar.
- Yaşam siklusu 18 ay kadar olabilir.
- Erken LH tedavisi mümkün
- GEÇ LH da mutlaka homeopati ve destek tedavisi gerekir.

LYME HASTALIĞI: erken ve geç dönem

DEVRE 1;

- ERİTEMA KRONİKUM MİGRANS:Doksisiklin/amoksisilin/sefuroksim aksetil-14-21 gün

DEVRE II; Erken yaygın şekil

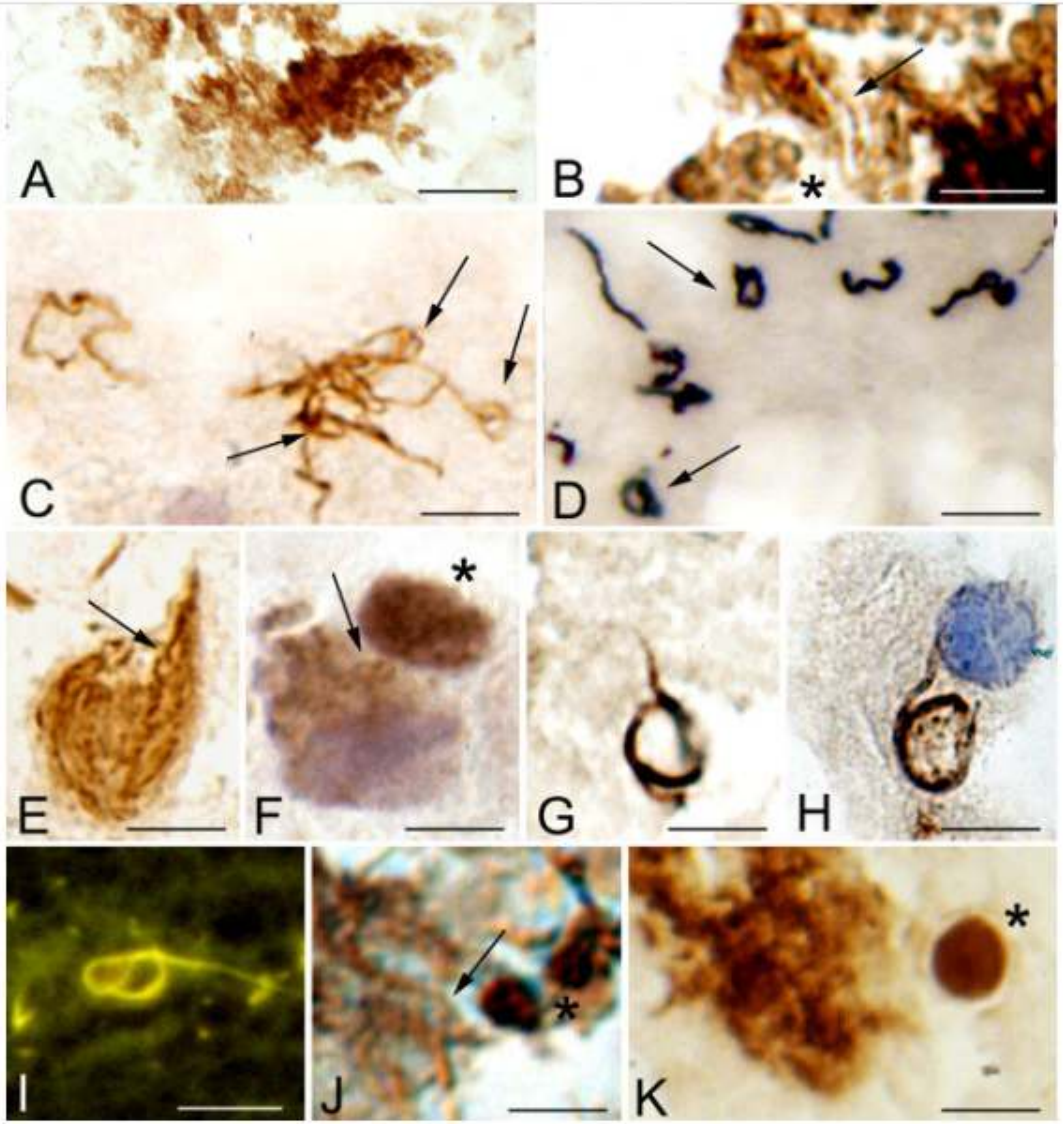
- Nörolojik tutulum
- Fasiyal paralizi
- Lenfositoma kutis
- Eklem tutulumu
- KARDİYAK TUTULUM:yüksek risk/diğerleri

DEVRE III-geç tutulum-SİSTEM TUTULUMU

DEVRE IV: post lyme diseases semptomları

BORRELİA BAKTERİSİ 3 ana formda bulunur

1. **Spiroket** - çok hareketli, yoğun dokulara ve kemiklere nüfuz eder, antibiyotikler tarafından tehdit edildiğinde hızla CWD (Hücre Duvarı Eksikliği) formuna ve kistine dönüşür, doktorlar ve laboratuvarlar tarafından resmi olarak tanınan tek formdur, frekans tedavisi oldukça başarılıdır.
2. **CWD formu** - D vitaminini immünosüpresif hormona dönüştürür, otoimmün hastalıklara neden olur, yoğun kolonilerde bir araya toplanır, bağışıklık sistemi ve antibiyotikler tarafından ulaşılamaz, doktorlar ve laboratuvarlar tarafından resmen tanınmayan birçok sendrom ve duruma neden olur, spiroketten daha tehlikeli, tedavisi çok zor, Marshall protokolü başarılıdır
3. **Kist** - uykuda, hareketli olmayan, uzun yıllar asemptomatik formda, antibiyotiklerden, açlıktan, pH değişikliklerinden kurtulabilir, hidrojen peroksit, MMS, sıcaklık değişimi, koşullar uygun olduğunda spirokete geri döner, doktorlar ve laboratuvarlar tarafından resmi olarak tanınmayan form, nükseden ve remitting Lyme hastalığına neden olur, 5 - nitroimidazollerin kombinasyonu ve sıklığı oldukça etkilidir



Caption

Extra- and intracellular atypical and cystic forms of spirochetes in the cerebral cortex of a patient with pathologically and serologically confirmed chronic Lyme neuroborreliosis where Borrelia burgdorferi sensu stricto was cultivated from the brain. A: Colony-like agglomeration of spirochetes as revealed by monoclonal anti-OspA antibody in the cerebral cortex. B: A ... Read more

Borrelia burgdorferrii
Spiroket
Kist formu
Biyofilm yapar

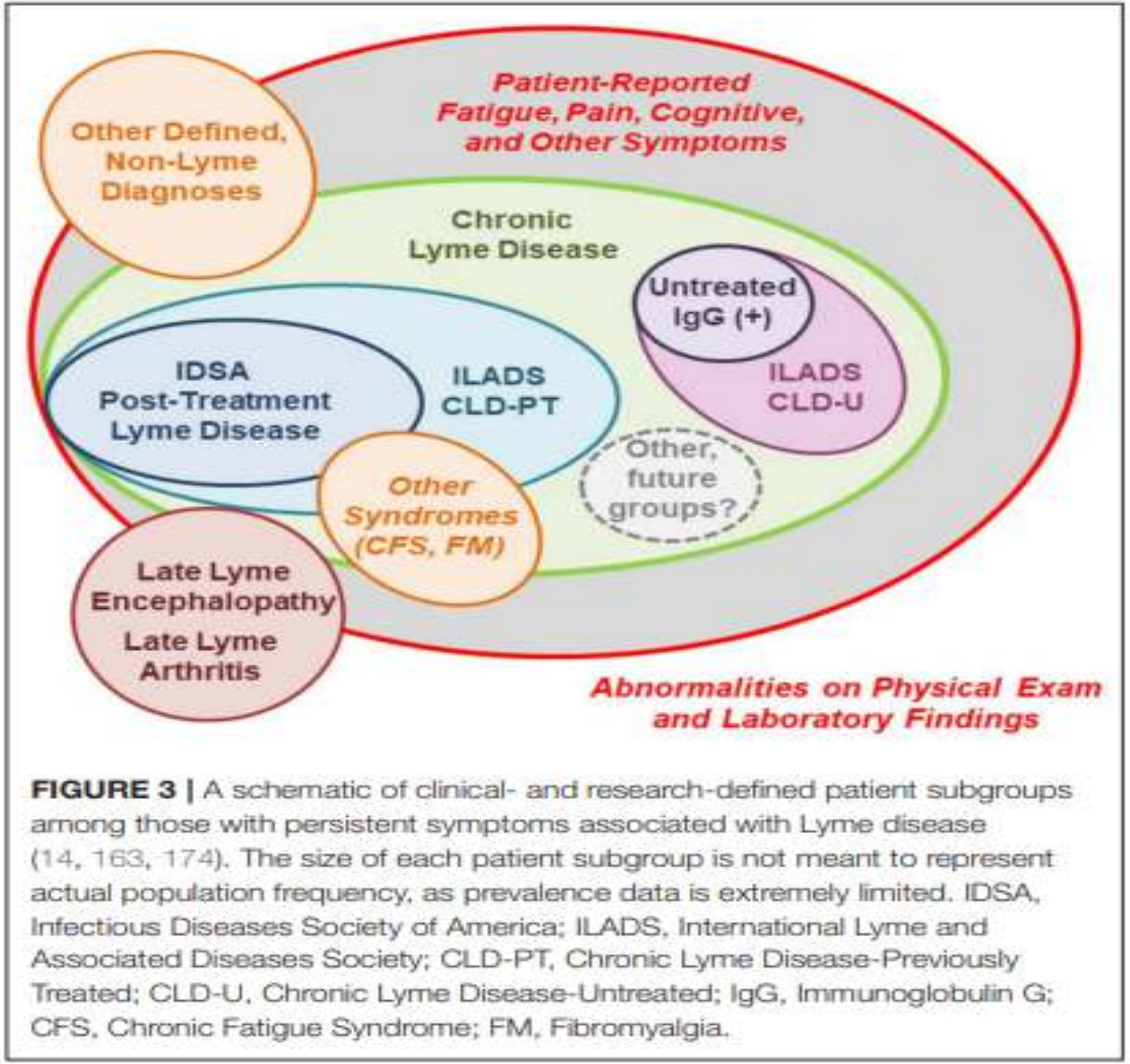


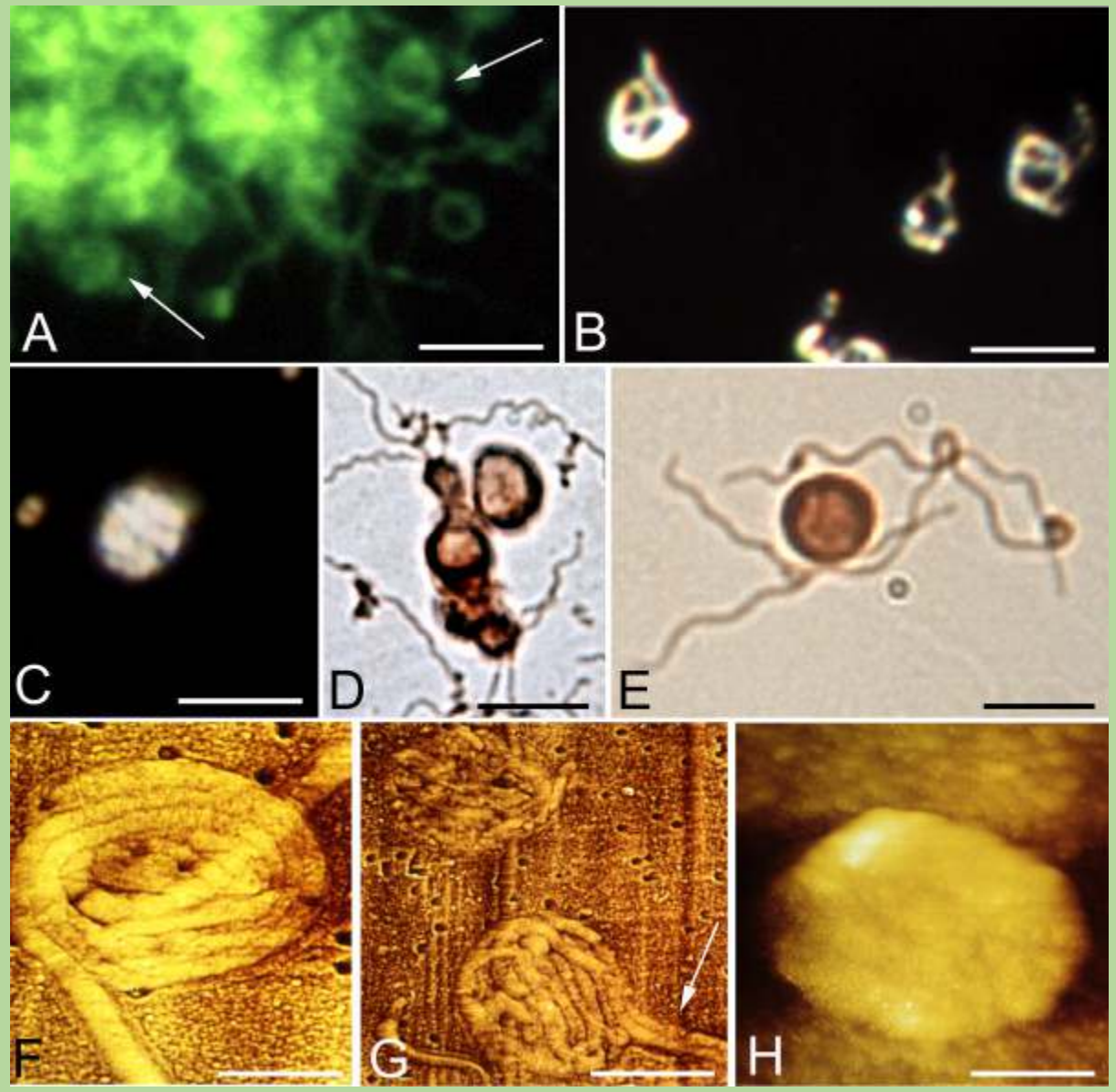
FIGURE 3 | A schematic of clinical- and research-defined patient subgroups among those with persistent symptoms associated with Lyme disease (14, 163, 174). The size of each patient subgroup is not meant to represent actual population frequency, as prevalence data is extremely limited. IDSA, Infectious Diseases Society of America; ILADS, International Lyme and Associated Diseases Society; CLD-PT, Chronic Lyme Disease-Previously Treated; CLD-U, Chronic Lyme Disease-Untreated; IgG, Immunoglobulin G; CFS, Chronic Fatigue Syndrome; FM, Fibromyalgia.

Rebman AW and Aucott JN (2020)

TEDAVİ

- HASTALIĞIN DEVRELERİNE GÖRE
- BAKTERİNİN DEVRELERİNE GÖRE

- Miklossy J. Journal of Neuroinflammation 2008;5:40
- Rebman AW and Aucott JN 2020
- Feder HM NEJM 2007



Antibiyotikler:

- Tüm formlara etkili AB
- Hücre içi ve dışında tüm dönemlere etkili AB
- Kombine AB
- Fazlara göre tedavi

Spiroketlere etkili AB

- Ekstrasellüler:

Penisilinler:Amoksillin, Amaksosillin-klavulanat, Bisillin(2.4 milyon ü.haftada 3 kez)

Sefalosprorinler:seftriakson, sefotaksim, sefdinir.

Allerjik olanlara vankomisin, imipenem, ertapenem olabilir.

- İntrasellüler ve ekstrasellüler

Makrolidler:klaritromisin, azitromisin

Tetrasiklinler:doksisiklin, minosiklin

Kist fazında etkili AB

- Rifamisinler;rifampin, rifabutin
- Azoller: Tinidazol, metronidazol
- Herbal Bitki kökenli ilaçlar

- BİTKİ KÖKENLİ İLAÇLAR: spiroket ve kist formunda intra ve ekstrasellüler büyüme fazında etkili olduğu kişisel deneyimlerle önerilmektedir.

Hydroxychloroquine borrelialara etkilidir.
Babesiosis içinde kullanılabilir.
Tinidazole invitro kistik formlarınada etkilidir.
Slima yaptığı zaman:
rifampisin+ciprofloksasin+azitromisin kombinasyonu ve bitkisel kökenli ilaçlar önerilir.

Brorson SH. Infection 1998;26:144–50.
Brorson O, Int Microbiol 2002;5:25-31
Murgia R.APMIS 2004;112:57–62

ANTİBİYOTİK KOMBİNASYONU

- Makrolid ve azol kombinasyonuna bitkisel yağların eklenmesi
- Kronik ve nörolojik tutulumda biyofilm olduğunda tedaviye tinidazol eklenmesi.
- Azitromisin + hidroklorokin, metronidazol, metilen mavisi
- Makrolid ve bitki kökenli ilaçların kombine kullanımında kist form düşünülürse metronidazol ve tinidazol eklenmesi.
- Tetrasiklin +makrolid+bitki kökenli ilaçlar
- Penislin+azol+bitkisel yağlar
- Sefalosporin+tetrasiklin+rifampin+dapson (Horowitz tedavisi)

ANTİBİYOTİKLERE BİTKİSEL KÖKENLİ İLAÇLARIN KOMBİNASYONU önerilmekte

- (Martyy Ross, Zhang,Rachel Fresco, Kara Fitzgerald)

ERKEN LYME HASTALIĞI TEDAVİSİ

- Doxycycline—100 milligram (mg) 14-21 gün günde iki kez

Amoxicillin—500 mg 2-3 hafta günde üç kez

Cefuroxime axetil—500 mg 2-3 hafta günde iki kez

Azithromycin—500 mg 7-10 gün günde bir kez

IDSA LH TEDAVİSİ ÖNERİSİ: Tedavi süresi 10-28 gün arası değişiyor. Akut LH da Kesin oral, erken LH semptomlarında 14-28 gün tedavi.

Table 4. Treatment of Specific Manifestations of Lyme Disease

Disease Manifestation	Route	Medication	Duration, days (range)[a]
Erythema migrans[b]	Oral	Doxycycline	10
		Amoxicillin or cefuroxime axetil	14
		Azithromycin[c]	7 (range: 5–10)
Meningitis or radiculopathy	Oral	Doxycycline	14–21
	IV[d]	Ceftriaxone	14–21
Cranial nerve palsy	Oral	Doxycycline	14–21
Carditis	Oral[e]	Doxycycline, amoxicillin, or cefuroxime axetil	14–21
	IV[e]	Ceftriaxone	14–21
Arthritis			
Initial treatment	Oral	Doxycycline, amoxicillin, or cefuroxime axetil	28
Recurrent or refractory arthritis	Oral	Doxycycline, amoxicillin, or cefuroxime axetil	28
	IV	Ceftriaxone	14[f]
Acrodermatitis chronica atrophicans	Oral	Doxycycline, amoxicillin, Or cefuroxime axetil	21–28
Borrelial lymphocytoma	Oral	Doxycycline, amoxicillin, or cefuroxime axetil	14

KRONİK LH TEDAVİSİ

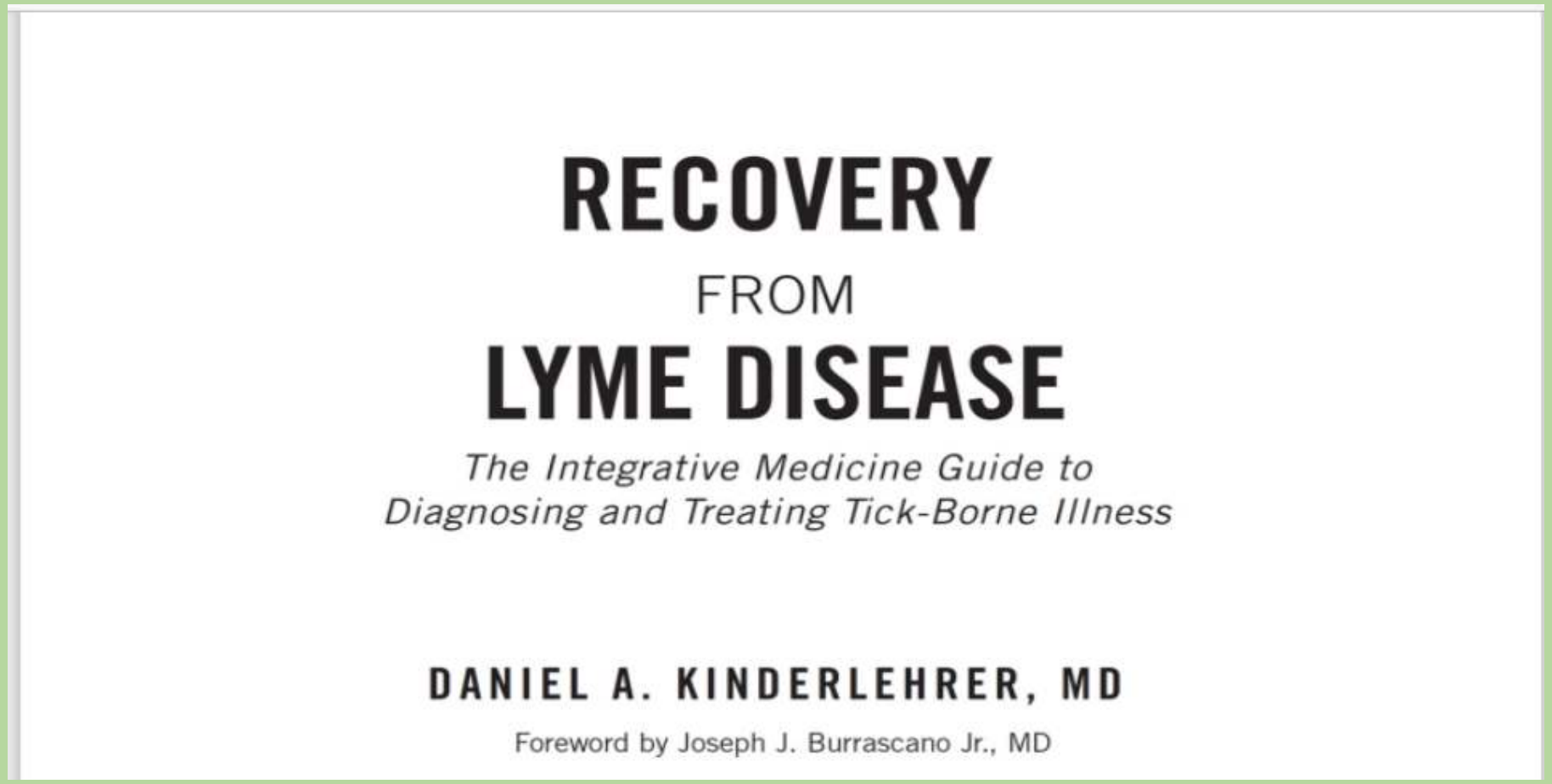
- Tanıyı kesin bilgi ve laboratuvar kaynaklı değerlendir
- AB tedavisi ve destek tedavisi
- KO-infeksiyonları mutlaka göz ardı etmeden tedaviyi yapmak.

Mantar hastalıkları, babesiosis, anaplosmosis, barthonella, stafilokok ve diğer enfeksiyonlar)

Uzun süreli AB tedavisi ve yardımcı tedaviler ciddi boyutta bilişsel düzelmeler sağladı.

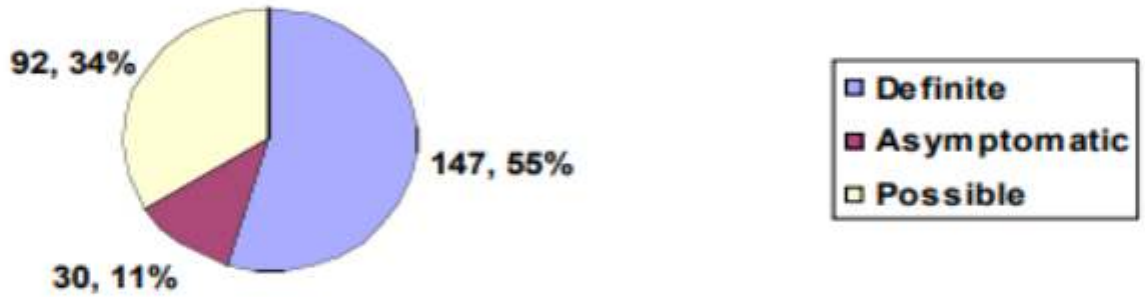
Maksimyan et al. Cureus 13(10): e18703. DOI 10.7759/cureus.18703

2021 de yayınlanan bir gözden geçirme



Active Infection: Clinical Definitions and Evidence of Persistence in Lyme Disease—Contesting the Underlying Basis for Treatment Limitations for Early and Late Lyme Disease, and Post-Lyme Syndrome

Figure 1. ⌘Steere et al.,[182,183] Lyme Disease Categories*



*Definite Lyme Disease: (n=147) Presence of EM, cranial neuritis, meningitis, arthritis, or atrioventricular block in conjunction with at least one positive laboratory finding of: B. burgdorferi culture or PCR, or seroconversion by both IgM and IgG Western blot

*Asymptomatic Lyme Disease: (n=30) Asymptomatic infection confirmed by Seroconversion of IgG Western blot

*Possible Lyme Disease: (n=92) Subjective symptoms with seroconversion by either IgM Western blot, IgG Western blot, or both; or physician witnessed EM with negative Lyme serologies

KENE İLE TEMAS :
>72 saatten fazla
İlk 6-24 ayda erken yaygın LH
Geç LH – genelde immünolojik
Ve kronik inflamasyonla karekterize
Şikayetler olabilir.

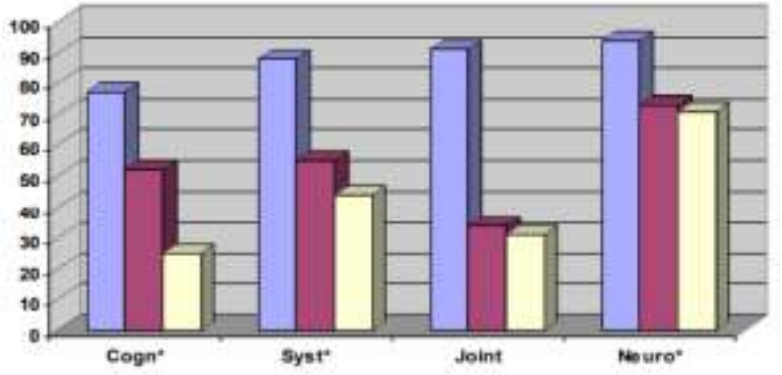
ŞİKAYETİ YOKSA SEROLOJİK + DE TEDAVİYE GEREK YOK

ANTİBİYOTİK TEDAVİSİ yaygın tutulumda 2-6 ay olduğu gibi aralıklı kullanımda önerilmektedir.

Ursinuis J. The Lancet Regional Health - Europe 6 (2021) 10014
Raffetin A. Microorganisms 2022, 10, 607.
Berende, A. N. Engl. J. Med. 2016, 374, 1209–1220.
Fallon, B.A.Neurology 2008, 70, 992–1003.
Klempner, M.S.N. Engl. J. Med. 2001, 345, 85–92.
Krupp, L.B.Neurology 2003, 60, 1923–1930.
Kaplan, R.F.Neurology 2003, 60, 1916–1922.

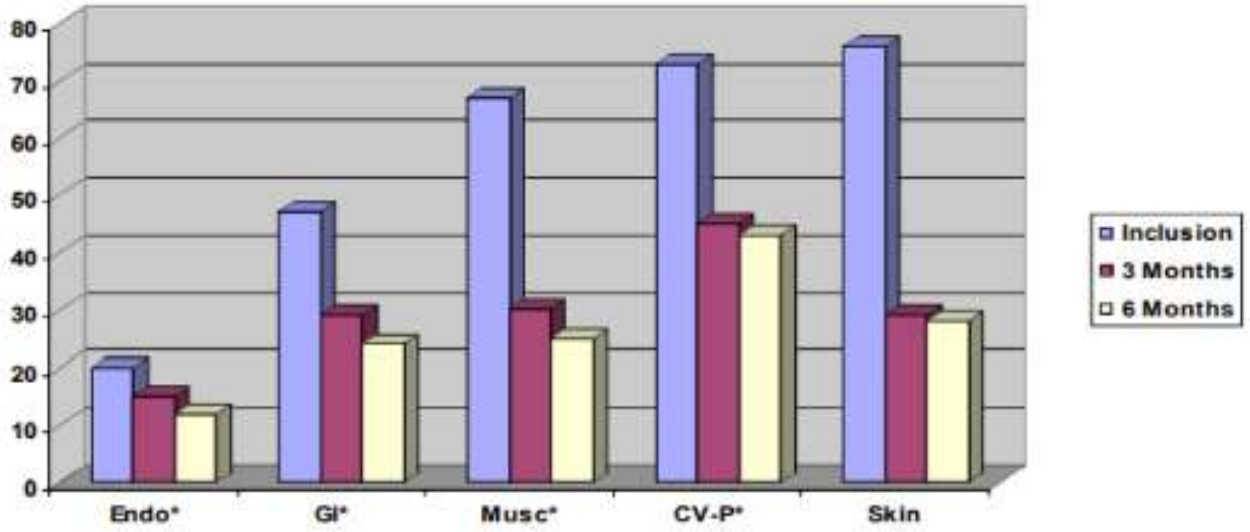
Active Infection: Clinical Definitions and Evidence of Persistence in Lyme Disease—Contesting the Underlying Basis for Treatment Limitations for Early and Late Lyme Disease, and Post-Lyme Syndrome

Figure 4b. Clarissou et al.,[208] Improvements in Symptom Scores with Long Term Antibiotics



*Abbreviated Headings Only
Endo=Endocrine, GI=Gastrointestinal, Musc=Muscular, CV-P=Cardiopulmonary, Cogn= Cognitive-psychiatric, Syst=Systemic, Neuro=Neurologic

Figure 4a. Clarissou et al.,[208] Improvements in Symptom Scores with Long Term Antibiotics



Kronik persiste LH da uzun süreli ab tedavisi önerilir.
TAPOS sendromunda (kene kaynaklı poliorganik sendrom) aralıklı AB tedavisi olabilir.
Nörolojik tutulumda tedavi uzatılmalıdır

J. Clarissou. Médecine et maladies infectieuses 39 (2009) 108–115

Cureus

Open Access Original Article

DOI: 10.7759/cureus.20014

26 hasta doğal faj tedavisi ile %92 tamamen düzelmiş.

Induced Native Phage Therapy for the Treatment of Lyme Disease and Relapsing Fever: A Retrospective Review of First 14 Months in One Clinic

Review began 11/04/2021
Review ended 11/22/2021
Published 11/29/2021

David A. Jernigan [1], Martin C. Hart [1], Keeley K. Dodd [2], Samuel Jameson [1], Todd Farney [1]

1. Biological Medicine, Biologix Center for Optimum Health, Franklin, USA 2. Research and Development, PhagenCorp, LLC, Sarasota, USA

Corresponding author: David A. Jernigan, drjernigan@biologixcenter.com

Abstract

2017-20 yıllarında
LB olguları değerlendiriliyor
Kesin,olası,PLD ve diğerleri
Tedavi alanlarda %10 kalıcı
Semptomlar izleniyor.

Article

Multidisciplinary Management of Suspected Lyme Borreliosis: Clinical Features of 569 Patients, and Factors Associated with Recovery at 3 and 12 Months, a Prospective Cohort Study

Alice Raffetin [1,2,3,4,5,*], Julien Schemoul [6], Amal Chahour [1], Steve Nguala [1,7], Pauline Caraux-Paz [1,4], Giulia Paoletti [8], Anna Belkacem [1,4], Fernanda Medina [1,4], Catherine Fabre [9], Sébastien Gallien [1,3], Nicolas Vignier [4,7,11,12,13], Yoann Madec [14] and on the behalf of the Tick-Borne Diseases Reference and Northern Region Working Group [†]

[1] Department of Infectious Diseases, Tick-Borne Diseases Reference Center-Paris and Nor

Fransadan yapılan
Bu çalışmada LH
multidisipliner
Yaklaşım öneriliyor.
Kene teması
Olanlar mutlaka 3--24
ay izlenmelidir LH
açısından

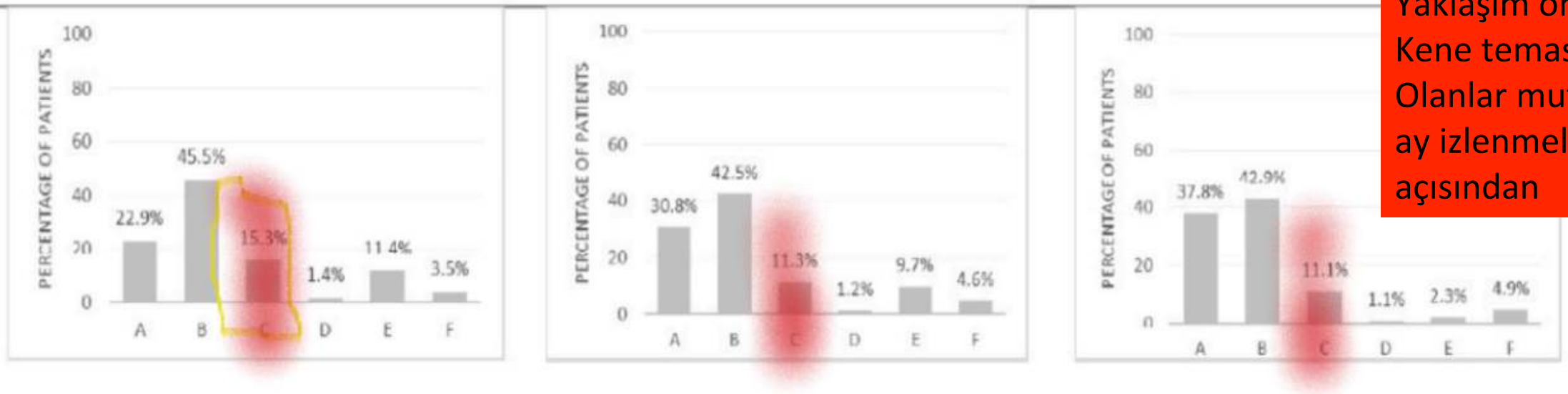


Figure 2. Clinical outcome of the patients consulting at TBD-RC of Paris and Northern region at three, six and 9–12 months. A = Recovery; B = Partial improvement; C = Stagnation; D = Deterioration;

AMERICAN SOCIETY FOR MICROBIOLOGY | Microbiology Spectrum

LH tedavisinde 40 yıllık deneyim
Erişkin ve çocuklarda kullanılan
AB değerlendirilmiş.

RESEARCH ARTICLE

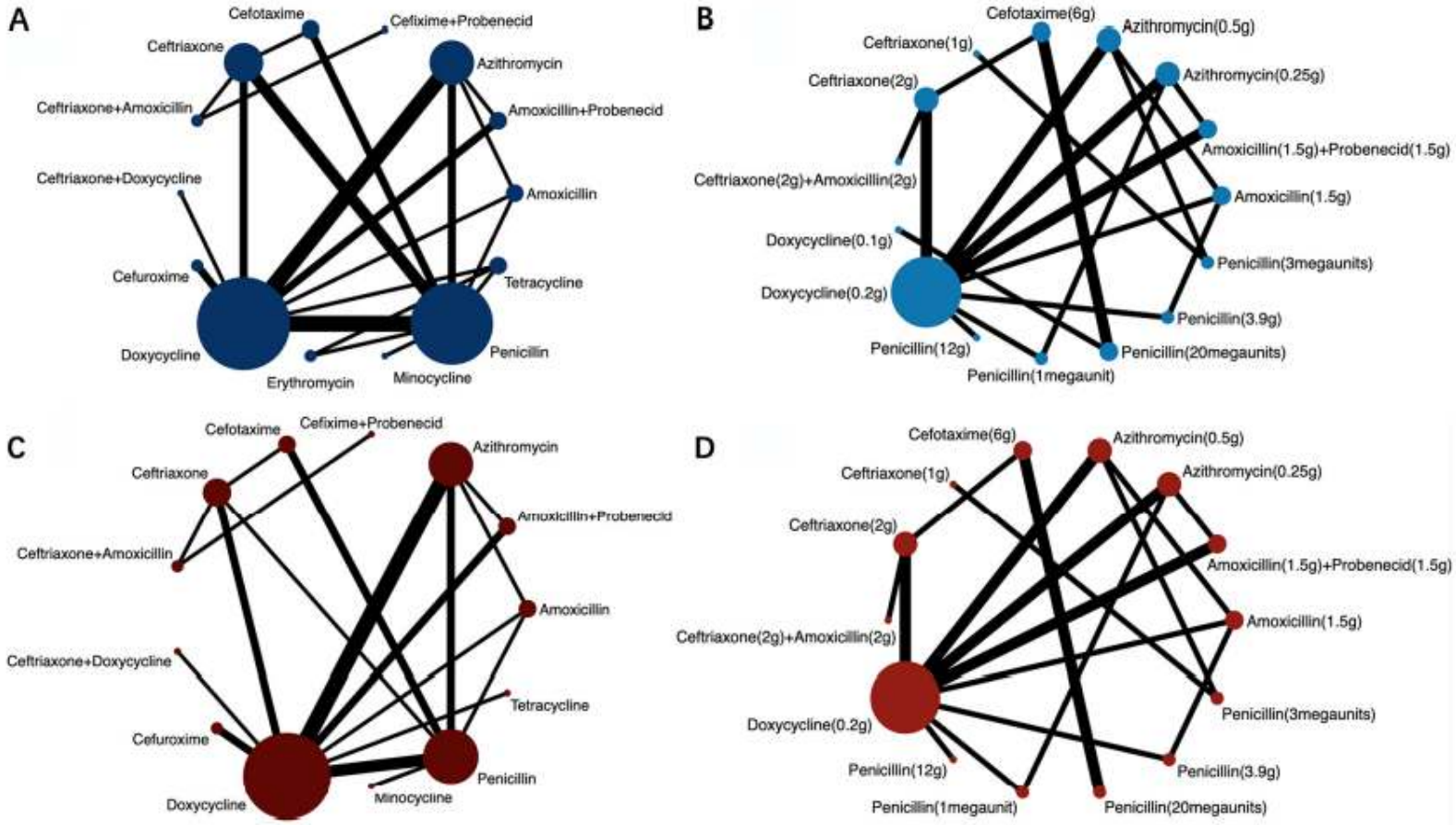
Forty Years of Evidence on the Efficacy and Safety of Oral and Injectable Antibiotics for Treating Lyme Disease of Adults and Children: A Network Meta-Analysis

Jiaru Yang,[a,b] Shiyuan Wen,[a] Jing Kong,[a] Peng Yue,[a] Wenjing Cao,[a] Xin Xu,[a] Yu Zhang,[a] Jingjing Chen,[a] Meixiao Liu,[a] Yuxin Fan,[a] Lisha Luo,[a] Taigui Chen,[a] Lianbao Li,[a] Bingxue Li,[a] Yan Dong,[a] Suyi Luo,[a] Guozhong Zhou,[a] Aihua Liu,[a,b] Fukai Bao[a,b]

[a]The Institute for Tropical Medicine, Kunming Medical University, Kunming, China
[b]Yunnan Province Key Laboratory of Children's Major Diseases Research, The Affiliated Children's Hospital, Kunming Medical University, Kunming, China

ABSTRACT Lyme disease (LD) is a heavy public health burden. The most common manifestations of LD include erythema migrans (EM), Lyme neuroborreliosis (LNB), and Lyme arthritis (LA). The efficacy and safety of antibiotics for treating LD is still controversial. Thus, we performed a network meta-analysis (NMA) to obtain more data and tried to solve this problem. We searched studies in the databases of Embase and PubMed from the date of their establishments until 22 April 2021. Odds

EN FAZLA KULLANILAN İLAÇ DOKSİSİKLİN



Yeni ilaçların etkinliği invitro deneme safhasında.

Drug Design, Development and Therapy

Dovepress

ORIGINAL RESEARCH

Identification of new drug candidates against *Borrelia burgdorferi* using high-throughput screening

This article was published in the following Dove Press journal:
Drug Design, Development and Therapy
1 April 2016
Number of times this article has been viewed

Venkata Raveendra Pothineni[1]
Dhananjay Wagh[1]
Mustafeez Mujtaba Babar[1]
Mohammed Inayathullah[1]
David Solow-Cordero[2]
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Mansi B Parekh[1]
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[1]Biomaterials and Advanced Drug Delivery Laboratory, Stanford Cardiovascular Pharmacology Division, Cardiovascular Institute, Stanford University School of Medicine, Palo Alto, [2]Chemical & Systems Biology, Stanford University

Abstract: Lyme disease is the most common zoonotic bacterial disease in North America. It is estimated that >300,000 cases per annum are reported in USA alone. A total of 10%–20% of patients who have been treated with antibiotic therapy report the recrudescence of symptoms, such as muscle and joint pain, psychosocial and cognitive difficulties, and generalized fatigue. This condition is referred to as posttreatment Lyme disease syndrome. While there is no evidence for the presence of viable infectious organisms in individuals with posttreatment Lyme disease syndrome, some researchers found surviving *Borrelia burgdorferi* population in rodents and primates even after antibiotic treatment. Although such observations need more ratification, there is unmet need for developing the therapeutic agents that focus on removing the persisting bacterial form of *B. burgdorferi* in rodent and nonhuman primates. For this purpose, high-throughput screening was done using BacTiter-Glo assay for four compound libraries to identify candidates that stop the growth of *B. burgdorferi* in vitro. The four chemical libraries containing 4,366 compounds (80% Food and Drug Administration [FDA] approved) that were screened are Library of Pharmacologically Active Compounds (LOPAC1280), the National Institutes of Health Clinical Collection, the Microsource Spectrum, and the Biomol FDA. We subsequently identified 150 unique compounds, which inhibited >90% of *B. burgdorferi* growth at a concentration of <25 µM. These 150 unique compounds comprise many safe antibiotics, chemical compounds, and also small molecules from plant sources. Of the 150 unique com-

Azlosillin, sefotaksim Doksorubicin ile iyi Sonuçlar alınmış.

foxide) did not show any significant effect on the cell survival.

gramicidin, azlocillin sodium, cefotaxime, and cephalothin

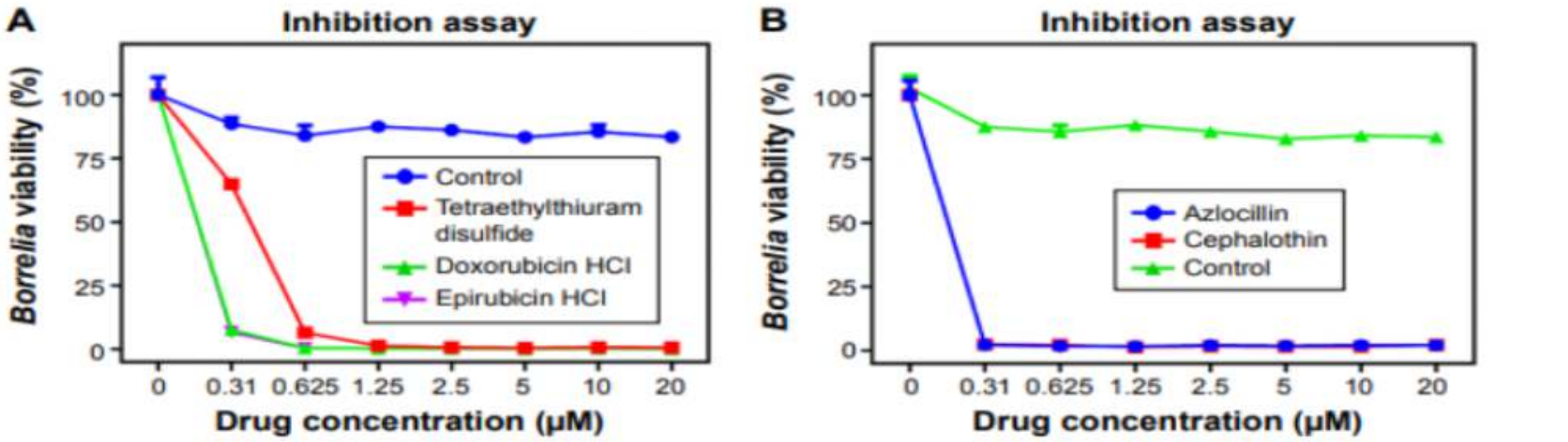


Figure 1 Inhibition assay of drugs on CA8 strain.
Notes: Effect of drugs on *Borrelia* cell viability was studied with drugs: (**A**) tetraethylthiuram disulfide, doxorubicin hydrochloride, and epirubicin hydrochloride and (**B**) azlocillin sodium and cephalothin sodium. The control has no drugs. The results represent mean ± SD.
Abbreviation: SD, standard deviation.

sodium, tetraethylthiuram disulfide, and linezolid, the MIC values are ≤3 μM. For the remaining drugs, the MIC values are ≥3 μM. The MBC was determined by subculturing 20 μL of the *Borrelia* cultures grown at different drug concentrations in fresh BSK-II medium for 21 days.[23,34] The

value is very low, but the MBC value is >80 μM, and for tosufloxacin tosylate, both the MIC and MBC values are very high. The compounds doxorubicin, cephalothin, ticarcillin, and cefdinir were also reported in the HTS performed by Feng et al.[29,38]

Zhou et al. BMC Infect Dis (2021) 21:1141
https://doi.org/10.1186/s12879-021-06837-7

BMC Infectious Diseases

RESEARCH Open Access

Antibiotic prophylaxis for prevention against Lyme disease following tick bite: an updated systematic review and meta-analysis

Guozhong Zhou[1], Xin Xu[1], Yu Zhang[1], Peng Yue[1], Shiqi Luo[1], Yuxin Fan[1], Jingjing Chen[1], Meixiao Liu[1], Yan Dong[1], Bingxue Li[1], Jing Kong[1], Shiyuan Wen[1], Aihua Liu[1,2*] and Fukai Bao[1,2*]

Abstract

Background: In areas where Lyme disease is endemic, bites from ticks are
available against Lyme disease for humans. Therefore, the feasibility of using
disease after a tick bite is worth further exploration. Previous meta-analyses
the efficacy of about antibiotic prophylaxis for the prevention of Lyme dise
explored more precise evidence and attempted to identify and update opt

Geniş bir derleme: 4000 den fazla makale taranıyor. Çinden yapılan bu Çalışmada :
3766 hasta kene ile temas
sonucu tek doz ab alanlarda
LH bulguları daha az görülüyor.

TEDAVİDE ANTİBİYOTİK DIŞI UYGULAMALAR

- Homeopati
- Ozon tedavisi
- Alkali sıvı uygulaması
- Diyet
- Detoks
- Plazmaferez
- Lipid tedavisi

LABORATUVAR TEMELLİ DENEYSEL ÇALIŞMALARDA ÖNERİLENLER

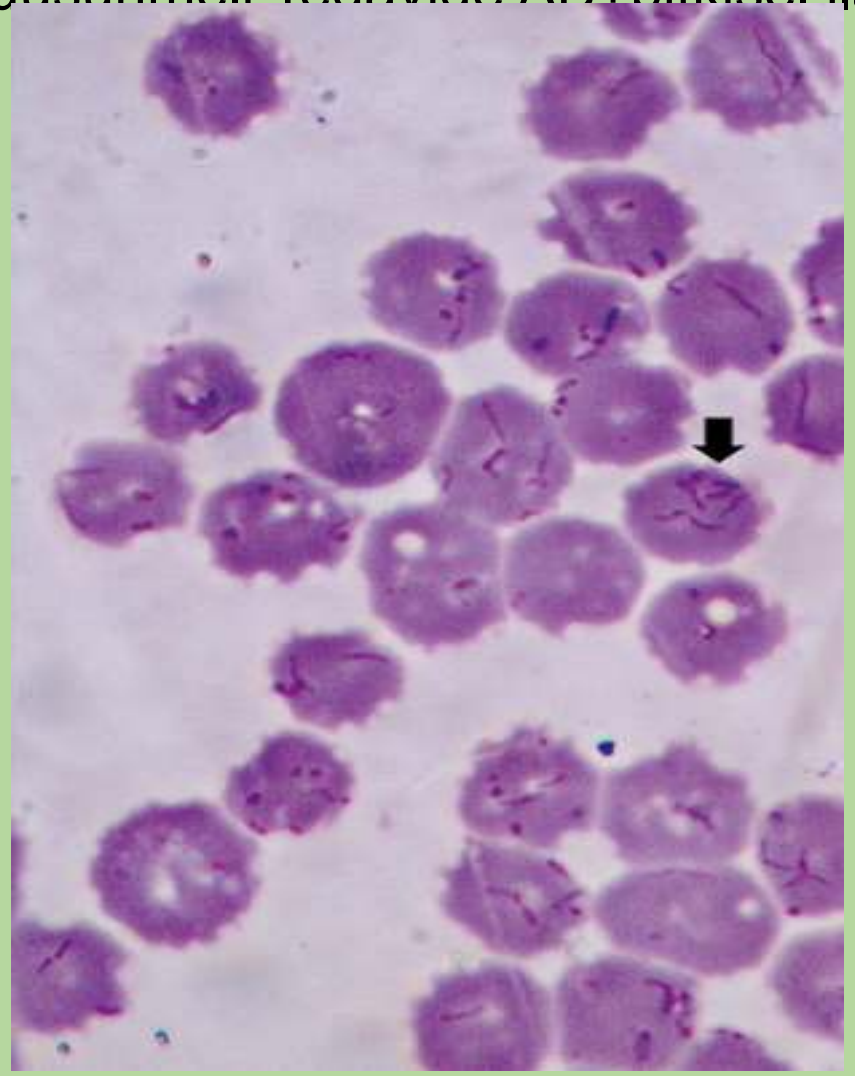
- Disulfiram
- Metilen mavisi
- Kekik, tarçın, karanfil yağları
- Criptolepis bitkisi.
- Dapsone

KRONİK LH DA KO-İNFEKSİYONLAR önemlidir

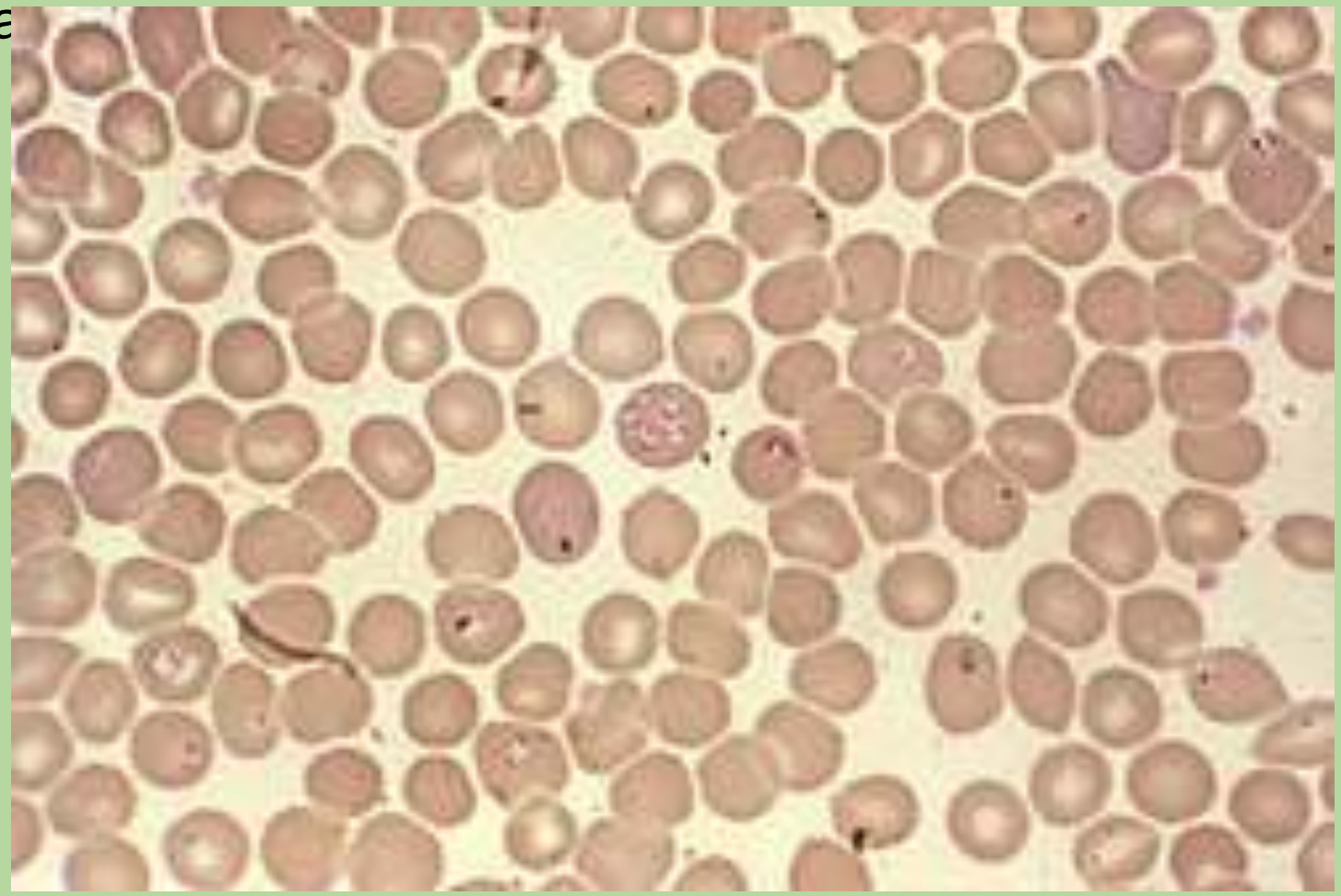
- Tedaviye cevapsızlık
- Nuksler
- Şikayetlerin devam etmesi
- Persistan veya kronik LH olgularında
- Ko-infeksiyonları düşündürür.

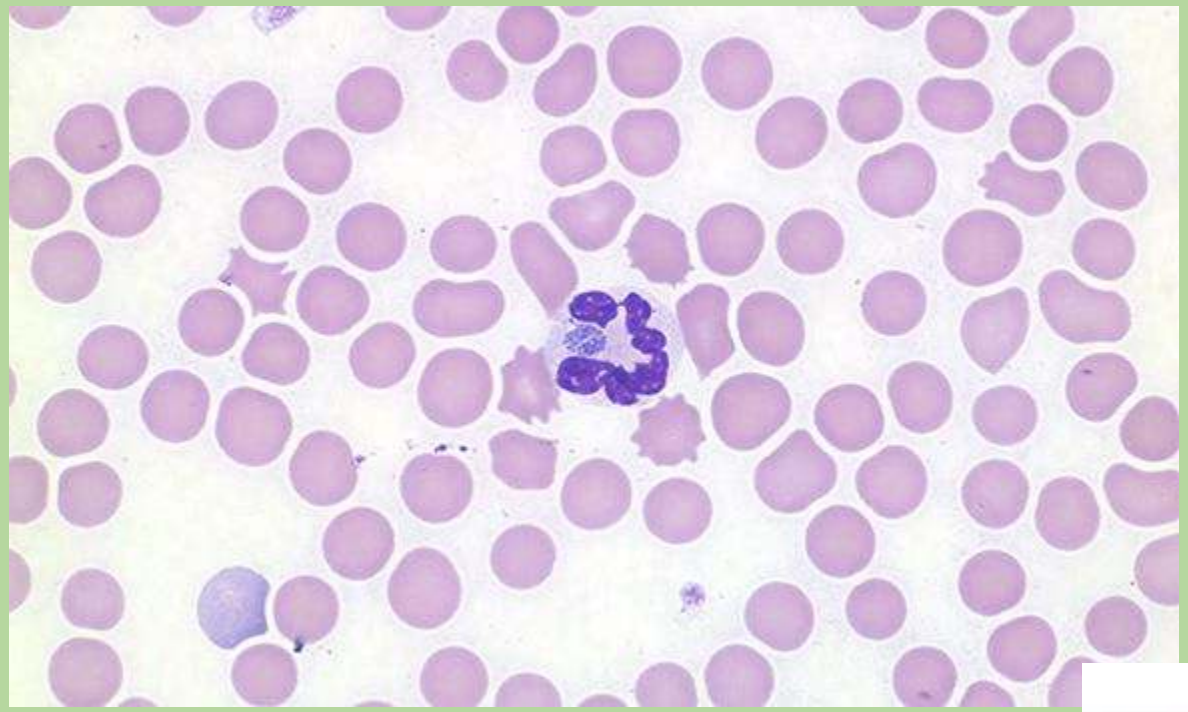
- Berghof W. The Open Neurology Journal, 2012, Volume 6 159

Barthonella: Nüks ve şikayetlerin devamında ko-infeksiyon düşünmeli Tedavide AB+bitkisel ilaçla

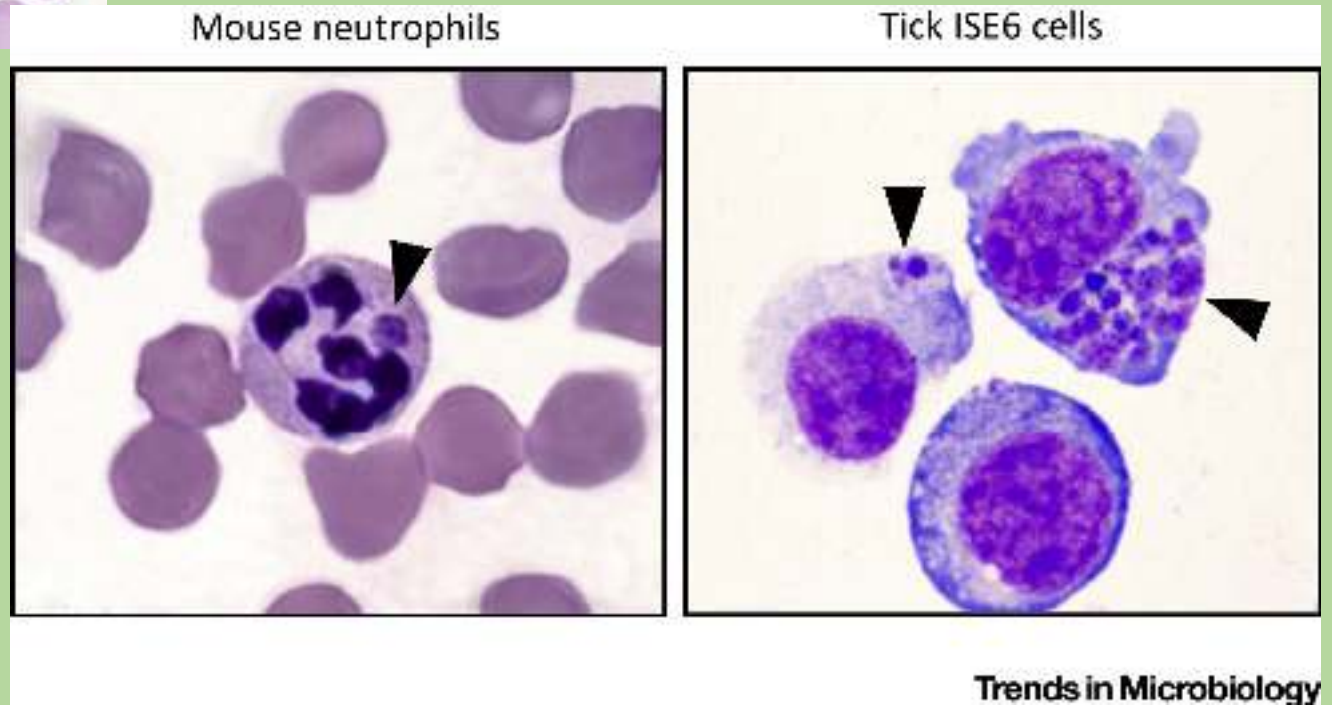


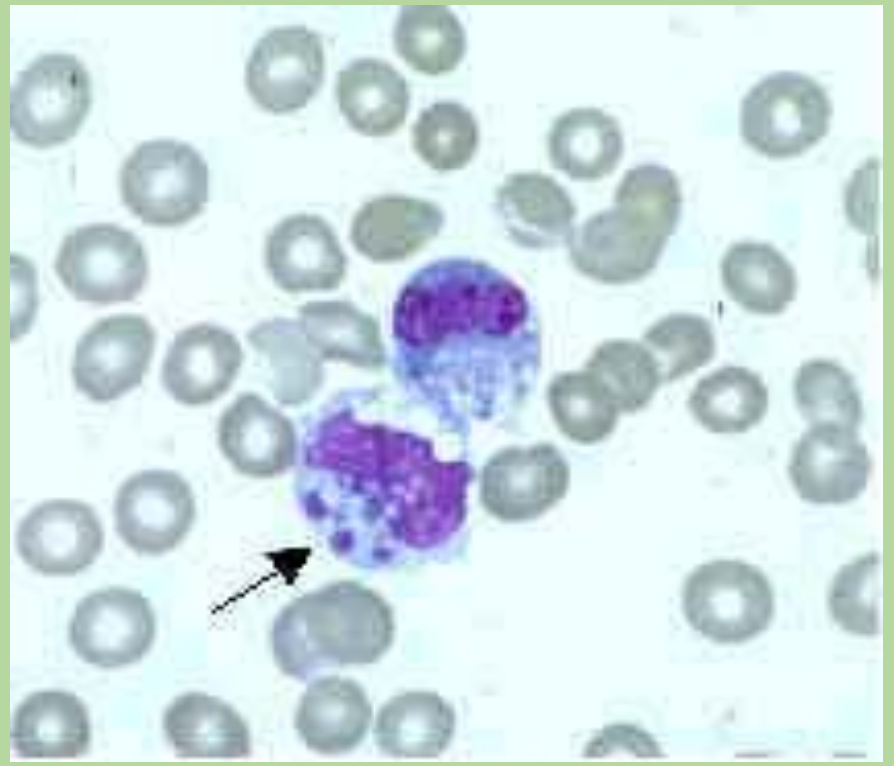
Babeosis: Ateş, LDH yüksekliği, hiperbilüribinemide Düşünülmelidir. Tedavide doksisiklin veya rifampisin önerilir.





Anaplosmosis





EHRLİCHOSİS:
anem trombositopeni,
lökopeni ve ateş.
Tedavide AB ler önerilir.

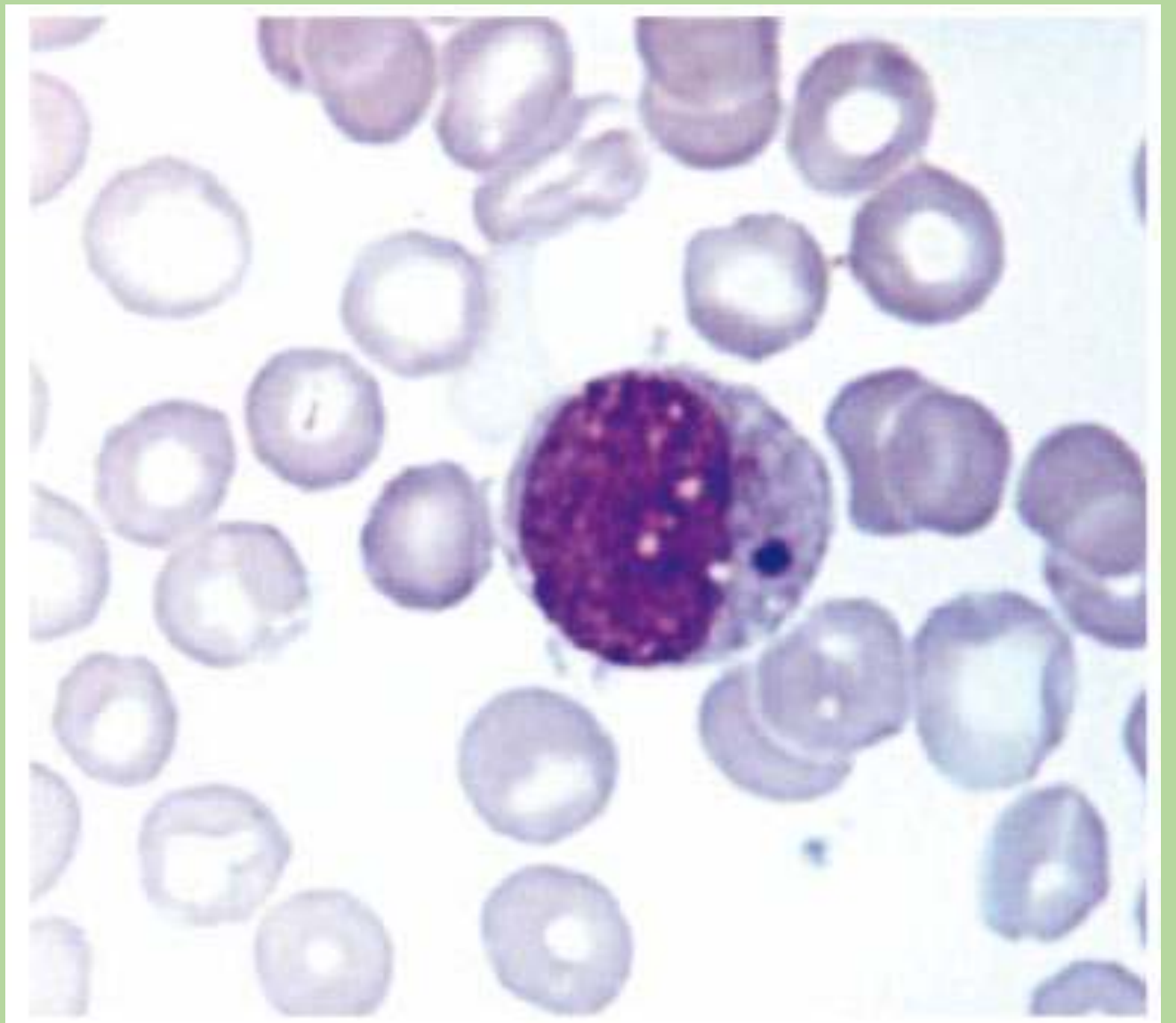


Figure 1. Light micrograph of *Ehrlichia canis*, Jaboticabal strain, inside a macrophage from an experimentally infected dog. Wright's-Giemsa (100×). Photograph kindly provided by Profa. Dra. Machado, R. Z.

Disease	Antibiotic						
	Ceph3	Carbap	Tetracyc	Macrol	Quinol	TMSU	Rifa
Lyme disease	+	+	+	+	+*		
Bartonellosis			+	+	+	+	+
*Y. enterocolitica***		+	+	+			
M. pneumoniae			+	+	+		
C. pneumoniae			+	+	+*		+
C. trachomatis			+	+	+*		+
C. jejuni				+***	+		

Ceph3 = 3rd generation cephalosporins; Carbap = carbapenems; Tetracyc = Tetracyclines; Macrol = macrolides; Quinol = quinolones; TMSU = trimethoprim and sulfamethoxazole; Rifa = rifampicin. *Gemifloxacin

* subsequent to testing: Piperacillin

** Ceph3 (if necessary + gentamycin)

*** Erythromycin

KO-İNFEKSİYONLARDA TEDAVİ AB Listesi

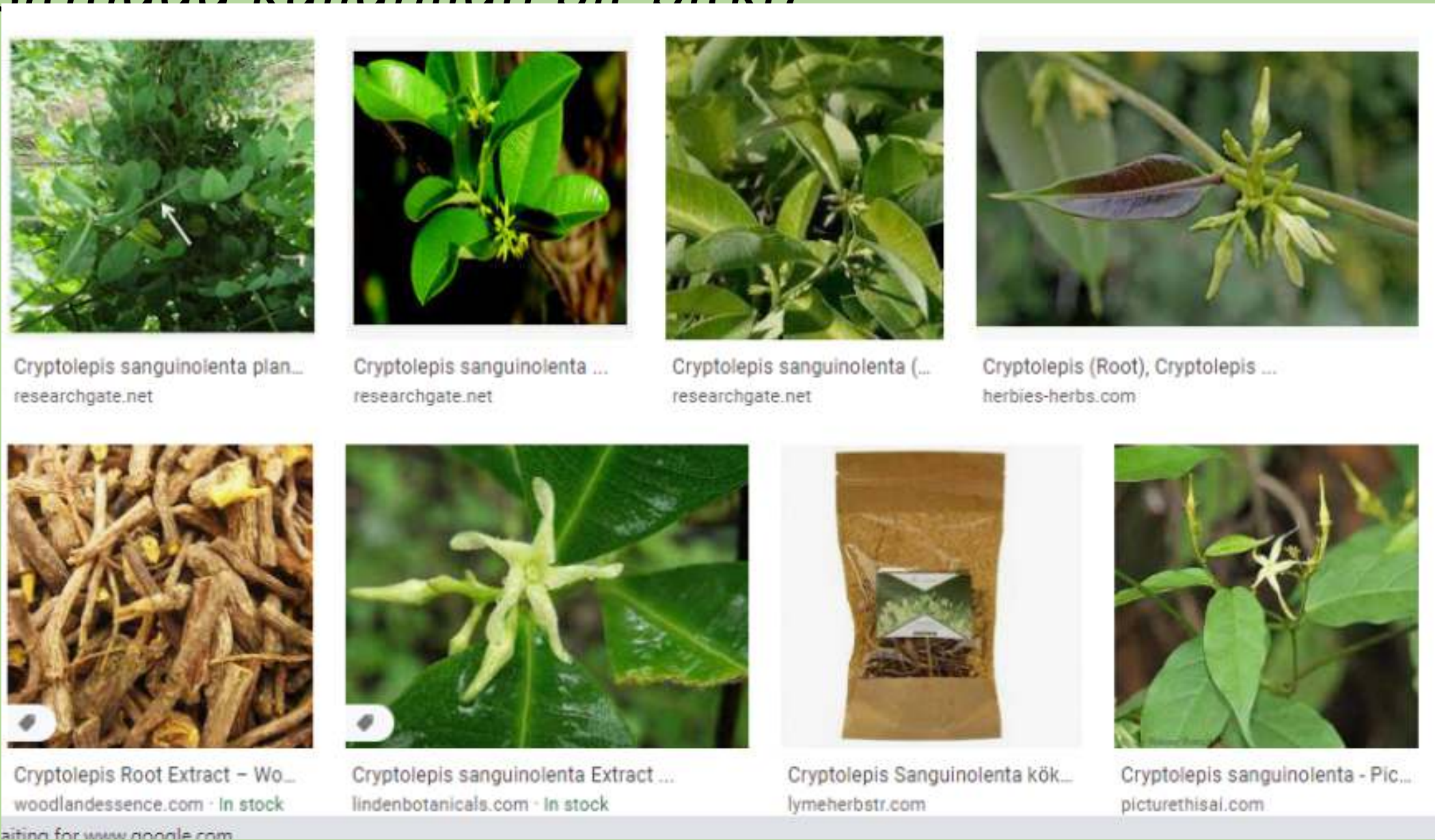
Disease	Causative agent	Treatment
HGA (Human granulocytic anaplasmosis, formerly HGE = Human granulocytic ehrlichosis)	Anaplasma phagocytophilum	Doxycycline (also in children >8 years) Alternatives: rifampicin, levofloxacin (not yet unequivocally documented clinically)
Rickettsiosis	Rickettsia helvetica	Doxycycline
Mediterranean spotted fever	Rickettsia conorii	Doxycycline
Q fever	Coxiella burnetii (Transmission by the marsh tick Dermacentor reticulatus [a European hard tick], but mostly by inhalation or orally)	Doxycycline, macrolides, fluoroquinolones
Babesiosis	Babesia bovis (Switzerland) Babesia microti (Poland)	Atovaquone + azithromycin, quinidine + clindamycin
Bartonellosis	Bartonellae	Azithromycin, trimethoprim-sulfomethoxazole, ciprofloxacin, doxycycline, rifampicin

Diagnosis and Treatment of Lyme borreliosis (Lyme disease)
Guidelines of the German Borreliosis Society (2010)

BİTKİSEL KÖKENLİ İLAÇLAR

- *Cryptolepis sanguinolenta (Afrikada yetişen sıtmada kullanılan bir bitki)*
- *Juglans nigra* (Black walnut)
- *Polygonum cuspidatum* (Japanese knotweed)
- *Artemisia annua* (Sweet wormwood)
- *Uncaria tomentosa* (Cat's claw)
- *Cistus incanus*
- *Scutellaria baicalensis* (Chinese skullcap)

Cryptolepis sanguinolenta (Afrikada yetişen sıtmada kullanılan bir bitki)



Juglans nigra (Black walnut) - Go

google.com/search?q=Juglans+nigra+(Black+walnut)&sxsrf=ALiCzsZX8VyQzqEl35Ol4muG9_yHycgwlg:1663911064949&source=lnms&tbm=isch&sa=X&ved...

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Eastern american black wal...
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Black Walnut - West
nc-forestry.stores.yahoo.net

Black Walnut (Juglans nigr...
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Juglans nigra-Black Wa...
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Polygonum cuspidatum (Japanese knotweed)

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Japanese Knotweed: Edible, Medicinal ...
phillyorchards.org

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Polygonum cuspidatum (Japanese knotweed ...
flickr.com

Washington State Noxious Weed Control ...
nwcb.wa.gov

Monograph Japanese knotweed, Polygonum ...
hagetisse.com

Japanese knotweed - Polygonum cuspidatum
pesttracker.org

PLANTS Profile for Polygonum cuspidatum ...
adminplants.sc.egov.usda.gov

Itadori (Japanese) knotweed ...
kingcounty.gov

How to Get Rid of Japanese Knotweed
thespruce.com

Japanese Knotweed: Gaia He...
gaiaherbs.com

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Artemisia annua (Sweet wormwo

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botanic.cam.ac.uk

Mycobacterium tuberculosis ...
sci.news

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houseofcitrine.com

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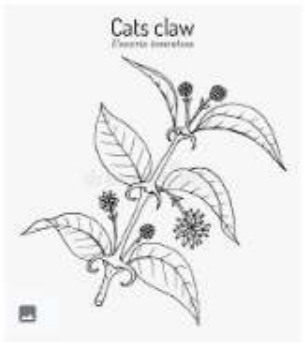

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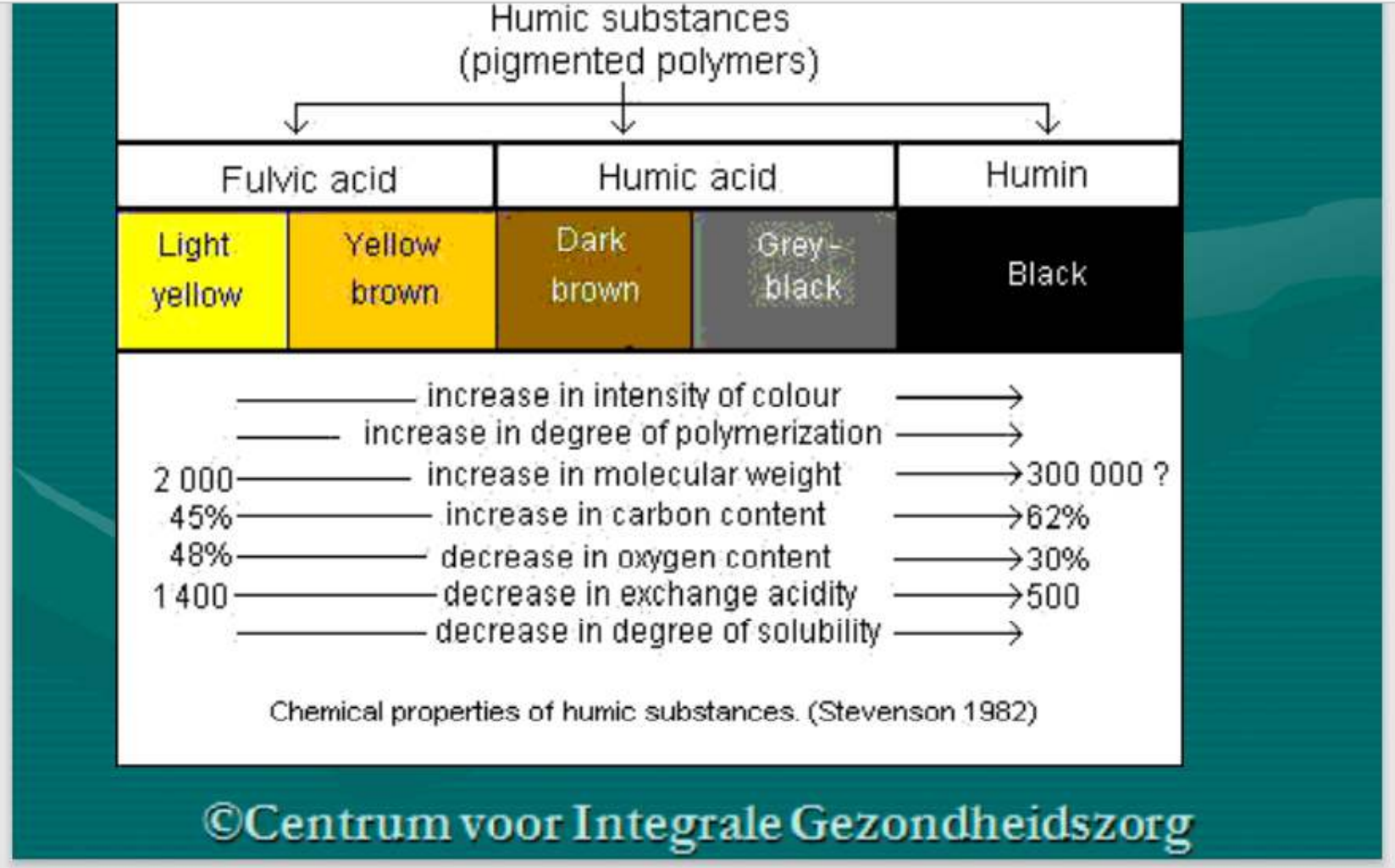

ALMANYA VE MEKSİKADA MERKEZLER DE Kronik LH tedavisi:

- Hipertermi
- Detoksifikasyon
- ANTİBİYOTİKLER

TEDAVİDE YENİLİKLER: AZLOSİLLİN-HİGROMİSİN

- Disulfiram (Rajadas J, Kohen A)
- ALA(alfa lipolik asit; zinko, C vitamini
- Dapson (Horowitz R, Friedman)
- OKSİDATİF TEDAVİ:hiperbarik oksijen, ozon, hidrojen peroksit ve ultraviole)
- Magnetik alan uygulaması
- Kök hücre tedavisi
- Gümüş
- Düşük doz immunoterapi-arı zehiri
- Narkotikler
- Stevia
- Damar içi lipid tedavisi

Effectiveness and side effects of alternative treatments for Lyme disease

Hover over a bar for details

Count and percent of respondents using

Sort by Effectiveness

	% moderate or very effective	% moderate or severe side effects
Herbal protocols (1,829 / 79%)	68%	22%
Sauna	65%	17%
Chelation or detoxification treatments	63%	29%
Medical marijuana	61%	17%
Acupuncture	57%	9%
Homeopath	55%	16%
Neutraceuticals	52%	12%
Electromagnetic energy therapy	49%	20%
Hyper-thermia or heat therapy	45%	19%
Oxygen therapies (ozone, etc.)	40%	14%
Rife Machine	35%	28%
Colloidal silver	34%	10%
Hyperbaric oxygen therapy	22%	13%
Stem cell therapies (271 / 12%)	3%	4%

Filters

Gender
(All)

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Lyme Poland joins international coalition rejecting IDSA guidelines

Eighty-seven organizations in 11 countries are now on record as opposing the IDSA's proposed Lyme disease treatment guidelines.

The most recent one to join the Ad Hoc Patient and Physician Coalition is borelioza.org – Lyme Poland.

Other countries represented include the US, Canada, Australia, France, Germany, the United Kingdom, the Netherlands, Belgium, Latvia, and Spain.

In an email, a spokesperson for Lyme Poland gave the following reason for joining the coalition:

IDSA guidelines in Lyme disease have been used as a key reference document and a template by Polish Epidemiology and Infectious Diseases Society (PTEiLCh) in formulating their recommendations which in turn set the pace

80 sayfalık 225 literatürlü bir derleme.

IDSA NIN TANI VE TEDAVİSİNİN YETERSİZ VE EKSİK OLDUĞUNU BELİRTİYOR

Active Infection: Clinical Definitions and Evidence of Persistence in Lyme Disease—Contesting the Underlying Basis for Treatment Limitations for Early and Late Lyme Disease, as well as Chronic Lyme Disease, Alternatively Known as "Post-Lyme Disease Syndrome"

Steven E. Phillips, M.D.
944 Danbury Road
Wilton, CT 06897
(203) 544-0005

April 16, 2009

This Challenge is to the Following Contested Recommendation:

"To date, there is no convincing biologic evidence for the existence of symptomatic chronic B. burgdorferi infection among patients after receipt of recommended treatment regimens for Lyme disease. Antibiotic therapy has not proven to be useful and is not recommended for patients with chronic (6 months) subjective symptoms after administration of recommended treatment regimens for Lyme disease (E-I)."

(IDSA Guidelines for Lyme Disease, pp. 1120-21)

Olgulara multisipliner yaklasım

Diagnosis and Treatment of Lyme Disease

Paul M. Lantos,[1] Jeffrey Rumbaugh,[2] Linda K. Bockenstedt,[3] Yngve T. Falck-Ytter,[4] Maria E. Aguero-Rosenfeld,[5] Paul G. Auwaerter,[6] Kelly Baldwin,[7] Raveendhara R. Bannuru,[8] Kiran K. Belani,[9] William R. Bowie,[10] John A. Branda,[11] David B. Clifford,[12] Francis J. DiMario Jr,[13] John J. Halperin,[14] Peter J. Krause,[15] Valery Lavergne,[16] Matthew H. Liang,[17] H. Cody Meissner,[8] Lise E. Nigrovic,[18] James (Jay) J. Nocton,[19] Mikala C. Osani,[8] Amy A. Pruitt,[20] Jane Rips,[21] Lynda E. Rosenfeld,[3] Margot L. Savoy,[22] Sunil K. Sood,[23] Allen C. Steere,[11] Franc Strle,[24] Robert Sundel,[18] Jean Tsao,[25] Elizaveta E. Vaysbrot,[8] Gary P. Wormser,[26] and Lawrence S. Zemel[13]

[1]Duke University School of Medicine, Durham, North Carolina, USA, [2]Pathway Neurology, Tampa, Florida, [3]Yale University, New Haven, Connecticut, USA, [4]Case Western Reserve University, VA Northeast Ohio Healthcare System, Cleveland, Ohio, USA, [5]New York University School of Medicine, New York, New York, USA, [6]Johns Hopkins University School of Medicine, Baltimore, Maryland, USA, [7]Geisinger Medical Center, Danville, Pennsylvania, USA, [8]Tufts Medical Center, Boston, Massachusetts, USA, [9]Childrens Hospital and Clinical of Minnesota, Minneapolis, Minnesota, USA, [10]University of British Columbia, Vancouver, British Columbia, Canada, [11]Massachusetts General Hospital, Boston, Massachusetts, USA, [12]Washington University School of Medicine, St. Louis, Missouri, USA, [13]Connecticut Children's Medical Center, Hartford, Connecticut, USA, [14]Atlantic Health System, Summit, New Jersey, USA, [15]Yale School of Public Health, New Haven, Connecticut, USA, [16]University of Montreal, Montreal, Quebec, Canada, [17]Brigham and Women's Hospital, Boston, Massachusetts, USA, [18]Boston Children's Hospital Boston, Massachusetts, USA, [19]Medical College of Wisconsin, Waowatosa, Wisconsin, USA, [20]University of Pennsylvania, Philadelphia, Pennsylvania, USA, [21]Consumer Representative, Omaha, Nebraska, USA, [22]Temple University, Philadelphia, Pennsylvania, USA, [23]Northwell Health, Manhattan, New York, USA, [24]University Medical Centre Ljubljana, Ljubljana, Slovenia, [25]Michigan State University, East Lansing, Michigan, USA, and [26]New York Medical College, Valhalla, New York, USA

This evidence-based clinical practice guideline for the prevention, diagnosis, and treatment of Lyme disease was developed by a multidisciplinary panel representing the Infectious Diseases Society of America (IDSA), the American Academy of Neurology (AAN), and the American College of Rheumatology (ACR). The scope of this guideline includes prevention of Lyme disease, and the diagnosis and treatment of Lyme disease presenting as erythema migrans, Lyme disease complicated by neurologic, cardiac, and rheumatologic manifestations, Eurasian manifestations of Lyme disease, and Lyme disease complicated by coinfection with other tick-borne pathogens. This guideline does not include comprehensive recommendations for babesiosis and tick-borne rickettsial infections, which are published in separate guidelines. The target audience for this guideline includes primary care physicians and specialists caring for this condition such as infectious diseases specialists, emergency physicians, internists, pediatricians, family physicians, neurologists, rheumatologists, cardiologists and dermatologists in North America.

Summarized below are the 2020 recommendations for the prevention, diagnosis, and treatment of Lyme disease. The panel followed a systematic process used in the development of other IDSA, AAN, and ACR clinical practice guidelines, which included a standardized methodology for rating the certainty of the evidence and strength of recommendation using the GRADE approach (Grading of Recommendations Assessment, Development, and Evaluation) (see Figure 1). A detailed description of background, methods, evidence summary and rationale that support each recommendation, and knowledge gaps can be found online in the full text.

I. WHICH MEASURES SHOULD BE USED TO PREVENT TICK BITES AND TICK-BORNE INFECTIONS?

(A) Personal Protective Measures

			Duration, days (range)[a]
			10
			14
		Azithromycin[c]	7 (range: 5–10)
Meningitis or radiculopathy	Oral	Doxycycline	14–21
	IV[f]	Ceftriaxone	14–21
Cranial nerve palsy	Oral	Doxycycline	14–21
Carditis	Oral[g]	Doxycycline, amoxicillin, or cefuroxime axetil	14–21
	IV[h]	Ceftriaxone	14–21
Arthritis			
Initial treatment	Oral	Doxycycline, amoxicillin, or cefuroxime axetil	28
Recurrent or refractory arthritis	Oral	Doxycycline, amoxicillin, or cefuroxime axetil	28
	IV	Ceftriaxone	14[i]
Acrodermatitis chronica atrophicans	Oral	Doxycycline, amoxicillin, Or cefuroxime axetil	21–28
Borrelial lymphocytoma	Oral	Doxycycline, amoxicillin, or cefuroxime axetil	14

MARTY ROSS TEDAVİ PROTOKOLU: KASIM 2021

- Mitokondriyi düzeltmek (Ko-enzimler, glutasyon, karnitin tedavileri)
- bağışıklık sistemini güçlendirmek,
- detoksifikasyonu iyileştirmek,
- hızlı kurtarma,
- enfeksiyonları öldürmek ve
- enfeksiyonların ve bitkisel veya reçeteli antibiyotiklerin zararlı etkilerinden korumak ve onarmak

AKUT ERKEN LH TEDAVİSİNDE FARKINDALIK

- Akut Lyme hastalığı olan çoğu hasta bir kene tutunmasını fark etmez ve sadece EM- boğa gözü- döküntüsü var.
- Akut Lyme hastalığının on ila otuz gün boyunca antibiyotiklerle tedavisi mümkün olmayabilir.
- Bb'yi ortadan kaldırmak komplike olmayan bir akut olgu için altı hafta antibiyotik tedavisi önerilir.
- Akut Lyme hastalığı olan tüm hastaların koenfeksiyon açısından taranması gerekir.
- Bir döküntüden önce sistemik semptomlar varsa, büyük olasılıkla bir koenfeksiyon vardır.
- Ko enfeksiyonlarla komplike olan Lyme hastalığını tedavi etmek için daha uzun antibiyotik kürleri gereklidir.

- *1.Akut Lyme hastalığı tedavisinden sonra semptomları devam eden hastalar.(TAPOS)*
- *2. Daha önce Lyme teşhisi konmamış ve aylarca yıllarca süren şikayeti olan insanlar. (PERSİSTE*

Bb enfeksiyonunun aylar veya yıllar sonra kronik Lyme hastalığı ile ortaya çıkması.

Bir kişinin birden fazla açıklanamayan hastalığı varsa Lyme tanısı düşünülmelidir.

Semptomlar öncelikle kas-iskelet ve nörolojik sistemleri etkiler, sıklıkla dalgalanır ve günden güne ve düzenli olarak döngü yapabilir.

Eklem ağrıları genellikle yer değiştiricidir.

Tanıya yönelik ek ipuçları, vücuttaki antibiyotiklere ve kortikosteroidlere verilen reaksiyonları içerir.

Geçmiş ve daha yüksek bulgularda ve semptomlarda alevlenmeler.

Kronik Lyme hastalığı hastalarının büyük çoğunluğunda koenfeksiyon vardır.

Birden fazla hastalıktan sonra teşhis konulamadığında Lyme hastalığından şüphelenin

LYME TEDAVİSİ VE TANISINDA SORUNLAR