

Multiple Sklerose (MS) und Neuroborreliose Multiple sclerosis and neuroborreliosis

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Virusarten, viruses

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- Anderson SM, Klinken SP, Hankins WD. (1985) A murine recombinant retrovirus (MSRV) containing the src oncogene transforms erythroid precursor cells in vitro. Mol Cell Biol. 5(12), 3369-3375. <http://www.ncbi.nlm.nih.gov/pubmed/3939314>
- MSRV http://ac.els-cdn.com/S0042682299997921/1-s2.0-S0042682299997921-main.pdf?_tid=1a58bdc4-4f9a-11e3-99d6-00000aacb361&acdnat=1384701083_7c037e9ebe7e39bd42b0ab26be8610a1
- MSRV http://hal.inria.fr/docs/00/06/66/67/PDF/Rolland_et_al_Journal_of_Immunology_In_Press.pdf

Bakterien, bacteria

Spirochaeten im extra Kästchen unten,
spirocheta see below, extra box.

Rostasy K, Reiber H, Pohl D et al. (2003), Cossu D, Masala S, Cocco E et al. (2012), Chen J (2016), Jangi S (2016), Barazin SE (2017, 2018), Tankou SK (2018), Kriesel JD (2019)

- Mycobacteria http://www.kabilahsystems.de/atypical_mycobacteria.pdf
http://www.ncbi.nlm.nih.gov/pubmed?LinkName=pubmed_pubmed&from_uid=23439580
- Chlamydien, Chlamydia
http://www.kabilahsystems.de/chlamydia_pneumoniae.pdf

Protozoen, protozoa

Kissler H. (2001)

- Apicomplexa <http://www.kabilahsystems.de/toxoplasmen.pdf>

Mikrofilarien, Nematoden, Microfilaria, nematodes

Innes JR, Shoho C (1952, 1953), Fleming JO, Cook TD (2006), Correale J, Farez M (2007), Correale J, Farez M, Razzitte G (2008, 2009), Correale J, Farez M, Razzitte G (2008), Correale J, Farez M (2009), MacDonald A (2016)

- Eosinophilie <http://www.xerlebnishaft.de/eosinophilie.pdf>
- Mikrofilarien <http://www.xerlebnishaft.de/mikrofilarien.pdf>

Spirochaeten, spirochaeta

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Steiner G (1917) Spirochetes The Cause of MS. Med Klin
Simmering (1918) Spirochetes in MS by Darkfield Micro
Steiner G (1918) Guinea Pig Inoculation with MS infectious agent from Human
Steiner G (1919) MS Agent Inoculation into Monkeys
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Rogers, Helen J. (1932) The question of silver cells as proof of the spirochetal theory of disseminated sclerosis. J. Neurol. and Psychopathol. 13, 50
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Steiner G (1954) Morphology of Spirochaeta Myelophthora (Myelin Loving). MS Journal of Neuropathology and Exp Neurol 11:4 343
Steiner G (1954) Acute plaques in M.S., their pathogenetic significance and the role of spirochetes as the etiological factor. J. Neuropath. and Exp. Neur. 11:no 4:343, 1954
Ichelson R (1957) Cultivation of Spirochetes from Spinal Fluids of MS Cases with Negative Controls. Procl. Soc. Exp. Biol Med 70:411
Gay D Dick G (1986) Is multiple sclerosis caused by an oral spirochaete? Lancet (1986 Jul 12) 2(8498):75-7
Kurtz SK (1986) Relapsing fever/Lyme disease - Multiple sclerosis. Medical Hypotheses, volume 21, issue 3, pages 335-343
Marshall V (1988) Multiple sclerosis is a chronic central nervous system infection by a spirochetal agent. Med Hypotheses (1988 Feb) 25(2):89-92
Liegner (1990, 1992) Lyme encephalomyelitis and MS
Smielewska-Badora J (2000) Lyme borreliosis and Multiple sclerosis: Any Connection? A Seroepidemic study.
Fritzsche M (2004) Chronic Lyme borreliosis at the root of Multiple sclerosis - is a cure with antibiotics attainable?
... 2005 – 2018 see the listed literature below

Quelle: <http://owndoc.com/lyme/multiple-sclerosis-is-lyme-disease-anatomy-of-a-cover-up/>

Genetisches Risiko, genetic risc

[Sawcer S](#), [Hellenthal G](#), [Pirinen M](#) et al. (2011) Genetic risk and a primary role for cell-mediated immune mechanisms in multiple sclerosis. *Nature*. 2011 Aug 10; 476(7359): 214–219. doi: [10.1038/nature10251](https://doi.org/10.1038/nature10251) PMID: PMC3182531 EMSID: UKMS36028 <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3182531/>

[Hänninen A](#) (2017) Infections in MS: An innate immunity perspective. *Acta Neurol Scand*. 136 Suppl 201, 10-14. doi: 10.1111/ane.12838. <https://www.ncbi.nlm.nih.gov/pubmed/29068495>
«Recent advances in our understanding of lymphatic drainage of CNS, its immune surveillance and effects of gut microbiota and obesity on systemic endotoxin levels and T-cell priming may open new perspectives to understanding the roles that infectious agents and microbes may have in MS. «

Immunmodulatoren im Frühstadium oder bei einem Krankheitsrückfall.

Immunomodulators in the early stages or in case of disease relapses.

Interferon- β , Glatiramer acetate

Immunsuppression wenn Krankheitserreger sicher ausgeschlossen wurden.

Immunsuppression if pathogens are reliably excluded as a cause.

Bedenke die Risiken bei der Therapie mit Immunsuppressiva.

Consider the risks in therapy with immunosuppressants.

Havla J, Warnke C, Derfuss T et al (2016) **ÜBERSICHTSARBEIT. Interdisziplinäres Risikomanagement in der Therapie der multiplen Sklerose.**

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Protozoa

Kissler H (2001)

Nematodes

Innes JR (1952, 1953), Fleming JO (2006), Correale J (2007, 2008, 2009), MacDonald A (2016)

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INNES JR, SHOHO C (1952) **Nematodes, nervous disease, and neurotropic virus infection; observations in animal pathology of probable significance in medical neurology.** *Br Med J.* 2(4780), 366-8. PMID: [14944823](https://pubmed.ncbi.nlm.nih.gov/14944823/) PMCID: [PMC2021051](https://pubmed.ncbi.nlm.nih.gov/PMC2021051/)
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« **The diagnosis of MS and NB are difficult because of remarkably similar clinical and neuroimaging features. The infectious etiology of MS remains probable and in patients diagnosed with possible MS it is reasonable to evaluate B. burgdorferi infection in order to ensure etiologic treatment.** »

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Unsere Daten deuten darauf hin, dass das intrathekale Milieu eine **Keimzentrums-ähnliche** Reaktion enthält mit klonaler Expansion und umfangreicher Hypermutation in IgM-produzierenden B-Zellen“.

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Multiple sclerosis drugs in research and for suspected infection

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https://en.wikipedia.org/wiki/Multiple_sclerosis_research

Immunstimulantien, immune restauration, immune stimulation

<http://www.kabilahsystems.de/immunsti.pdf>

Isoprinosine, Delimmun®

“**Inosine**: Inosine is a compound that has shown interesting preliminary results in phases I and II clinical trials.^{[31][32]} Two different mechanisms of action have been proposed. First, it produces **uric acid** after ingestion,^[33] which is a natural antioxidant;^[34] second, it has been shown to induce axonal rewiring in laboratory animals with stroke,^[35] and spinal cord injury.^[36] However it can cause health problems in a long-term treatment,^[37] mainly kidney stones.^[38] It seems that its mechanism of action is **peroxynitrite inactivation**^[39] Other reports point to an immune modulation^[40]”

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Behandle physikalisch-medizinisch und bei vitaler Indikation zusätzlich mit Antibiotika, dann aber gezielt (möglichst kausal), hart und so frühzeitig wie möglich. Gegenanzeigen bitte beachten <http://www.kabilahsystems.de/gegen.pdf>

Treat physically, probiotic and in case of vital indication additionally with antibiotics, but then targeted (if possible causally), hard and as early as possible.

Please note contraindications http://www.xerlebnishaft.de/gegen_eng.pdf

- ➔ **Therapievariante 2** http://www.kabilahsystems.de/therap_02_virus.pdf
- ➔ **Therapievariante 8** http://www.kabilahsystems.de/therap_08_protozoen_oder_hefen.pdf
- ➔ **Therapievariante 9** http://www.kabilahsystems.de/therap_09_bei_mikrofilariose.pdf

- ➔ **Therapie – Empfehlungen bei chronischen Multiinfektionskrankheiten**
Treatment recommendations in chronic multi infectious diseases

Für alle chronischen Multisystem – Krankheiten durch Krankheitserreger gilt als Behandlungs – Muster der Ratgeber für Tuberkulose aus dem Robert Koch Institut (RKI).

https://www.rki.de/DE/Content/Infekt/EpidBull/Merkblaetter/Ratgeber_Tuberkulose.html#doc2374486bodyText10

Bei allen Patienten mit chronischen Multisystem-Krankheiten die durch Krankheits-Erreger verursacht werden sollten dreier-, vierer-, oder fünfer – Kombinationen von Antibiotika verabreicht werden und zwar über Zeiträume von (3), 6, 12, 18 Monate und auch weitaus länger. Ein Verabreichungs – Zeitraum der kürzer ist als 12 Monate ist in der Regel ineffektiv. Erfahrungsgemäß dauert die Kombinations-Langzeit-Antibiose bei Patienten mit chronischen Krankheiten durch Krankheits-Erreger so lange wie das Krankheitsbild schon Bestanden hatte. Vorsorglich sollte einschleichend medikamentiert werden („Herxheimer Reaktion“ <http://www.kabilahsystems.de/herxh.pdf> <http://www.xerlebnishaft.de/eosinophilie.pdf>).

Folgen Sie den Bedürfnissen des Patienten. Eine häufige Strategieänderung bei der Auswahl von Antibiotika, auch Intervalltherapien sowie mehrfach angewendete sehr kurzzeitige Intervalltherapien bei akuten Krankheitsschüben sind in manchen Fällen und auf lange Sicht wirksam.

Medikamentöse Adjuvantien:

Probiotika <http://www.kabilahsystems.de/probiotika.pdf>

Gelbwurz, Pfeffer, Chili <http://www.kabilahsystems.de/pfefferchilligelbwurz.pdf>

s.a. <http://www.kabilahsystems.de/phytotherapie.pdf>

For all chronic multisystem diseases caused by pathogens, the guide to tuberculosis from the Robert Koch Institute (RKI), Germany, applies in principle and analogously as a treatment pattern.

https://www.rki.de/DE/Content/Infekt/EpidBull/Merkblaetter/Ratgeber_Tuberkulose.html#doc2374486bodyText10

Never administer a single antibiotic in patients with chronic multisystem diseases caused by pathogens. Always administer a combination of three or four or five antibiotics for a period of (3), 6, 12, 18 months or over a much longer period. Delivery times shorter than 12 months are meaningless. As a rule of thumb, the long-term antibiotic combination in patients with chronic diseases due to pathogens lasts as long as the disease had already existed. If necessary, medicate by sneaking in.

Follow the patient's needs. A frequent strategy change in the selection of antibiotics, even interval therapies and also repeatedly applied very short-timed interval therapies in acute exacerbations are effective in the long view in some cases.

Medicinal adjuvants:

Probiotics <http://www.kabilahsystems.de/probiotika.pdf>

Turmeric, pepper, chilli <http://www.kabilahsystems.de/pfefferchilligelbwurz.pdf>

See also <http://www.kabilahsystems.de/phytotherapie.pdf>

[Bernt - Dieter Huismans](#) Letzte Revision April 2019 www.Huismans.click



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