

**NEW**

# **Biofilm Medicine**

Points of view, diagnostics, therapy and checklists for Patients  
with chronic multisystem diseases by pathogens;

Biofilms and Cavete - diagnoses;

[Literature - Collection](#)

**by**

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[http://www.erlebnishaft.de/new\\_biofilm\\_medicine.pdf](http://www.erlebnishaft.de/new_biofilm_medicine.pdf)  
[http://www.erlebnishaft.de/literature\\_new\\_biofilm\\_medicine.pdf](http://www.erlebnishaft.de/literature_new_biofilm_medicine.pdf)

## **Abstract**

Acute infection by pathogens has been effectively treated by vaccines, antibiotics and infection control measures for well over 100 years.

Chronic infections caused by pathogens such as pneumonia in cystic fibrosis patients, chronic wounds, chronic otitis media and implant - and catheter - associated infections ([Bjarnsholt T](#)) or diseases from the group of embarrassment or cavete diagnoses as, described in 1928 and 1932 by Gustav v.Bergmann and 1969 by Rudolf Gross, are caused by pleomorphic bacterial - variants that grow in biofilms. Biofilms cannot be treated by vaccines, antibiotics or simple infection control measures. Biofilm – diseases are currently not treated causally, but predominantly symptomatic.

In the present article it's being attempted to workout and to present conclusive treatment approaches to biofilm – diseases.

Numerous examples of cavete diagnoses in chronic multisystem diseases caused by pathogens are mentioned and documented with the associated literature information.

The personal and detailed patient information on nature, meaning and scope of such treatment and a legally binding consent form for treatment as well are presented.

Pathogen - associated symptoms and the anamnesis, the eligible pathogens, the antibiotics and adjuvants to be used in this context, the biological basis for the listed chronic multisystem diseases caused by pathogens, and any treatment costs are described in detail.

In addition, laboratory examinations and imaging procedures will be listed to support the clinical diagnosis and to secure the treatment decisions.

We discuss the currently known risks and contraindications of combination long - term antibiotics, including the adjuvant treatment options and the possible complications of therapy, as well as the main treatment limitations.

Finally, there are 10 individual patterns for combination - long - term - antibiotics and the german fee schedule for physicians (GOÄ) made in 1996.

## Table of contents

<b>Table of contents</b> .....	<b>3</b>
<b>1 Introduction</b> .....	<b>5</b>
<b>2 Kontroversies and treatment consent</b> .....	<b>7</b>
<b>3 Symptoms and pathogens in multi-system diseases</b> .....	<b>8</b>
Table 1: Symptoms, signs and pathogens .....	8
<b>4 Biological basics, aliveness</b> .....	<b>9</b>
4.1 Evasion and Integration Methods of Bacteria (Overview) .....	10
4.2 Bacterial virulence and defense factors .....	10
4.3 Intrinsic mobility, Chemotaxis, Trophotaxis .....	10
4.4 Pleomorphic variants, CWD, Stress Granula, L-Forms, V.B.N.C .....	11
4.5 Frontal or stealth acting pathogens, therapy differences.....	14
4.6 Immunological adaption and Intervention methods.....	17
4.7 The individual immunological equipment of the host organism .....	18
4.8 Membranes – ATPases, Efflux Mechanisms.....	18
4.9 Biofilms, Quorum sensing .....	20
4.10 Anti – Biofilm – Drugs.....	21
4.11 Horizontal Gene Transfer; Autoimmunity .....	22
4.12 Symbiosis, Selforganization, Pattern matching, Pattern recognition .....	23
<b>5 Anamnesis, physical examination, pathogens, antibiotics, costs</b> .....	<b>25</b>
5.1 Anamnesis Checklist.....	25
5.2 Physical examination checklist.....	26
5.3 The pathogen spectrum .....	28
Table 2: Spectrum of parasites .....	28
5.4 Antibiotics and their main indications .....	29
Table 3: pathogenic agents and pathogen specific antibiotics .....	29
5.5 Diagnostics and therapy – costs in Germany (Checklist and Overview) .	30
<b>6 Cavete – Diagnoses</b> .....	<b>32</b>
6.1 Vegetative, psychosomatic and dermatologic diagnoses.....	32
6.2 Neurological and psychiatric Diagnoses .....	33
6.3 Rheumatologic, pneumological, gasroenterological Diagnoses.....	36
6.4 Nephrological, hämatological, angiological, sexual Diagnoses .....	37
<b>7 Laboratory tests and imaging procedures</b> .....	<b>40</b>
7.1 Checklist Laboratory etc. in chronic infectious – diseases .....	40
7.2 Laboratory at chron. Infektious – diseases.....	41
Table 4: Laboratory in chronic multisystem diseases caused by pathogens.	42
<b>8 Risiks, Contraindications, Therapy – Options</b> .....	<b>44</b>
8.1 Outpatient .....	44
Table 5: Dosing in renal impairment.....	45
8.2 Inpatient .....	45
8.3 Therapy spectrum (Overview).....	47
8.4 Milieu stabilisation and moderate inflammation inhibition.....	47
8.5 Nucleoprotein protection, regeneration, vaccination .....	48

8.6 Therapeutic Reversion of the L-Form into the Bacteriai Original Forms..	49
8.7 Quorum sensing Inhibition and Biofilm Therapeutics .....	49
8.8 Antibiotics, lysosomotropic, mitochondriotropic agents .....	50
8.9 Possible complications during antibiotic therapy .....	51
8.10 Antibiotics from plants .....	52
8.11 Bacteriophage – Therapy and Designer protein – Therapy.....	54
8.12 Membrane – ATPasen, Effluxpump – blocker .....	54
8.13 Antimycotics .....	54
8.14 Histamin – Receptor blocker .....	54
8.15 Manganese transport blocker.....	54
<b>9 Tabels and protocols for combination long term antibiotic treatment ...</b>	<b>55</b>
9.1 Basic therapy - variant .....	55
9.2 Therapy in adult patients after tick contact.....	57
9.3 Basic therapy plus physiological virustatic working drugs .....	58
9.4 Basic therapy plus medicines for atypical mycobacteria .....	60
9.5 In pregnant women and children .....	62
9.6 For neurological symptoms .....	64
9.7 For treatment-resistance conditions .....	66
9.8 A plant therapeutic variant .....	68
9.9 Basic therapy + antiprotozoals (protozoa) or + fungistatics (mold).....	70
9.10 Basic therapy plus anti filaria (roundworm) drugs .....	72
9.10 Adjuvants and post-treatment: phytotherapeutics and milieu .....	74
<b>10 The current official fee shedule for doctors in Germany .....</b>	<b>75</b>
Table 6: The current fee shedule for Doctors in Germany .....	76
<b>11 Disclaimer .....</b>	<b>77</b>

**Keywords:**

Chronic Multisystem Diseases from Pathogens, Multi - Systemic Infectious Disease Syndromes (MSIDS), Disability Diagnoses, Cavete Diagnoses, Biofilm Diseases, Anamnesis, Physical Examination, Additional Examinations, Bacterial Evasion and Integration Methods, Therapy Options, Therapy Risks, contraindications, costs.

**Target Groups:**

Medical and biological professionals and students (health professionals and natural scientists), physicians and marketing managers (guideline creators), patients (affected and their organizations), scientists (basic researchers), appraisers, lawyers, politicians and interested lay people.

All prices in this entry are not binding. The prices are for guidance only. The prices mentioned refer to the year 2019.

This contribution also arose out of concern over the risks of a predominantly power politics and capital driven biotechnology.

<http://www.xerlebnishaft.de/biowaffen.pdf>

# 1 Introduction

This article deals with a health topic. It does not serve self - diagnosis and does not replace a doctor's diagnosis.

It reports on the peculiarities of self-producing and self-sustaining systems in relation to pathogens.

This contribution presents checklists for the history and the physical examination in this context, and the listing of the available general diagnostic and therapeutic tools.

In the following you will find a selection of common embarrassment or Cavete diagnoses in chronic multisystem diseases caused by pathogens.

The possibilities of laboratory tests and imaging procedures, the risks and complications of reciping and done of combination - long - term – antibiotic procedures, the drug dosages and the private fee regulations are set out. All prices are non-binding, they are from the year 2019.

This article was created with great care. However, neither the author nor anyone else can accept any liability for the correctness, especially of dosing information.

The instructions are exclusively recommendation. They should help doctors in their decision-making. They are not legally binding for physicians and have neither a liability-based nor a liability-exempting effect.

All statements collected and made in this article have a highly personal history. Right from the start, my interests were in addition to physics, as well to biochemistry and biology. More than 50 years ago, the interest <http://www.Huismans.click> on the topic presented here started in me with a surgical doctoral thesis on the consequences of a chronic syphilis disease in a 25 year old prostitute.

The next concretization on the mentioned topic came around the year 1998 through the discovery of nanobacteria or nanobes by EO Kajander and P Uwins. My working hypothesis was now: It can only be something very small that is at work here.

<http://www.erlebnishaft.de/stressvar1.pdf>

The actual beginning of the dealing with the problem of the topic of chronic multisystem diseases caused by pathogens was around the year 2000 when I immediately referred a new patient from my doctor's office to a neurologist and the neurologist sent the patient back to me with the diagnosis that the patient suffers from Chronic Lyme Disease. On the

occasion of this patient, I then became in the year 2003 one of the co-founders of the German Lyme Disease Society (DBG) and I became in the year 2008 then a voting member of the International Lyme and Associated Diseases Society (ILADS). From 2007 to 2015 I worked in a Practice - Clinic, the Borreliose Center in Augsburg, Germany. The literature collections and instructions for action I created there were caused by each specific occasion for the respective patient. On the other side in this way I acquired medical knowledge about the diseases and I could justify my medical action.

If human being can be described as infectious phenomenon or as an infectious disease (eg, egg cell plus sperm) that is miraculously born and decaying, und ultimately fatal, then human history is a history of the integration of patterns and disputes between the pathogens with their hosts.

Disputes between a foreign organism and its host can go unnoticed, or acute or chronic. Acute disputes are treated shortly. Chronic conflicts should be treated long-term and as causally as possible, not symptomatically alone.

My contribution should be the occasion for a further clinical validation of what has been said, in the interest of the patients. An increasing number of chronically ill, needy or incapacitated people should be prevented, in the interest of all of us.

[Related links in the bibliography under 2.1](#)

By means of our senses, we structure our individual reality.

"As observers and as part of what we observe, what we describe can only be claimed to have superior plausibility and internal consistency, but not objective truth." Roth G (1994) The brain and its reality. Cognitive neurobiology and its philosophical consequences. Surkamp Paperback Science. Fifth revised edition 1996

There was at no time any financial dependency or conflict of interest for the content of this contribution.

## 2 Kontroversies and treatment consent

### Treatment consent for Multisystemic disease through “facultative pathogenic” germs with focus on persistent viruses, Borrelia and other germs or toxins

At the present two ways of thinking exist regarding diagnosis and therapy of the disease through “facultative pathogenic” germs with focus on persistent viruses, Borrelia and other germs or toxins, occasionally also called “**chronic Borreliosis**”. Both of them independently from each other refer to „peer reviewed, evidence-based “methods of treatment and according guide lines.

**Until we know more about this diseases the patient has to weigh up the risks and advantages of both treatment options in close consultation with the doctor and has to decide accordingly.**

**The diagnosis**, which the doctor set, is a **clinical diagnosis**. It is derived from the exposition of ticks for instance, from the disease history, the current symptoms and the laboratory results and from additional results/examinations. The diagnostic **aim is the direct or indirect proof of the causes** at the disease history.

- Some doctors refer to the recommendations of the **CDC** ([Centers of Disease Control and Prevention](#)) and to the **guidelines** of the **IDSA**\* regarding diagnose and therapy.
- Other doctors refer to the **guidelines** and treatment possibilities of **the ILADS\*\*** and the **DBG\*\*\***
- The **IDSA** ([Infectious Diseases Society of America](#)) only recommends a short period of antibiotic treatments at the utmost of 4 weeks and describes long term effects for example of the Lyme Borreliosis disease as autoimmune process or as irreversible damage, in this case as „**Post Lyme Syndrome**“, whereat the antibiotic treatment not only makes no sense but is unnecessary dangerous. [Literature on pages 12 ff](#)
- Other doctors think that due to short term therapies no permanent healing is to be expected, that the infection still persists and an immunodeficiency underlies the clinical picture and so-called **Co-infections**, for instance persistent viruses, other infectious agents or also **toxins** and **environment conditions** join in or even could be the main cause of the disease.
  - These other doctors (**ILADS**, [International Lyme And Associated Diseases Society](#) and **DBG**, [Deutsche Borreliose-Gesellschaft](#)) support a long term treatment, as it is standard in Tuberculosis, Leprosy, M. Whipple, Akne vulgaris pustulosa et conglobata, chronic bacterial Prostatitis, and in obstructive pulmonary disease (COPD), Malaria and other chronic infection diseases. Thereby antibiotics, other anti-infectious effect, anti-inflammatory and if required pain-relieving substances and further treatments are being used. [Literature](#)
  - Aim of the treatment is **freedom from symptoms** and **regaining a stable immune system**

Decision of the patient after detailed information and consideration of risks and advantages of each treatment option:

<p><b>In close consultation with my doctor</b> I would like to be treated with antibiotics <b>til my symptoms are gone</b>. I am aware that these methods of treatment do not follow the IDSA guide lines and the according guide lines of the European organizations.</p>	<p>I request a <b>naturopathic treatment</b> until further notice and expressly decline a regular antibiotic treatment which would be done in accordance with today’s knowledge standard.</p>
<p>I request an antibiotic treatment for a period of <b>only 30 – 40 days</b> even if my symptoms persist afterwards. <b>Then I will decide anew.</b></p>	<p>IDSA* guide lines: <a href="http://cid.oxfordjournals.org/content/43/9/1089.full">http://cid.oxfordjournals.org/content/43/9/1089.full</a>                  ILADS** guide lines: <a href="http://www.ilads.org/files/ILADSGuidelines.pdf">http://www.ilads.org/files/ILADSGuidelines.pdf</a> **                  DBG*** guide lines: <a href="http://www.borreliose-gesellschaft.de/Texte/guidelines.pdf">http://www.borreliose-gesellschaft.de/Texte/guidelines.pdf</a></p>

**Patient’s signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**In block letters:** \_\_\_\_\_

**Doctor’s signatue:** \_\_\_\_\_

Space for handwritten notes, also overleaf.  
[Literature under 2.2](#)

[http://www.kabilahsystems.de/einwilligungserklaerung\\_eng.pdf](http://www.kabilahsystems.de/einwilligungserklaerung_eng.pdf)  
[Liability exclusion](#) All statements without guarantee

### 3 Symptoms and pathogens in multi-system diseases

Symptom – Selection	<- mark with a cross	Borrelia	Chl. pneumoniae	Chl. trachomatis	Mykoplasma	Bartonella	Ehrlichia	Rickettsia	Yersinia	Babesia	EBV Virus	Coxsackie Virus
Limb, tendon pain		○	○	○	○	○	○	○	○	○	○	○
Muscle aches		■	■	■	■	■	■	■	■	■	■	■
Joint pain		■	■	■	■	■	■	■	■	■	■	■
Memory concentration disorder.		■	■	■	■	■	■	■	■	■	■	■
Headache		■	■	■	■	■	■	■	■	■	■	■
Nausea, vomiting		■	■	■	■	■	■	■	■	■	■	■
Encephalitis		■	■	■	■	■	■	■	■	■	■	■
Tiredness, exhaustion		■	■	■	■	■	■	■	■	■	■	■
Feverish feeling		■	■	■	■	■	■	■	■	■	■	■
Chills, trembling		■	■	■	■	■	■	■	■	■	■	■
Flu symptoms		■	■	■	■	■	■	■	■	■	■	■
Stomach pain		■	■	■	■	■	■	■	■	■	■	■
Diarrhea		■	■	■	■	■	■	■	■	■	■	■
Jaundice		■	■	■	■	■	■	■	■	■	■	■
Liver values increased		■	■	■	■	■	■	■	■	■	■	■
Splenomegaly		■	■	■	■	■	■	■	■	■	■	■
Dark urine		■	■	■	■	■	■	■	■	■	■	■
Urination with itching		■	■	■	■	■	■	■	■	■	■	■
Seeing deteriorated		■	■	■	■	■	■	■	■	■	■	■
Heart problems		■	■	■	■	■	■	■	■	■	■	■
Cough		■	■	■	■	■	■	■	■	■	■	■
Lung infection		■	■	■	■	■	■	■	■	■	■	■
Anemia		■	■	■	■	■	■	■	■	■	■	■
Skin rash		■	■	■	■	■	■	■	■	■	■	■
Skin bleeding		■	■	■	■	■	■	■	■	■	■	■
Lymphadenopathy		■	■	■	■	■	■	■	■	■	■	■
Throat almonds occupied		■	■	■	■	■	■	■	■	■	■	■

Table 1: Symptoms, signs and pathogens

(2005) [Dr. Burrascano's 2005 Symptom List Chart - Lyme Disease Association](#)

(2017) Huismans BD <http://www.xerlebnishaft.de/symptomatik.pdf> [http://www.xerlebnishaft.de/symptomatik\\_01.pdf](http://www.xerlebnishaft.de/symptomatik_01.pdf)

**Related links in the bibliography under 2.1** [Liability exclusion](#) All statements without guarantee



## 4 Biological basics, aliveness

Living things are observers [among observers](#). Living beings are dialogical, self-producing and self-sustaining systems. [http://www.erlebnishaft.de/selbst\\_muster\\_nano.pdf](http://www.erlebnishaft.de/selbst_muster_nano.pdf)

Systems are composed of several parts, so we can see it in this way. The patterns of these items are found around these systems free-living.

"The world around me is in me," said Blaise Pascal (1623-1662).

This coexistence does not always go smoothly. Inflammatory phenomena, immunological and biochemical causes, are the central component of multisystem diseases caused by pathogens.

Within the known causes of inflammatory phenomena, are viruses, heavy metals, industrial toxins, the hormonally active substances, nanoparticles, fixed frequency events such as sound and electromagnetic carrier frequencies, stress, structure - aging, mitochondriopathy <http://www.xerlebnishaft.de/mitochondrien.pdf> etc.. This paper focuses on the bacterial causes, because this seems to be in deed a promising treatment approach.

### [Related links in the bibliography under 2.1](#)

Anotation start \_\_\_\_\_

### Discovery history of bacteria and their L-forms

Year	First describer	First naming, Presentation technique, Meaning given
1675	Leuwenhook A. v.	Animalcules
1857	Béchamp A	Microzymas
1860	Pasteur L	Fermentation, Pasteurisation
1864	Davaine C	Bacteridien
1872	Cohn F	Bacteria and Spores
1881	Eberth CJ, Koch R., Almquist E	Eberth-Koch Forms, Form change
1890	Russel W. (-Krukenberg)	Russel-Krukenberg bodies, „acid fast Gammaglobulins“
1895	Pfeiffer R	Forme change
1911	Balfour A	Granula, Neoplasma
1912	Hindle E	Forme change and Cycles
1916	Löhnis F	Pleomorphy, Darkfield microscopy,
1924	Enderlein G	Pleomorphismus, Cyclogenie
1951	Klieneberger-Nobel E, Dienes L Weinberger HJ	Filterable bacteria forms, L-Forms, Filterable forms
1990	Livingston Wheeler V	Acid fast bacteria variants,

1990	Cantwell A	The Cancer Microbe
1994	Kajander EO	Nanobacteria
1995	Butler HM., Costeron JW	Clinical significance, Biofilms,
1997	Domingue G., Nilson K., Urwins P	Cellwall defective bacteria forms, Nanobes, Cell wall
1998	Lawrence J. Dembrowski S	defective Forms, Cystic forms
1999	Watnik, P	Cities of Microbes
2001	Mattman LH	Stealth pathogens, CWD's
2005	Proal A	Cellwall defective bacteria forms in chronic diseases
2006	McDonald AB	Bacterial dots, Alzheimer's & Dementia
2007	Wright A., Enby E	Intracellular bacteria variants
2008	Kroun M., Sapi E., McDonald AB	Video mycroscopy
2010	Miklossy J	Electron microscopy

Anotation end \_\_\_\_\_

#### **4.1 Evasion and Integration Methods of Bacteria (Overview)**

1. Bacterial virulence and defense factors
2. Intrinsic mobility, Chemotaxis, Tropotaxis
3. Pleomorphic (multifarious) variant forms (synonyms, see on page15 ff.)
4. Therapy differences of stealth and frontal pathogens
5. Immunological adaptation and intervention, membrane ATPases
6. The individual immunological equipment of the host organism
7. Biofilms
8. Horizontal gene transfer
9. Symbiosis and self-organization, integration

#### **Related links in the bibliography under 2.4**

#### **4.2 Bacterial virulence and defense factors**

Bacterial virulence factors may be structural elements or metabolic products, adhesins, antiphagocytosis factors, invasive factors, endotoxins, exotoxins.

<https://flexikon.doccheck.com/de/Virulenzfaktor>

[http://www.kabilahsystems.de/virulenz\\_inhibitoren.pdf](http://www.kabilahsystems.de/virulenz_inhibitoren.pdf)

<http://www.xerlebnishaft.de/escape.pdf>

[http://www.xerlebnishaft.de/escape\\_eng.pdf](http://www.xerlebnishaft.de/escape_eng.pdf)

Huismans BD (2014) Defense and escape mechanisms of Borrelia against the human immune system and against antibiotics and chemotherapeutics Why Borrelia remains infectious despite intensive antibiotic treatment.

#### **4.3 Intrinsic mobility, Chemotaxis, Trophotaxis**

Bacteria and protozoa - Shigella, Listeria, Rickettsia, Borrelia, Toxoplasm, Leischmania,

Malaria pathogens and many other pathogens can move with the help of movement threads, the so-called actin filaments (flagella, undulipodia) through the cells of their host and penetrate into cells and linger therein in this so-called. "Do not eat me cages".

<http://www.xerlebnishaft.de/chemotaxis.pdf>

[http://www.erlebnishaft.de/beweglichkeit\\_bewusstsein.pdf](http://www.erlebnishaft.de/beweglichkeit_bewusstsein.pdf)

<http://www.xerlebnishaft.de/zytoskelett.pdf>

#### **4.4 Pleomorphic variants, CWD, Stress Granula, L-Forms, V.B.N.C**

Bacteria adapt to their environment. This is a normal process. Bacteria form pleomorphic (multifaceted) variant forms (synonyms see under 13.2). In stress situations, even under the influence of antibiotics, bacteria can temporarily or permanently lose their cell wall and then remain viable as so-called pleomorphic (variform) form variants (Synonyma s.u.). Stress granules consist of mRNA (messenger ribose nuclear acids) <http://www.xerlebnishaft.de/rna.pdf> in protein-rich condensates from which the bacterial original forms can regenerate under certain environmental conditions.

Pleomorphic form variants, CWD, stress granules, L-forms, V.B.N.C are the major components of biofilms.

A distinction is made between pleomorphic (multi-faceted) form variants larger than 250 nanometers and those smaller than 250 nanometers.

Pleomorphic forms that are smaller than 250 nanometers are called "filterable microbes" (Klieneberger-Nobel E 1931). "Most pleomorphic forms contain well-filtered microbes. However, this is not always the case, it depends on the age of the culture and the nutrients present "(Mattman LH 2001).

<http://www.xerlebnishaft.de/lebensstrukturvergleich.pdf>

<http://www.erlebnishaft.de/stressvar1.pdf>

<http://www.erlebnishaft.de/stressvar2.pdf>

<http://www.erlebnishaft.de/gentransfer.pdf>

As pleomorphic form variants, bacteria may remain in endosomes, or there in the pre-lysosomal intermediates <https://en.wikipedia.org/wiki/Lysosom>, or they may be transported by transcytosis into neighboring cells or endoautophagically digested there and eliminated or discharged back into the cytoplasm (cytoplasm).

<http://www.xerlebnishaft.de/xenoautophagie.pdf>

[http://www.erlebnishaft.de/borrelien\\_direktnachweis.pdf](http://www.erlebnishaft.de/borrelien_direktnachweis.pdf)

Mattman L. (2001) Cell Wall Deficient Forms. Heimliche Erreger. CRC Press 3rd Edition, p.11

[https://books.google.de/books?id=SoDOBQAAQBAJ&sitesec=buy&hl=de&source=gbs\\_buy\\_r](https://books.google.de/books?id=SoDOBQAAQBAJ&sitesec=buy&hl=de&source=gbs_buy_r)

„The spermine levels may explain why some patients form classic bacteria and others develop intracellular persistent bacterial permanent forms.“

Mattman L (2001) Filterable Forms of Bacteria S. 93 <http://www.youtube.com/watch?v=WozrCFW0mRM>  
[http://www.amazon.de/gp/product/0849387671/ref=pd\\_lpo\\_k2\\_dp\\_sr\\_1/276-7657862-5624410?pf\\_rd\\_m=A3JWKAKR8XB7XF&pf\\_rd\\_s=lpo-top-stripe&pf\\_rd\\_r=182X6W4PY62CR8T4BJ6R&pf\\_rd\\_t=201&pf\\_rd\\_p=471061493&pf\\_rd\\_i=0849335787](http://www.amazon.de/gp/product/0849387671/ref=pd_lpo_k2_dp_sr_1/276-7657862-5624410?pf_rd_m=A3JWKAKR8XB7XF&pf_rd_s=lpo-top-stripe&pf_rd_r=182X6W4PY62CR8T4BJ6R&pf_rd_t=201&pf_rd_p=471061493&pf_rd_i=0849335787)

<http://www.xerlebnishaft.de/bildmethyl-arginin.pdf>

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

Bacterial pleomorphic forms have a very slow metabolism. **Cell divisions of the bacterial pleomorphic forms occur only about every 30 days.** Therefore bacterial cultures would have to be incubated for more than four weeks. Therapy with antibiotics in patients with chronic multisystem diseases caused by pathogens may not be less than four weeks as well ("Quarantina di giorni", 1374 Venice, quarantine), because antibiotics act essentially only on bacteria in the multiplication phase essentially.

Peculiarities of pleomorphic bacterial form variants with a porosity of 250 nanometers or less are:

1. Acid resistance
2. Virus characteristics <http://www.xerlebnishaft.de/rna.pdf>  
[http://www.kabilahsystems.de/ko-erreger\\_eng.pdf](http://www.kabilahsystems.de/ko-erreger_eng.pdf)  
<http://www.xerlebnishaft.de/ko-erreger.pdf>
3. horizontal gene transfer (sex) among themselves and even with their hosts
4. most extensive antibiotic resistance
5. Whereabouts in their host extracellular and intracellular

Gene transfer is the daily business among bacteria. The gene transfer occurs predominantly by free-floating gene sequences, especially plasmids, also between bacteria (the prokaryotes) and their nucleated hosts (the eukaryotes) as so-called clonal integration and as a permanent possibility of a DNA or RNA mutation with profiländernden, occasionally life-threatening consequences at the host organism, eg as the phenomenon cancer and sarcoma, as neoplasm (tumor neogenesis), or simply as bacteria resistance to antibiotics.

<http://www.erlebnishaft.de/gentransfer.pdf>

<http://www.erlebnishaft.de/methylierung.pdf>

<http://www.xerlebnishaft.de/krebsstammzelltherapie.pdf>

<http://www.erlebnishaft.de/staphylococcus aureus.pdf>

Bacteria communicate intensively with each other and with their host. The stress variants, the bacterial pleomorphic variants have metabolism and a life of their own. These living, yet uncultivable bacterial pleomorphic variants speak a so-called Esperanto, the "quorum sensing". They count themselves off and then decide when their number is again large enough for a new spreading campaign. The host experiences this as a disease relapse, or it comes only to an antibody Boosterung (new antibody production) against the intruder recognized as a threat to the system.

[http://www.erlebnishaft.de/danger\\_model.pdf](http://www.erlebnishaft.de/danger_model.pdf).

Also antibodies have an expiration date. **The half-life time for immunoglobulins in living systems is max. 21 days** <http://www.erlebnishaft.de/dauerheilung.pdf>.

The remaining evidence of antibodies in infectious diseases is the result of an antibody new production by still existing disease - causes (manifestations, signs) - however, in so-called "memory cells" of the host organism. into

<http://www.xerlebnishaft.de/quorum.pdf>

Under favorable living conditions, pleomorphic (polymorphic) bacterial form variants (stealth pathogens) may revert to their original forms, into the frontally interacting pathogens (revert back to themselves) and then be active again in this original form (as frontal pathogens).

#### 4.5 Frontal or stealth acting pathogens, therapy differences

Frontal pathogens, original bacterial forms are more likely to cause short-term and acute infectious diseases.

Stealth pathogens, bacterial pleomorphic forms may be concealed over long periods of time, up to years and decades, or are maintaining chronic disease-related conditions.

	Frontal pathogens	Stealth pathogens
	Hot infections	Cold infections
	Infection chaud	Infection froid
	Phaeno – Types	Geno – Types
	Bacterial Original – Forms	Bacterial Stress – Variants
	Bacteria	L-Forms, filterable forms (<250 nm)
Incubation	short lasting (Hours or Days)	long lasting (Month or Years)
Symptoms	acute	chronic
Immunity	sterilisable	non sterilisable
Transmission	direct	indirect
Duplication	quick	slowly
Carrier status	specially	generally

Source of origin: Falkow S (2004) <http://www.ncbi.nlm.nih.gov/pubmed/15035010>  
 Breitschwerdt EB (2013) <http://www.sciencedirect.com/science/article/pii/S0021997512004367>

Therapy	3 – 7 or 14 days	3 - 6 - 12 - 18 months or jears
---------	------------------	---------------------------------

[http://www.kabilahsystems.de/antibiotika\\_langzeit.pdf](http://www.kabilahsystems.de/antibiotika_langzeit.pdf) <http://www.xerlebnishaft.de/escape.pdf>

Only the sick are in need of treatment. Laboratory values have not to be treated! An early treatment is always desirable, because it is more successful.

“Idea and resistance, that is life”.  
 (J. W. v. Goethe)

But it is a vectorial (unidirectional, gravitational) balance.  
 The fifth law of thermodynamics <https://www.grin.com/document/71284>

## **Autors on the topic bacterial L-Forms, V.B.N.C. (Viable But Non Cultivable forms).**

### **Related links in the bibliography under 2.5**

Löhnis F (1916), Almquist E (1922), Relman DA (1999), Wainwright M (1999), Klieneberger E (1931, 1947, 3x1949, 2x1951, 1960), Kendall AI (1931), Dienes (1947, 1951), Fleming (1950), Delamater ED (1951), Vigoroux (1956), Hanoun C (4x1957), Pratt 1966), Charache (1968, 1970), Mattman LH (1968, 2001, 2009), McDermott D (1969), Feingold DS (1969), Buttler HM (1975), Domingue GJ (1974, 1982, 1995, 1997, 2010, 2013), Gumpert J (1998), Kajander EO (1998), Ciftcioglu N (1998), Urwins P (1998), Young D (2002), Monack DM (2004), Onwuamaegbu ME (2005), Lewis K (2005, 2007, 2010), Margulis (2009), Dworkin J (2010), Dawson CC (2011), Errington J (2013), Germain E (2013), Wood TK (2013), Zang Y (2014), Merilainen L (2015, 2016), Sharma B (2015), Robert A (2017)

### **Mycobacteria**

Fontes A (1910), Calmette A (1926), Luksch F (1931), Bernstein (1933), Bassermann FJ (1955), Mattman LH (1960), Korsak T (1975), Tekahashi S (1979), Judge MS (1982), Golyshevskaya VL (1984), Zemskova ZS (1985), Berezowsky BA (1988), Biron MG (1989), Zang DR (1993), Dorozhkova IR (1995), Wakamoto Y (2013)

### **Spirochätes**

Warthin AS (1930), DeLamater ED (3x1950, 1951), Preac Mursic V (1989, 1996), MacDonald AB (1990, 2x2006, 2x2013), Burk DK (1995), Brorson O (1995, 1997, 1998, 1999), Kerstin A (1995), Aberer E (1996, 1997), Domingue GJ (1997), Wainwright M (1997), Gruntar I (2001, 2003), Murgia, R (2002, 2004), Kroun M (2007), Miclossy J (2008), Kraiczi P (2011, 2013), Barbour A (2012, 2015), Lemgruber L (2012), Lantos PM (2013), Berntson K (2013) Berghoff W (2014), Huismans BD (2014), Wallich R (2015), Feng J (2015), Caskey JR (2015), Scharma B (2015), Sharma B (2015), Feng J (2015), Meriläinen L (2015, 2016), Hyde JA (2017)

**Brucelles** Hatten BA (1966)

**Mycoplasma** Razin S (1998)

**Staphylococcus aureus** Trofimova ND (1959), Fuller E (2005)

**Streptokokkes** Cook J (1969), Green MT (1974), Rollin G (2017)

**Nocardia** Beaman BL (1980, 1981)

**Echeria coli** Joseleau-Petit D (2007)

**Salmonelles** Nix RN (2007), Claudi B (2014), Helaine S (2014)

**Listeria** Brem MA ( , 1968), Prosorowsky S (1976), Benson CA (1983), Dell'Éra S (2009)

**Bacillus subtilis** Gilpin RW (1973), Allan EJ (1991), Leaver M (2009)

**Proteus mirabilis** Rippmann JF (1998)

**Fungi** Tunstall LH (1961), Rosner R (1966), Swieczkowski DM (1970)

**Chlostridium botulinum** Brown GW (1970)

**Bakterial plancton** Yawata Y (2014)

Anotation start \_\_\_\_\_

## **Synonyma for pleomorphic bacterial forms, L-Formen, CWDs, V.B.N.C. (Viable But Non Cultivable forms)**

L – Formen, L1–Formen, L–Phase Variants, (E. Klieneberger – Nobel , 1935), Bakterien Persister, Geno – Typen, Filterable form pf pathogens (Größe < 250 nm), Sphaeroplasten, Symplasten, Protite, Somatite, Sporen, („Grey Goo“), Granula (Hindle 1912), Protoplasten, Plasmodien, bakterielle Stressvarianten, Stress Granula, bakterielle Reversionsformen, bakterielle Induktionsformen, Sporulationen, Transitionals, Rauhformen, Blebs (dormante Formen), Ultrafiltrierbare Bakterienformen, Pleomorphe Bakterien, Bakterien – Induktions – Formen, Gymnoplasten, Bakterien – Reversions – Formen, Elementarkörperchen (EK), Paschensche Körperchen (1932), Persister, Zysten – Formen, Round bodies, Ca-Protozoen (A. Weber, 1968), Tarnkappen – Krankheitserreger, Cell wall defective forms (CWDs), Zellwanddefekte Bakterien Stealth Pathogens (L.H. Mattman, 2001), Überdauerungsformen, V.B.N.C. (Viable But Non Cultivable) forms, Abfall, Detritus, regrowth-delay bodies.

L = little, large, lipoidal, lithe, Lister

## **Biochemical characterization of intracellular Stress Granula, L-Forms, CWDs, V.B.N.C. (Viable But Non Cultivable forms):**

„Characterizing the biochemical structures of protein accumulations, such as RNA granules, is not only relevant to our fundamental understanding of how cells work, it may also help unravel the causes of several neurodegenerative diseases“.

Becker LA, Gitler AD (2015) [RNA and protein granules: It's all starting to come together](#). eLIFE, doi: 10.7554/eLife.09853

„Stressed eukaryotic cells store mRNAs in protein-rich condensates called stress granules“.

Lee Ch-Y, Seydoux G (2019) Dynamics of mRNA entry into stress granules. Nature Cell Biology 21, 116–117  
<https://jhu.pure.elsevier.com/en/publications/dynamics-of-mrna-entry-into-stress-granules>  
<http://www.xerlebnishaft.de/rna.pdf>

## **Synonyms for bacterial L-Forms, CWDs, V.B.N.C. (Viable But Non Cultivable forms) greater than 250 Nanometers:**

Round bodies, Granula forms, cysts, Blebs, Lysosomal – resting – bacterial stressvariants, Persister, Eberth-Koch-Variants, slowly growing bacteria populations, bacterial Yin-Yang-Variants according to Zhang, atypical bacteria variants, P-Bodies, regrowth-delay bodies.

[http://de.wikibooks.org/wiki/Medizinische\\_Mikrobiologie:\\_Atypische\\_Bakterien](http://de.wikibooks.org/wiki/Medizinische_Mikrobiologie:_Atypische_Bakterien)

## **Synonyms for bacterial L-Forms, CWDs, V.B.N.C. (Viable But Non Cultivable forms) less than 250 Nanometers:**

Stress Granula, "filterable microbes", bacterial L-Forms (L = little, large, lipoidal, lithe, Lister), L1 - Forms, L – phases variants, (E. Klieneberger - Nobel, 1935), Bacterial Yin-Yang- Variants according to Zhang, atypical bacteria variants, Nanobacteria, Nanobes, regrowth-delay bodies. <http://www.erlebnishaft.de/stressvar1.pdf>

## **Synonyms for inclusion – bodies in special diseases**

Levy-bodies, Melanin Granula, Amyloid-Plaques, Elementarkörper (EK), Spheroid neuronal inclusion bodies, Bunina-bodies, Round bodies, Zysts, Blasen, Granules.

## **Stress granula, V.B.N.C. forms in special diseases**

Levy-bodies and Melanine Granules <http://www.erlebnishaft.de/alzheimerspirochaetosis.pdf>

in M. Parkinson

Amyloid-Plaques in Alzheimer´s <http://www.erlebnishaft.de/alzheimerspirochaetosis.pdf>

Elementary bodies (EK) in Arteriosclerosis [http://www.kabilahsystems.de/chlamydia\\_pneumonia.pdf](http://www.kabilahsystems.de/chlamydia_pneumonia.pdf)

<http://www.xerlebnishaft.de/angiopathie.pdf>

Spheroid neuronal Inclusion - bodies,

Bunina-bodies in Amyotrophic

Lateralsclerosis

Round bodies oder Cysts in Lyme-

Borreliosis

<http://www.erlebnishaft.de/stressvar2.pdf>

Cysts and granules in carcinomas and

sarcomas

<http://www.erlebnishaft.de/stressvar1.pdf>

<http://www.xerlebnishaft.de/krebsstammzelltherapie.pdf>

Medical microbiology <http://www.pmbio.icbm.de/vl/phys/patho.pdf>

Stress granules, Wikipedia [https://en.wikipedia.org/wiki/Stress\\_granule](https://en.wikipedia.org/wiki/Stress_granule)

Stress granules <https://www.nature.com/articles/s41556-019-0278-5>



## Pathogens intracellularly, Autoimmunity

### Intracellular stay of bacteria and their L-Forms, V.B.N.C., Viable But Non Cultivable forms

Obligately intracellular pathogens  
(Original forms and L-forms, Stress  
Granula)

Chlamydia spp, Coxiella burnetii,  
Ehrlichia spp, Erwinia spp, Rickettsia  
spp, Parachlamydia spp  
Mycobakterium leprae, Tropheryma  
Whipelei, Waddlia etc.

Optionally intracellular pathogens  
(Original forms and L-forms, Stress  
Granula)

Borrelia spp, Treponemen, Leptospiren, Bartonellen,  
Mycoplasmen, Brucella spp, Legionella spp, Listeria spp,  
Mycobacterium spp, Neisseria spp, Salmonella spp, Shigella  
spp, Yersinia spp, Babesia spp, Toxoplasma, Protomyxzoa  
spp, Trypanosomes, Streptokokken spp, Candida etc.

Anotation end \_\_\_\_\_

## 4.6 Immunological adaption and Intervention methods

### Amino acids, polyamines

Amino acids and peptides are involved in whether infectious diseases will go on unremarkable or chronic in some patients. The polyamines spermine and spermidine possibly have a considerable influence here. Spermin has a stabilizing effect on cell nucleus substances, on DNA structures.

Chaperones, "chaperones", accelerate the correct folding in the polyamine folding process and they promote the protein cohesion without becoming a part of the structure itself.

### Chaperons

[http://www.kabilahsystems.de/virulenz\\_inhibitoren.pdf](http://www.kabilahsystems.de/virulenz_inhibitoren.pdf)

[http://www.xerlebnishaft.de/endo\\_reticulum.pdf](http://www.xerlebnishaft.de/endo_reticulum.pdf)

### **Autors to the topic Spermin. [Related links in the bibliography under 2.10](#)**

Tabor WC (1962), Mattman L (1964), HaroldFM (1964), Hirschman S (1967), Lapinski EM (1970), Raina A (1975), Eisenberg T (2009, 2016), Kaeberlein M (2009), Büttner S (2010), Morselli E (2010, 2011), Sigrist SJ (2014), Gupta VK (2016)

### **Autors to the topic intracellular stay. [Related links in the bibliography under 2.10](#)**

Wolbach SB (1919), Ma Y (1991), Hauptl TH (1992), Klempner MS (1993), Hulinska D (1995), Girschick HJ (1996), Dorward DW (1997), Chary-Valckenaere I (1998), Livengood JA (2006)

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

#### **4.7 The individual immunological equipment of the host organism**

The host organism responds with a change in its immunological profile depending on its internal and external environment, intracellularly and extracellularly.

**The host organism needs about six weeks to produce an adequate amount of antibodies.**

<http://www.xerlebnishaft.de/complement.pdf>

<http://www.kabilahsystems.de/antizyt-chem.pdf>

#### **4.8 Membranes – ATPases, Efflux Mechanisms**

The membrane ATPase and the membrane transporters (carriers), the efflux pump are proteins that are found in all living things. They transport disruptive molecules from inner to outer sides of cells. Also, this pumping mechanism is an essential cause for the antibiotic resistance of bacteria and of fungi to antimycotics. <https://de.wikipedia.org/wiki/Effluxpumpe>

Known effluxpump inhibitors:

Verapamil (Calcium antagonist), Reserpine („Reservoir draining tool“ biogenic amines)

Pyrazinamid <http://www.xerlebnishaft.de/pyrazinamid.pdf>

Phenothiazin <http://www.xerlebnishaft.de/phenothiazine.pdf>

**Autors to the topic membran ATPases, Efflux Mechanisms. [Related links in the bibliography under 2.10](#)**

Webber MA (2003), Gibbons S (2003), Mahamoud A (2007), Adams (2011), Amara L (2011, 2013, 2014), Yu EW (2013), Kristiansen JE (2013)

[http://www.erlebnishaft.de/danger\\_model.pdf](http://www.erlebnishaft.de/danger_model.pdf)

Anotation start \_\_\_\_\_

#### **The Co-Players (Overview)**

[The dynamic genom http://www.xerlebnishaft.de/dynamic\\_genome.pdf](http://www.xerlebnishaft.de/dynamic_genome.pdf)

[Immunsuppressive viruses http://www.erlebnishaft.de/immunsuppressvirose.pdf](http://www.erlebnishaft.de/immunsuppressvirose.pdf)

[Viruses, Bacteria, Immunity http://www.erlebnishaft.de/virusbaktimmun.pdf](http://www.erlebnishaft.de/virusbaktimmun.pdf)

[Virus triggers http://www.erlebnishaft.de/virus triggers.pdf](http://www.erlebnishaft.de/virus triggers.pdf)

**The Pathogenity – Factors** [http://www.xerlebnishaft.de/bakt\\_pathogenitaetsfaktoren.pdf](http://www.xerlebnishaft.de/bakt_pathogenitaetsfaktoren.pdf)

[Virulence - Inhibitors http://www.kabilahsystems.de/virulenz\\_inhibitoren.pdf](http://www.kabilahsystems.de/virulenz_inhibitoren.pdf)

[Immunity http://www.erlebnishaft.de/danger\\_model.pdf](http://www.erlebnishaft.de/danger_model.pdf)

[Immunity suppressing Viruses http://www.erlebnishaft.de/immunsuppressvirose.pdf](http://www.erlebnishaft.de/immunsuppressvirose.pdf)

[Bacterial - Persisters http://www.xerlebnishaft.de/trotzantibiosepat.pdf](http://www.xerlebnishaft.de/trotzantibiosepat.pdf)

[Cancer Stemm zells- / Bacterial - Persister http://www.xerlebnishaft.de/krebsstammzelltherapie.pdf](http://www.xerlebnishaft.de/krebsstammzelltherapie.pdf)

**The Phosphate – World, nukleic acids** <http://www.xerlebnishaft.de/lebensstrukturenvergleich.pdf>

[The horizontal gene transfer http://www.erlebnishaft.de/genstransfer.pdf](http://www.erlebnishaft.de/genstransfer.pdf)

[Bacteriophages http://www.kabilahsystems.de/bakteriophagen.pdf](http://www.kabilahsystems.de/bakteriophagen.pdf)

[The RNA - World http://www.xerlebnishaft.de/rna.pdf](http://www.xerlebnishaft.de/rna.pdf)

## **The Thioester – World, Amino acids, Peptides, Fatty acids and Aromates**

<http://www.xerlebnishaft.de/lebensstrukturenvergleich.pdf>

[Complement http://www.xerlebnishaft.de/complement.pdf](http://www.xerlebnishaft.de/complement.pdf)

[Tolllike receptors http://www.erlebnishaft.de/TLR2\\_1\\_3\\_7\\_13.pdf](http://www.erlebnishaft.de/TLR2_1_3_7_13.pdf)

[Genetic factors http://www.xerlebnishaft.de/genetische\\_faktoren.pdf](http://www.xerlebnishaft.de/genetische_faktoren.pdf)

[P53 – Protein http://www.erlebnishaft.de/p53.pdf](http://www.erlebnishaft.de/p53.pdf)

[Biogenic amino acids and peptide http://www.kabilahsystems.de/biogeneamineundpeptide.pdf](http://www.kabilahsystems.de/biogeneamineundpeptide.pdf)

[pH, Vacuolar-type H<sup>+</sup>-ATPase \(V-ATPase\) http://www.kabilahsystems.de/ph.pdf](http://www.kabilahsystems.de/ph.pdf)

[Mitochondriopathy http://www.xerlebnishaft.de/mitochondrien.pdf](http://www.xerlebnishaft.de/mitochondrien.pdf)

[Immune markers http://www.xerlebnishaft.de/defizienzspektrum.pdf](http://www.xerlebnishaft.de/defizienzspektrum.pdf)

[Methyl cycle http://www.erlebnishaft.de/methylierung.pdf](http://www.erlebnishaft.de/methylierung.pdf)

[Vitamins http://www.xerlebnishaft.de/vitamine.pdf](http://www.xerlebnishaft.de/vitamine.pdf)

[Fatty acids http://www.kabilahsystems.de/ungesaettfetts.pdf](http://www.kabilahsystems.de/ungesaettfetts.pdf)

[Electrolyte-s and trace elements http://www.xerlebnishaft.de/elektro\\_spur\\_ph.pdf](http://www.xerlebnishaft.de/elektro_spur_ph.pdf)

[Polyphenoles http://www.kabilahsystems.de/polyphenole.pdf](http://www.kabilahsystems.de/polyphenole.pdf)

[Prions http://www.erlebnishaft.de/prione.pdf](http://www.erlebnishaft.de/prione.pdf)

**The Nanometer – World** <http://www.xerlebnishaft.de/lebensstrukturenvergleich.pdf>

[Self organization, Pattern matching, Nanometer - Biology](http://www.erlebnishaft.de/selbst_muster_nano.pdf)

[http://www.erlebnishaft.de/selbst\\_muster\\_nano.pdf](http://www.erlebnishaft.de/selbst_muster_nano.pdf)

[Symbiosis http://www.erlebnishaft.de/symbiogenese.pdf](http://www.erlebnishaft.de/symbiogenese.pdf)

[Inflammation, Lymphoma, Neoplasma http://www.xerlebnishaft.de/borrel\\_inflam\\_lymphom\\_neopl.pdf](http://www.xerlebnishaft.de/borrel_inflam_lymphom_neopl.pdf)

## **The immunological competence of the host organism**

Milieu, intracellular and extracellular.

Autophagy is an important component of the innate and the acquired, the adaptive immune system. The "xenophagy, a subspecies of autophagy, is a very effective defense mechanism against pathogenic germs as long as these germs can not multiply in constricted vesicles intracellularly undisturbed".

<http://www.xerlebnishaft.de/xenophagie.pdf>

Source of origin: Lenzen-Schulte M, Zylka-Menhorn V (2016) Autophagie: „Selbstverstümmelung“ als Überlebensstrategie. Dtsch Arztebl 113(40), A-1740 / B-1469 / C-1461

<https://www.aerzteblatt.de/archiv/182779/Autophagie-Selbstverstueummelung-als-Ueberlebensstrategie>

### **«Select compounds that induce autophagy:**

Carbamazepine Lowers inositol and Ins(1,4,5)P<sub>3</sub> levels,

Clonidine Lowers cAMP levels,

Lithium Lowers inositol and Ins(1,4,5)P<sub>3</sub> levels,

Metformin Upregulates AMPK, which phosphorylates ULK1 and beclin 1,

Rapamycin (and rapalogs) Inhibits mTORC1,

Verapamil Inhibits L-type Ca<sup>2+</sup> channel, lowering intracytosolic Ca<sup>2+</sup>,

Tyrosine kinase inhibitors Inhibit Akt-mTOR signaling and beclin 1 tyrosine phosphorylation, increase beclin 1/Parkin interaction,

Caffeine Inhibits mTOR signaling,

Omega-3 polyunsaturated fatty acids Inhibit Akt-mTOR signaling; disrupt beclin 1 and Bcl-2 binding,

Resveratrol Activates sirtuin 1,

Spermidine Acetylase inhibitor

Vitamin D Calcium signaling, hCAP18/LL37-dependent transcription of autophagy genes »

Source of origin: Levine B et al. (2015) Development of autophagy inducers in clinical medicine. JCI The Journal of Clinical Investigation. <https://www.jci.org/articles/view/73938/pdf>

<https://www.jci.org/articles/view/73938/pdf> <https://www.jci.org/articles/view/73938>

Temperature between 25 to 38 degrees Celsius, Water, Salts and other components like

Complement system	<a href="http://www.xerlebnishaft.de/complement.pdf">http://www.xerlebnishaft.de/complement.pdf</a>
P53	<a href="http://www.erlebnishaft.de/p53.pdf">http://www.erlebnishaft.de/p53.pdf</a>
Cytokines, Chemokines	<a href="http://www.kabilahsystems.de/antizyt-chem.pdf">http://www.kabilahsystems.de/antizyt-chem.pdf</a> <a href="http://www.xerlebnishaft.de/kommentinhalt_zell.pdf">http://www.xerlebnishaft.de/kommentinhalt_zell.pdf</a>
Xenoautophagy	<a href="http://www.xerlebnishaft.de/xenoautophagie.pdf">http://www.xerlebnishaft.de/xenoautophagie.pdf</a> <a href="http://www.xerlebnishaft.de/lysosomotropika.pdf">http://www.xerlebnishaft.de/lysosomotropika.pdf</a>
DNA-Methylation	<a href="http://www.xerlebnishaft.de/bildmethyl-arginin.pdf">http://www.xerlebnishaft.de/bildmethyl-arginin.pdf</a> <a href="http://www.erlebnishaft.de/methylierung.pdf">http://www.erlebnishaft.de/methylierung.pdf</a>
MicroRNAs	<a href="http://www.xerlebnishaft.de/krebsstammzelltherapie.pdf">http://www.xerlebnishaft.de/krebsstammzelltherapie.pdf</a>
Chaperone	<a href="http://www.xerlebnishaft.de/endo_reticulum.pdf">http://www.xerlebnishaft.de/endo_reticulum.pdf</a>
Hydrogen ions concentration, Ph-values, Electrolytes, Vitamins, Hormones	<a href="http://www.xerlebnishaft.de/elektro_spur_ph.pdf">http://www.xerlebnishaft.de/elektro_spur_ph.pdf</a> <a href="http://www.xerlebnishaft.de/vitamine.pdf">http://www.xerlebnishaft.de/vitamine.pdf</a> <a href="http://www.kabilahsystems.de/biogeneamineundpeptide.pdf">http://www.kabilahsystems.de/biogeneamineundpeptide.pdf</a> <a href="http://www.kabilahsystems.de/polyphenole.pdf">http://www.kabilahsystems.de/polyphenole.pdf</a>
Inflammasomes	<a href="http://www.erlebnishaft.de/inflammasom.pdf">http://www.erlebnishaft.de/inflammasom.pdf</a>
Antibodies	<a href="https://de.wikipedia.org/wiki/Antik%C3%B6rper">https://de.wikipedia.org/wiki/Antik%C3%B6rper</a>
Virulence inhibitors	<a href="http://www.kabilahsystems.de/virulenz_inhibitoren.pdf">http://www.kabilahsystems.de/virulenz_inhibitoren.pdf</a>
Heat, Phagocytose, neutrophil extracellular traps	<a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4811905/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4811905/</a> <a href="http://www.xerlebnishaft.de/therapeutische_hyperthermie.pdf">http://www.xerlebnishaft.de/therapeutische_hyperthermie.pdf</a>
Anticoagulation	<a href="http://www.kabilahsystems.de/hyperkoagulation.pdf">http://www.kabilahsystems.de/hyperkoagulation.pdf</a>
Eosinophilia and Mast Cell Activation Disorder (MCAD)	<a href="http://www.xerlebnishaft.de/eosinophilie.pdf">http://www.xerlebnishaft.de/eosinophilie.pdf</a>
Chemotaxis	<a href="http://www.xerlebnishaft.de/chemotaxis.pdf">http://www.xerlebnishaft.de/chemotaxis.pdf</a>
Pattern recognition receptors	<a href="http://www.erlebnishaft.de/TLR2_1_3_7_13.pdf">http://www.erlebnishaft.de/TLR2_1_3_7_13.pdf</a>
Self-organization	<a href="http://www.erlebnishaft.de/selbst_muster_nano.pdf">http://www.erlebnishaft.de/selbst_muster_nano.pdf</a>
Relationship-organization	

Anotation end \_\_\_\_\_

#### **4.9 Biofilms, Quorum sensing**

The formation of biofilms is a widespread survival strategy of microorganisms when they are exposed to harsh environmental conditions. Biofilms are archaic (primeval) total organisms, at the same time beneficial organisms and in certain situations pests. It is a normal process. Biofilms are symbiogenetic structures composed of different microorganisms, attached to surfaces, but also can live intracellular (in host cells as separate acting entities) or as free floating metastatic organisms. Biofilms consist of pleomorphic bacterial forms and of their original forms, of virus species, archees, protozoa, fungi and microalgae, the pleomorphic forms probably far outweighing. Biofilms are "Cities of Microbes" with horizontal (sive lateral) gene transfer, its own profile, its own supply system, its own language and its own will.

<http://www.erlebnishaft.de/biofilmmed.pdf>

<http://www.xerlebnishaft.de/quorum.pdf>

<http://www.erlebnishaft.de/gentransfer.pdf>

[http://www.xerlebnishaft.de/dynamic\\_genome.pdf](http://www.xerlebnishaft.de/dynamic_genome.pdf)

1. Biofilms live in rhythms and cycles.
2. The Bacterial-Language, the Esperanto of Biofilms is named Quorum Sensing.  
<http://www.xerlebnishaft.de/quorum.pdf>
3. Biofilms are very structurally stable.
4. Biofilms metastasize.
5. Biofilms manipulate the mental and physical behavior of their host, see Cavete – diagnoses on [6](#) and Microbiom on <http://www.kabilahsystems.de/probiotika.pdf>
6. Biofilms are the main cause of therapy resistance in chronic diseases.
7. Biofilms can be treated mechanically, electrically, physically and chemically.  
<http://www.xerlebnishaft.de/quorum.pdf>
8. Biofilms officially can not be cultivated in the laboratory (long time incubation).
9. Biofilms can simulate tumors and leukemia.

But not every tumor, not every leukemia is a result of infection with a pathogen.

**Autors to the topic biofilms. [Related links in the bibliography under 2.6](#)**

Costerton JW (1994, 1995, 2x1999, 2001, 2007), Marsh PD (1995), Davey ME (2000), Brown SP (2001), Lewis, K. (2001), Kaiser D (2001), Stoodley P (2002), Stewart PS (2002), Donlan RM (2002), Parsek MR (2003), Webb JS (2003), Hammer BK (2003), Stevenson B (2003), Szewzyk U (2003), Sauer K (2003), Hall-Stoodley L (2004), Cogan NG (2005), Ristow P (2008), Kerksiek K (2008), Eisendle M (2008), Nadell CD (2009), Ito A (2009), Rumbaugh KP (2009), Uroz S (2009), Luecke DF (2009), Anderson GG (2010), Wieser A (2011), Mehvish S (2011), Choisy C (2011), Neelson KH (2011), MacDonald AB (2012), Sapi E (2012, 2016), Alavi MR (2012), Zoubos AB (2012), Bjarnsholt T (2012, 2013), Maianskiĭ AN (2012), Wolcott R (2012), Wood TK (2012), Lanter BB (2014), Wu S (2014), Schaller J (2014), Timmaraju A (2015), Feng J (2016), Muakkassa FK (2016), Azeredo J (2016), Allen HB (2017), Sapi E (2019)

**[4.10](#) Anti – Biofilm – Drugs**

Biofilms only form when the special exchange of information, the quorum sensing between the bacteria involved and their form variants and the other players works. Anti - biofilm drugs only work when they are able to interfere with the bacterial quorum sensing of microbes (with the "e - mail network" of bacteria and virus species).

**Medicines in the list of therapy options under [8.7](#)**

**Autors to the topic Anti – Biofilm Drugs. [Related links in the bibliography under 2.7](#)**

Gilbert P (1990), Hentzer M (2003), Rasmussen TB (2005, 2006), Alkawash MA (2006), Musk DJ Jr. (2006), Bjarnsholt T (2007), Girennavar B (2008), Bjarnsholt T (2008), Kociolek MG (2009), Gutierrez JA (2009), Bassler BL (2010), Lowery CA (2010), Marsden DM (2010), Ponnusamy K (2010), Maezono H (2011),

Sambanthamoorthy K (2011), Valenti P (2011), Worthington RJ (2012), Lebeaux D (2012), Lönn-Stensrud J (2012), Jakobsen TH (2012), Truchado P (2012), van Delden C (2012), Wang R (2012), Wynendaele E (2012), Quave CL (2012), Phillips DS (2012), Cady NC (2012), Song C (2012), Christensen QH (2013), CheniaHY (2013), Kalia VC (2013), Kumar et al, (2013), Conlon BP (2013), Burt SA (2014), Padmavathi AR (2014), Borges A (2015), Zhang W<sub>1</sub> (2015), Brackman G (2015), Wu H (2015), Rabin N (2015), Ribeiro SM (2016), Huges G (2017), Koo H (2017), Lu L (2019), ClinicalTrials.gov. (2019), Liegner KB (2019), Hwang G (2019)

Anotation start \_\_\_\_\_

### **Differences between Bacteria and Archaea**

The ribosome endowment of archaea and eukaryotes (plants, animals, protozoa, oncobionts, microalgae, fungi and microfilariae / nematodes) differs significantly from the ribosome endowment of the bacteria in the group of the prokaryotes. The common antibiotics block the ribosome equipment of the bacteria, but not the ribosome equipment of the nucleated eukaryotes and of the archaea. The organization of the eukaryotes is similar to the organization of the archaea and they do not at all belong into the groups characterised as bacterial creatures.

### **Antibiotic Combination – Longterm – Therapies**

Combination long term antibiotics are standard in the treatment of leprosy, M. Whipple, acne vulgaris pustulosa et conglobata, chronic bacterial prostatitis, chronic obstructive pulmonary disease (COPD), malaria and other chronic infectious diseases.

For patients who have tuberculosis, the rules of the Robert Koch Institute must be applied. There you can read:

"The treatment of tuberculosis is done exclusively with a combination of drugs". ...

"Standard short-term treatment of pulmonary tuberculosis in adults is understood as 6-month chemotherapy."

... "A longer duration of therapy may be required even with a complicated course of the disease (eg multiple organ involvement) and is also recommended for HIV-positive patients." ...

"Basically, the treatment of these patients in has to be the hand of in the treatment of tuberculosis experienced doctors".

(2019) Ratgeber für Tuberkulose aus dem Robert Koch Institut (RKI).

[https://www.rki.de/DE/Content/Infekt/EpidBull/Merkblaetter/Ratgeber\\_Tuberkulose.html#doc2374486bodyText10](https://www.rki.de/DE/Content/Infekt/EpidBull/Merkblaetter/Ratgeber_Tuberkulose.html#doc2374486bodyText10)

Anotation end \_\_\_\_\_

## **4.11 Horizontal Gene Transfer; Autoimmunity**

Horizontal gene transfer (HGT) or lateral gene transfer (LGT) is the transfer of genetic information material (RNA and DNA) from one organism to another.

### **Plasmids, e.g. as resistance – Genes („R – Factors“)**

<http://www.erlebnishaft.de/gentransfer.pdf>

[http://www.xerlebnishaft.de/gen\\_dynamik.pdf](http://www.xerlebnishaft.de/gen_dynamik.pdf)

### **Antibiotic resistance**

<http://www.erlebnishaft.de/staphylococcus aureus.pdf>

<http://www.erlebnishaft.de/immunsuppressvirus.pdf>

<http://www.erlebnishaft.de/virusbaktimmun.pdf>

<http://www.erlebnishaft.de/virusstriggers.pdf>

### **The Methyl – Cycle**

<http://www.xerlebnishaft.de/bildmethyl-arginin.pdf>

<http://www.erlebnishaft.de/methylierung.pdf>

### **RNA, DNA and the endoplasmatic reticulum**

[http://www.kabilahsystems.de/virulenz\\_inhibitoren.pdf](http://www.kabilahsystems.de/virulenz_inhibitoren.pdf)  
<http://www.xerlebnishaft.de/rna.pdf>  
[http://www.xerlebnishaft.de/endo\\_reticulum.pdf](http://www.xerlebnishaft.de/endo_reticulum.pdf)

**Autors to the topic horizontal gene transfer and auto immunity. [Related links in the bibliography under 2.8](#)**

Sonea S (1983), Zinder ND (1992, 1952), Hoffmann T (1994), Lorenz MG (1994), Mitten D (1996), Clerc S (1998), Dröge M (1998), Nielsen KM (1998), Bertolla F (1999), Smalla K (2x2000), Ochman H (2000), Koonin EV (2001), Salzberg SL (2001), Bushman F (2002), Margulis L (2002, 2003), Van Elsas JD (2003), Munksgaard L (2004), Qiu W-G (2004), Hartmann A (2004/2005), MacDonald AB (2006), Sridhar Rao PN (2006), Choi CQ (2007), Dunning Hotopp JC (2007, 2011), Ho M-W (2008), Pudztai A (2009), McGinty S (2011), Schröder G (2011), Anderson MT (2011), Leister D (2011), Guinane CM (2011), Sinkovics JG (2011), Das Biotechnologie und Life Sciences Portal Baden-Württemberg. (2012), Moran Y (2012), Yue J (2012), Robinson KM (2013, 2014), Riley DR (2013), Boto L (2014), Mayoral J (2014), Crisp A et al. (2015), Chrostek E (2017)

In the case of tumorous degenerated host cells, the possible cause of the infection is no longer in the first place of the treatment efforts, but now the tumor cell. Nevertheless antibiotic and anti-biofilm treatments have not lost their importance in this new framework.

**Autors to the topic Tumor – Autoneogenesis see on page 41. [Related links in the bibliography under 2.8](#) and [2.13](#) (Tumor environment inflammation)**

**[4.12](#) Symbiosis, Selforganization, Pattern matching, Pattern recognition**

Symbiosis or symbiogenesis is called the fusion of two or more different organisms in a single organism. Ectosymbiosis: The partners are separated. Endosymbiosis: One of the partners was taken into the body of the other. Symbiogenesis is the evolutionary change through the inheritance of acquired genetic skills.

Danger Model concerning immunology [http://www.erlebnishaft.de/danger\\_model.pdf](http://www.erlebnishaft.de/danger_model.pdf)

Symbiosis <http://www.erlebnishaft.de/symbiogenese.pdf>

Self-organization [http://www.erlebnishaft.de/selbst\\_muster\\_nano.pdf](http://www.erlebnishaft.de/selbst_muster_nano.pdf)

Genetransfer <http://www.erlebnishaft.de/gentransfer.pdf>

For chronic multisystem diseases caused by pathogens, the extended form of Koch 's postulates applies. It is the postulate of sequence-based identification of virulence - traits of pathogens, the postulate of comparative causes of infectious diseases.

[http://www.xerlebnishaft.de/expand\\_koch\\_post.pdf](http://www.xerlebnishaft.de/expand_koch_post.pdf)

**Autors to the topic symbiosis. [Related links in the bibliography under 2.10](#)**

<http://www.erlebnishaft.de/symbiogenese.pdf>

<http://www.xerlebnishaft.de/mitochondrien.pdf>

De Bary A (1878), Mereschkowsky C (1905, 1910, 1920), Wolbach SB (1919), Kozo-Polyansky BM (1924, 2010), Wallin IE (1927), Margulis L (1970, 1986, 1990, 1993, 1999, 2002, 2011), Taylor FJR (1979), Schwemmler W (1980), Sitte P (1989, 1991, 1994, 2001, 2004), Preparata G (1995), Lang BF (1999), Ewald PW (2000), Hentschel U (2000), van den Ent F (2x2001), Mattman LW (2001), Kutschera U (2001, 2002, 2004, 2005, 2x2009, 2011, 2012), Fokin S (2004), Sapp J (2002, 2004), Kuznetsov AP (2002), Hoffmeister M (2003), Dyall SD (2004), Löwe J (2004), Chapman B (2007), Huismans BD (2007), Ryan FP (2007), Alliegro MC (2009, 2011, 2012), Senkenbach G (2010), Zielinski F (2010), Kudryashev M (2011), Rumpo ME (2011), Dattagupta Sh (2011), Chaisiri K (2015), Schönknecht G (2013), Brandstetter J (2017)

**Sexual transmission** <http://www.kabilahsystems.de/borreliensexuellschwanger.pdf>

**Autors to the topic Nucleolus, Centro-Kinetosome, Undulipodia; Cytobones, Cytotubes, Sex.** [Related links in the bibliography under 2.10](#)

<http://www.xerlebnishaft.de/zytoskelett.pdf>

Love R (1966, 1968), Ugrinova I (2007), Alliegro MC (2009, 2011, 2012)

**Autors to the topic Selforganization.** [Related links in the bibliography under 2.10](#)

[http://www.erlebnishaft.de/selbst\\_muster\\_nano.pdf](http://www.erlebnishaft.de/selbst_muster_nano.pdf)

<http://www.xerlebnishaft.de/zytoskelett.pdf>

Bernard C (1859, 1878), Maxwell JK (1867 / 1868), Canon WB (1926), Wiener N (1948, 1961, 1963), Bertalanffy (1948, 1957, 1976), Shannon CE (1949, 1998), Ashby WR (1956), Love R (1966, 1968), Clynes M (1969), King JL (1969), Fröhlich H (1970, 1975), Merrill CR (1971), Röhler R (1973), Sachsse H (1974), Cruse H (1981), Thompson NS (1981), Sonea S (1983), Kimura M (1983), Luhmann N (1984, 2001), An der Heiden (1985), Roth G (1986), Lewin R (1992), Kauffmann S (1996), Lee HD (1996), Margulis L (1997, 2011), Cramer F (1998), Matzinger P (1998), Dietrich WJ (2000), Chapman MJ (2000), Moran NA (2000), Salzberg SL (2001), Tamas I (2002), Timmis JN (2004), Douglas F (2005), Okamoto N (2005), Choi CQ (2007), Huismans BD (2007), Dunning Hotopp JC (2007), Ugrinova I (2007), Seckbach J (2010), Alliegro MA (2010, 2011, 2012), Wu J (2011), Meijer DKF (2012, 2016, 2017, 2018), Pereira C (2015), Jerman I (2016)

**Autors to the topic pattern matching.** [Related links in the bibliography under 2.10](#)

Campbell CT (1966), Lorenz K (1973), Trochim WMK (1985), Matzinger P (1998, 2001, 2002), Gibson W (2005), Meylan E (2006), Huismans BD (2007), Blander JM (2012)

[http://www.erlebnishaft.de/TLR2\\_1\\_3\\_7\\_13.pdf](http://www.erlebnishaft.de/TLR2_1_3_7_13.pdf)

Anotation start \_\_\_\_\_

**The serial endosymbiont theory.** [Related links in the bibliography under 2.10](#)

Invaded rickettsiae became mitochondria in the animal cell.

<http://www.xerlebnishaft.de/mitochondrien.pdf>

An animal cell is an archaic cell (Archaeae) with invading spirochaetes. (Theory of serial primary endosymbiosis of Margulis L 1970)

Penetrated spirochaetes have become structure building and calculatory acting elements in the nucleated cells of the eukaryotes, and gave up their DNA into the nucleolus of the nucleolus in the nucleus.

<http://www.xerlebnishaft.de/zytoskelett.pdf>

DeDuve Ch (1994) Ursprung des Lebens. ("Cytobones and Cytotubes")

<http://www.amazon.de/Der-Ursprung-Lebens-Pr%C3%A4biotische-Entstehung/dp/3860251872>

The nucleolus is the RNA-rich particle that is seen in the nucleolus of the nucleus in connection with the cell spindle, the centrosome kinetosome. (MC Alliegro 2011, L Margulis, D Sagan 1986).

<https://www.google.de/search?hl=de&q=margulis+lynn&cad=h> [https://works.bepress.com/lynn\\_margulis/21/](https://works.bepress.com/lynn_margulis/21/)

Anotation end \_\_\_\_\_



## 5 Anamnesis, physical examination, pathogens, antibiotics, costs

### 5.1 Anamnesis Checklist

Surname, first name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ DATE: \_\_\_\_\_

Patient comes alone / is accompanied by:

Occupation Social situation, health insurance  
Tick on the body when? Red spot at the sting site?

Incapacity for work: Yes, since ..... / No Pending: Yes / No Handicapped ID available: Yes / No

Married, Widowed, Single, Divorced, Partnership, Children Family History:

**Name and address of the responsible family doctor**

Disease. Hospitalization visits and specialist visits with diagnoses

Incompatibilities, allergy, atopy/allergy pass available? Smoking, alcohol, drugs, medicines,  
Pets

Stays abroad vaccinations, vaccination certificate available? Yes No

Nutrition and sleep history

Lactose / fructose - intolerance?

**Reason and purpose of the current consultation, ask open questions**

Previous history: diseases, operations (pharyngeal tonsils, appendix), accidents

### [Related links in the bibliography under 2.11](#)

<http://www.xerlebnishaft.de/anamnese.pdf> [Liability exclusion](#) All statements without guarantee

## 5.2 Physical examination checklist

Surname, first name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ DATE: \_\_\_\_\_

Height: ..... cm Weight: ..... kg  
Changes in body weight over the past 6 months: no / yes (..... kg)  
RR right arm: RR left arm: Pulse: /Min.  
Acute infection at the moment: no / yes

### Examination:

General condition: Nutritional condition:  
Head:  
Oral cavity, tongue, palatine tonsils, teeth:  
Skin (pallor, cyanosis, jaundice/ icterus, exanthema):  
Acrodermatitis chronica atrophicans - skin no / yes, where? Morphea no / yes, where?  
Swollen/ enlarged lymph nodes (neck, throat, armpit (axilla), groin) no / yes, where?  
Thyroid (no abnormality detected (NAD), hard, soft, nodes)


### Thorax and thorax organs:

Scars (cicatrices) no / yes, where?  
Breasts, without pathological findings:  
Heart (action constant, no pathological cardiac murmur):

### Abdomen:

Scars (cicatrices) no / yes, where?  
Enlarged liver yes / no: Spleen palpable yes / no:  
Pressure pain no / yes, where?  
Palpable resistances no / yes, where?  
Hernia closed no / yes  
Renal bed NAD  
External genitals, without pathological findings  
Rectal examination: no NAD

### Vessels:

 Abnormalities?

### Musculoskeletal System:

Joints moving freely and flexible:  
Oedema, varices, leg ulcer no / yes, where?  
Spinal column NAD, percussion tenderness:

### Neurological Examination:

Ipsilateral pupils, react promptly to light and convergence  
Speech – normal:  
Acuteness of vision – normal:  
Hearing – normal:  
Smelling sense – normal:  
Patellar reflex (knee jerk reflex) right normal / left normal:  
Achilles reflex (ankle jerk reflex) right normal / left normal:  
Babinski – negative: Romberg – negative:  
Skin and deep sensibility (dysaesthesia) – in good order after approximate check:

### Exit of Nerves:

Ataxia – non-existent: Tremor – negative  
Power – NAD on both sides:



### Other:

Mood Attention  
Orientation Memory

**Depressivity scale** (Modified corresponding to JI Scheik und JA Yersavage, 1986)

What is?	Yes	No
Are you basically happy with your life?		
Are you in a good mood most of the time?		
Do you feel comfortable most of the time?		
Do you think it's nice to live now?		
Do you feel full of energy?		
Have you given up many of your interests and activities?		
Do you feel that your life is unfilled?		
Are you worried that something will happen to you?		
Do you feel helpless?		
Are things that you mastered well now a problem for you?		

**Orienting depression index (Sum of the grey underlaid boxes):**

**Disanility status**

What is?	Yes	Cypher
Normal neurological findings		1
Minimal disability		2
Limited walking ability		3
Walking distance up to 500 m		4
Walking distance up to 200 m		5
Need for a walker		6
wheelchair		7
Wheelchair and external support when changing position		8
Helpless, bedridden patient		9
The End		10

**orienting disability index:**

**Creation date:**

**Signature:**

[Liability exclusion](#) All statements without guarantee

[Related links in the bibliography under 2.11](#)

### 5.3 The pathogen spectrum

#### Viruses

<http://www.erlebnishaft.de/immunsuppressvirus.pdf>

[Coxsackie Virus](#)

[Epstein Barr Virus](#)

[Herpes Virus Arten](#)

Cytomegalo virus

Hepatitis C virus

Measles virus

Polio virus

Varizella zoster virus

Enterovirus

[Parvo B19 virus](#)

Influenza virus

Rubella virus

West Nile Virus

[Phlebi v., Borna v., Powasan virus](#)

HIV

[Humane endogenous retrovirus species](#)

<http://www.xerlebnishaft.de/krebsstammzelltherapie.pdf>

#### Bacteria

[Bartonella](#) <http://www.kabilahsystems.de/bartonellen.pdf>

[Chlamydia](#)

[http://www.kabilahsystems.de/chlamydia\\_pneumoniae.pdf](http://www.kabilahsystems.de/chlamydia_pneumoniae.pdf)

[Mycoplasma](#)

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

[Anaplasma / Ehrlichia](#)

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

[Atypical Mycobacteria \(MOT\)](#)

[http://www.kabilahsystems.de/atypical\\_mycobacteria.pdf](http://www.kabilahsystems.de/atypical_mycobacteria.pdf)

Streptococci

Listeria

Haemophilus influenzae

Franziselles

Shigelles

Meningokokki

Coxielles

[Yersinia](#)

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

#### Spirochätes

[Borrelia](#)

<http://www.xerlebnishaft.de/trotzantibiosepat.pdf>

Leptospire

Treponemes

#### Protozoa, Apicomplexa

[Babesia](#)

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

[Toxoplasma](#)

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

Plasmodium

#### Yeasts

[Candida](#)

#### Fungi

Cryptococcal

Coccidia

Histoplasmas

#### Polypeptides und Priones

[Variant Creutzfeldt-Jakob](#)

<http://www.erlebnishaft.de/prione.pdf>

#### Parasites

Blastocysts

[Mikrofilaria / Nematodes](#)

<http://www.xerlebnishaft.de/mikrofilarien.pdf>

Taeniae

### Table 2: Spectrum of parasites

<http://www.xerlebnishaft.de/infektursachenspektrum.pdf> <http://www.erlebnishaft.de/staphylococcusaureus.pdf>

<http://www.xerlebnishaft.de/mitochondrien.pdf> [http://www.xerlebnishaft.de/chronisch\\_eng.pdf](http://www.xerlebnishaft.de/chronisch_eng.pdf)

<http://www.erlebnishaft.de/kommentalternativ.pdf>

[Liability exclusion](#) All statements without guarantee

## 5.4 Antibiotics and their main indications

### Antibiotics with main indications GREEN and X

GREEN = Main indication  
X = possible indications

Never do monotherapy in chronic infectious diseases !

Antibiotika Gruppen	Pathogens Drugs	Borrelien	Bartonellen	Yersinien	Babesien Protozoa	Chlamydien	Mykoplasmen	Ehrlichien	Mycobakterien MOTS	Toxoplasmen	Morgellen	Virusarten
		Betalactames	<a href="#">Ceftriaxon</a>	X*	x							
	<a href="#">Cefuroxim</a>	K*		X*								
	<a href="#">Amoxicillin</a>	X	X*									
Macrolids	<a href="#">Azithromycin</a>	X*	X*	X	X	X*	X*	X*	X	X	X*	x
	<a href="#">Clarithromyc.</a>	K*				x			x			
	<a href="#">Avermectin</a>				?					?		
Lincosamides	<a href="#">Clindamycin</a>				X X					X		
Tetracyclines	<a href="#">Min./Dox./T.</a>	X*	X*	X	X	X	X	X	X	X	X*	x
Ansamycins	<a href="#">Rifampicin</a>		X*		X	X	X	X	X	X		
Chinolones (restricted !!)	<a href="#">Levofloxazin</a>			X X		X	Coxiellen, Franzisellen, Rickettsien ..					
	<a href="#">Ciprofloxazin</a>		X			X		x				
Vitamin- antagonists	<a href="#">Cotrimatzol</a>	K*	X*	X	X	X	X	X	X	X	X*	
	<a href="#">Dapson® @</a>	X					X		X			
Antimetabo- lites	<a href="#">Sulfadiacine</a>	X				x				X		
	<a href="#">Daraprim®</a>									X		
Antiprotozoik	<a href="#">Malarone® @</a>				X					x		
Lysosomo- tropics	<a href="#">Artemisia +</a>	X*	X*	X	X	X*	X	X	X	X	X*	X
	<a href="#">Hydr.chloroq.</a>	X*	X*	*	X	x	x	x	*	*	X*	*
Nitroimidaz.	<a href="#">Metronidazole</a>	X			X	x					X*	
Antimycotics	<a href="#">Fluconazol</a>	X									X*	
Antihelminthics	<a href="#">Mebendazol @</a>										X*	
Virustatics a. Phenothiazines	<a href="#">Inosiplex, Ama</a>	*	*	*	*	*	*	*	*	*	*	X X
	<a href="#">Valaciclovir</a>											X
pH	<a href="#">Lactulose</a>	X	x	x	x	x	x	x	x	x	x	x
Phyto Standard	<a href="#">Phytother. 1</a>	X*	x	x	x	X*	x	x	x	x	x	x
	<a href="#">Phytother. 2</a>	X	x	x	x	X	x	x	x	x	x	x
Others	<a href="#">Pyrazinamid</a>		.		.	.	.	.	X			
	<a href="#">Methylenbue</a>	.			.	.	.	.		.		
	<a href="#">INH</a>					.			.			
	<a href="#">AmphoMoral</a>	.									X	
	<a href="#">Rifaximin</a>			x					X			
	<a href="#">Tigecyclin</a>	.				.	.	.				
	<a href="#">Vancomycin od</a>	<a href="#">Fida</a>										
	<a href="#">Daptomycin</a>	X										
<a href="#">Phosphomycinn</a>												
<a href="#">Mupirocin 2%</a>												

Last revision in august 2019 [www.Huismans.click](http://www.Huismans.click)



<http://www.xerlebnishaft.de/antibiosetherapie.pdf> [Liability exclusion](#) All statements without guarantee

Table 3: pathogenic agents and pathogen specific antibiotics

## 5.5 Diagnostics and therapy – costs in Germany (Checklist and Overview)

Name of the Patient

This pattern is valid in Germany only.

Kostenübersicht Regelversorgung vom \_\_\_\_\_ zur persönlichen Information

Kostenstand 05 /2019 [Variante zur Vorlage bei der Krankenkasse http://www.kabilahsystems.de/heil-nd\\_kostenplan.pdf](http://www.kabilahsystems.de/heil-nd_kostenplan.pdf)

### Diagnostik Kosten

Gebiet	GOÄ	Leistungsbeschreibung	EUR
<b>ERSTUNTERSUCHUNG</b>			
	A30	Erstanamnese nach biographischen und Individuellen Gesichtspunkten; entspr. GOÄ 30 Erhebung homöopath. Erstanamnese; 60 Min.	120,65
<b>Internistische Erstuntersuchung</b>	7	Körperliche Untersuchung	32,70
	800	Eingehende neurologische Untersuchung	26,15
	826	Gezielte neurologische Gleichgewichts- und Koordinationsprüfung	13,27
	831	Vegetative Funktionsdiagnostik	10,72
	857	Anwendung und Auswertung orientierender Testuntersuchungen	6,76
	250	Blutabnahme+Material+Vorbereitungskosten	6,00
	75	Ausführlicher, aufwändiger Befundbericht	26,35
	76	Schriftlicher Diätplan	9,38
	A78	Behandlungsplan für die Chemotherapie	24,13
	70	Kurze Bescheinigung	5,36
		<b>Summe internist. Erstuntersuchung ca.</b>	<b>281,47</b>
<b>Vorab beim Hausarzt oder in der Konsiliararztpraxis</b>	651	EKG + Materialkosten (privat 36,55 €)	36,55
	410	Ultraschall ein Organ (privat 26,81 €)	26,81
	3x420	Ultraschall je weiteres Organ (privat 32,16 €)	32,16
<b>Labor vorab beim Hausarzt oder in der Konsiliararztpraxis</b>		Gr.Blutbild., GOT, GPT, Gamma GT, LDH, Cholinesterase, Bilirubin, gesamt Amylase, Lipase, Creatinkinase, Kreatinin, Harnsäure, Natrium, Kalium, TSH basal, Alkalische Phosphatase, Blutzucker pp. (privat ~58,33 €)	58,33
<b>Laborfachärztliche Erstuntersuchung, Auswahl nach Absprache mit dem Patienten</b>		C-reaktives Protein	13,41
		Serum-Eiweiss und Elektrophorese	15,42
		Neopterin	32,17
		Homocystein	38,20
		Ferritin	16,70
		Chlamydia pneumoniae IgG/IgA-AK	46,92
		<b>Tickplex plus</b> IgG-/IgM-Antikörper (Borrelia, Bartonella, Babesia, Ehrlichia, Coxsackie, Epstein BarrVirus, Parvovirus, Mycoplasma, Rickettsia).	454,46
		<b>Summe Fachlabor Erstuntersuchung ca.</b>	<b>617,28</b>
<b>Eventuell notwendig werdende Zusatz-Untersuchungen</b>		Lymphozytendifferenzierung	198,39
		<b>Profil Multisystemerkrankung</b> (TNF-alpha, IP-10, ATP intrazellulär, MDA-LDL, Histamin, Nitrotyrosin)	179,94
<b>NACHUNTERSUCHUNG</b>			
	A31	Folgeanamnese mit Beurteilung, 30 Minuten	60,33
<b>Internistische Nachuntersuchung</b>	5	Symptombezogene Untersuchung	16,31
	250	Blutabnahme+ Material+ Vorbereitungskosten	6,00
	A78	Behandlungsplan für die Chemotherapie,	24,13
	75	Befundbericht	17,43

<b>Summe internistische Nachuntersuchung nach jeweils 3 Monaten ca.</b>			<b>124,20</b>
<b>Labor Nachuntersuchung</b>		Kleines Blutbild+Thrombozyten, GOT, GPT, GGT, Kreatinin, Kalium, Calcium, Blutzucker	N.N.
<b>nach 3 und nach 6 Mon. eventuell beim Hausarzt</b>		Borrelia Elispot o.a. CPDA (Immunologie) CD3/CD57/CD56/CD45-Zellen (nat. Killerz.)	141,41 81,78
<b>Summe Laborärztliche Nachuntersuchung nach jeweils 3 Monaten ca.</b>			<b>223,19</b>

Unvorhergesehene Veränderungen und Schwierigkeiten bei der Diagnostik oder Therapie, durch notwendige Hausbesuche oder zusätzliche Beratungen und Untersuchungen, EKG, Ultraschall, Blutbild oder durch besondere Umstände bei der Ausführung können zu Kostenveränderungen führen.

Wir arbeiten nach den Vorgaben der Internationalen Lyme and associated disease society (ILADS) und der Deutschen Borreliose Gesellschaft (DEUBO). Wir verwenden nur zugelassene diagnostische Verfahren, zertifizierte Laboratorien und Standard - Arzneimittel. <https://www.grin.com/document/432181>

Die entstehenden Laborkosten und die Medikamentenkosten können nur geschätzt werden. Eine Auflistung und die Zustellung der Rechnung erfolgt separat durch den Laborarzt <https://www.arminlabs.com/de> <https://www.blackholm.com/home/> <https://www.imd-berlin.de/fachinformationen/diagnostikinformationen/entzuendungsdiagnostik-bei-multisystemerkrankungen.html> bzw. durch den Apotheker.

Wenn sich aus dem klinischen Befund im Zusammenhang mit den Laborergebnissen die Begründung einer (möglichst zielgerichteten) Behandlungsstrategie ergibt:

**Therapie Kosten Spektrum - nach Indikation ohne eine eventuelle Adjuvant Use Therapie (z.B. Probiotika oder pflanzlichen Entzündungsmodulatoren etc.)** <http://www.kabilahsystems.de/phytotherapie.pdf>  
[http://www.kabilahsystems.de/adjuvant\\_use.pdf](http://www.kabilahsystems.de/adjuvant_use.pdf)

Arzneimittelplan	Für 3 Monate
Arzneimittelkosten Variante 1, Basis ca.	181,38
Arzneimittelkosten Variante 2, Basis plus Virus ca.	281,89
Arzneimittelkosten Variante 3, Basis plus atypische Mycobacterien ca.	477,71
Arzneimittelkosten Variante 6, Basis plus bakterielle Dauerformen, Persister ca.	354,72
Arzneimittelkosten Variante 8, Basis plus Protozoen - Befall ca.	300,62
Arzneimittelkosten Variante 9, Basis plus Mikrofilarien / Nematoden - Befall ca.	251,18
<b>Durchschnittliche Medikamentenkosten für jeweils 3 Monate ca.</b>	<b>400,00</b>

§ 2 Abs. 1a SGB V „(1a) 1Versicherte mit einer lebensbedrohlichen oder regelmäßig tödlichen Erkrankung oder mit einer zumindest wertungsmäßig vergleichbaren Erkrankung, für die eine allgemein anerkannte, dem medizinischen Standard entsprechende Leistung nicht zur Verfügung steht, können auch eine von Absatz 1 Satz 3 abweichende Leistung beanspruchen, wenn eine nicht ganz entfernt liegende Aussicht auf Heilung oder auf eine spürbare positive Einwirkung auf den Krankheitsverlauf besteht. 2Die Krankenkasse erteilt für Leistungen nach Satz 1 vor Beginn der Behandlung eine Kostenübernahmeerklärung, wenn Versicherte oder behandelnde Leistungserbringer dies beantragen. 3Mit der Kostenübernahmeerklärung wird die Abrechnungsmöglichkeit der Leistung nach Satz 1 festgestellt.“ [https://www.anwalt24.de/gesetze/sgb\\_v/2](https://www.anwalt24.de/gesetze/sgb_v/2) <http://www.kabilahsystems.de/off-labeluse.pdf>

Die Behandlungsverfahren nach dem allgemein anerkannten medizinischen Standard waren bei meiner Krankheit bisher erfolglos. Die Krankheit ist lebensbedrohlich. Nach Aussage meines Arztes überwiegt - bei ständiger Kontrolle meines Gesundheitszustandes während der Therapie – im Verhältnis zu der Schwere meiner Erkrankung der voraussichtliche Nutzen des konkreten Heilversuchs deutlich gegenüber den möglichen Risiken. Zu meiner Krankheit bin ich ordnungsgemäß aufgeklärt worden.

<http://www.kabilahsystems.de/einwilligungserkaerung.pdf> <http://www.erlebnishaft.de/labor.pdf>

Eine Zusage der Kostenübernahme durch die Krankenkasse muss schriftlich erfolgen. Die mündliche Zusage allein ist unwirksam. [http://www.kabilahsystems.de/arzt-goae\\_1996.pdf](http://www.kabilahsystems.de/arzt-goae_1996.pdf) Eine Kopie dieses Schreibens habe ich erhalten.

\_\_\_\_\_  
Date, Signature and stamp of advisory doctor

\_\_\_\_\_  
Date and signature of the Patient

**[Related links in the bibliography under 2.11](#)**

<http://www.kabilahsystems.de/kostenplan.pdf> [Liability exclusion](#) All statements without guarantee

## 6 Cavete – Diagnoses

Gustav von Bergmann (1928, 1932) named cavete diagnoses as "pure organ neuroses, ptoses and atonia of internal organs, intestinal spasms, intestinal fermentation problems, adhesions, rheumatic complaints, intercostal neuralgia, abdominal angina, vagotonias, sympatricotonias". For Rudolf Gross (1969), Cavete diagnoses were "diagnoses by exclusion, symptomatic diagnoses, states of something, essential, habitual, endogenous syndromes, and ill-defined diseases and syndromes." These Cavete diagnoses are for him a "separate group between the right and the wrong diagnoses".

[http://www.erlebnishaft.de/cavete\\_diagnosen.pdf](http://www.erlebnishaft.de/cavete_diagnosen.pdf)

Cavete diagnoses can in our times also include the following diagnoses, Huismans BD (2012)

[http://www.xerlebnishaft.de/cavete\\_diagnosen.pdf](http://www.xerlebnishaft.de/cavete_diagnosen.pdf).

**[Related links in the bibliography under 2.12](#)**

### **6.1 Vegetative, psychosomatic and dermatologic diagnoses**

· **CFS (Chronic Fatigue Syndrome), ME (myalgic encephalomyelitis)**

[http://www.erlebnishaft.de/chronic\\_fatigue.pdf](http://www.erlebnishaft.de/chronic_fatigue.pdf)

**Authors on the pathogen spectrum. Related links in the bibliography under 2.12.1:**

#### **Immunosystem**

Calligiuri M (1987), 2 x Straus SE (1988), Klimas NG (1990), Wakefield D (1990), Gupta S (1991), Landay AL (1991), Lad AR (1993), Ojo-Amaize EA (1994), Cannon JG (1999), Patarca-Montero R (2001), Zang, Z (2008), Feng J (2009), Fletcher MA (2009), Fletcher MA (2010), Egger G (2012), Feng J (2013), Vanelzakker MB (2013), Elfaitouri A (2013), Üçeyler N (2013), Brenu EW (2013), Nakatomi Y (2014), Hornig M (2015), Underhill RA (2015), Saury JM (2016), Nguyen T (2017), Montoya JG (2017), Hotamisligil GS (2017)

#### **Viruses**

Buchwald D (1987), Gurvis S (1987), Behan PO (1988), Dowsett, EG (1990), Wessely S. (1991), Miller NA (1991), DeFreitas E (1991), Holmes MJ (1992), Buchwald D (1992), Hay J (1994), Gow JW (1994), Swanink CMA (1994), White P (1994), Glaser R (2005), Hickie I (2006), Singh IR (2010), Mikovits JA (2011), Enksen W (2017), Feiring B (2017)

#### **Bacteria and misfolded proteins**

Shor S (2011), Donta ST (2014), Patrick DM (2015),

#### **Toxins**

Hilgers A (1994), Stejskal V (2013)

Anotation start \_\_\_\_\_

### **Synonyma Chronic Fatigue Syndrom, Fibromyalgia**

CFS – Chronic fatigue syndrome, SEID - Systemic exertion intolerance disease, Myalgische, Island-Krankheit, Enzephalomyelitis, Myalgische Enzephalopathie ME, Benign Myalgic Encephalomyelitis M, Low Natural Killer Cell Syndrome LNKS, Chronic Fatigue Immune Dysfunction Syndrome CFIDS; Febricula (leichtes Fieber), DaCosta-Syndrom, Effort-Syndrom, Soldiers heart Neurasthenie, Immundysfunktionssyndrom

### **Diagnostic of Chronic Fatigue Syndrom, Fibromyalgia**

Esfandiyarpour R, Kashi A, Nemat-Gorgani M et al. (2019) A nanoelectronics-blood-based diagnostic biomarker for myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS). PNAS May 21, 2019 116 (21) 10250-10257; first published April 29, 2019 <https://doi.org/10.1073/pnas.1901274116>



- **Dermatologic**

- **Morgellons Disease** <http://www.erlebnishaft.de/morgellonsdisease.pdf>

Authors on the pathogen spectrum. [Related links in the bibliography under 2.12.2](#)

**Bacteria and misfolded proteins**

Raymond CJ (1988), Read DH (1992), Dunne Jr WM (1993), Grund S (1995), Borgmann IE (1996), Döpfer D (1997), CHOI BK (1997), Stricker RB (2007), Middelveen MJ (2011, 2013, 2015, 2 x 2016, 2018), Mayne P (2013), Finch JJ (2014), Walker R (2015)

- Lupus erythematoses, Mycosis fungoides

<https://www.ncbi.nlm.nih.gov/pubmed/27393975>, Linear IgA disease,

Alopezie <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4387695/>,

Erythema migrans, Livedo racem., Erysipel,

Lichen sclerosus et atrophicus [http://www.erlebnishaft.de/lichen\\_sclerosus.pdf](http://www.erlebnishaft.de/lichen_sclerosus.pdf),

Authors on the pathogen spectrum. [Related links in the bibliography under 2.12.3](#)

**Immunosystem**

Belz D (2013),

**Viruses**

Aid S (2010),

**Bacteria**

Asbrink E (1985), Aberer E (1988), Schempp Chr (2 x 1993), Trevisan G (1994), Colomé-Grimmer MI (1997), Fujiwara H (1997), Svecova D (2000), Ozkan S (2000), Breier F (2001), Kaya G (2001), Eisendle K (2008), Wilk M (2016)

Erythema migrans, Akrodermatitis chron.atroph. (ACA), Scleroderma

## **6.2 Neurological and psychiatric Diagnoses**

- **Neurologic; senses, movement and awareness**

Microtubules, Intracellilar Microtubes (the Cytoskeleton and Cytobrain), Spirochaetes, the Zentrosome-Kinetosome <http://www.xerlebnishaft.de/zytoskelett.pdf>

- **HNO-diseases** [http://www.xerlebnishaft.de/hoeren\\_und\\_spirochaeten.pdf](http://www.xerlebnishaft.de/hoeren_und_spirochaeten.pdf)

Authors on the pathogen spectrum. [Related links in the bibliography under 2.12.4](#)

**Bacteria**

Stoiber L (1989), Walther LE (2003), Espiney Amaro C (2015)

- Angina plaut vinzent, Actinomykosis <http://www.xerlebnishaft.de/aktinomykose.pdf>

- **Eye diseases** [http://www.xerlebnishaft.de/lyme\\_augenbefall.pdf](http://www.xerlebnishaft.de/lyme_augenbefall.pdf)

Authors on the pathogen spectrum. [Related links in the bibliography under 2.12.5](#)

**Bacteria**

Wu G (1986), Balesewicz AA (1988), Baum J (1988), Bertuch AW (1988), Aalberg TM (1989), Winward KE (1989), Bienvenot M (1990), Kaufmann DJ (1990), Smith JL (2x1991), Liu AN (1993), Zaidman GW (1993), Berglöff J (1994), Schubert HD (1994), Leys AM (1995), Lesser RL (1995), Gérard P (1996), Mikkilä H (1997), Savas R (1997), Meier P (1998), Reed JP (1998), Mikkilä H (1999, 2000), Wade NK, (2000), Cunningham Jr ET (2000), Rothermel H (2001), Fatterpekar GM (2002), Carvounis PE, (2004), Pérez de Arcelus M (2008),

Mora P (2009), Massimo Accorinti (2009), Sauer A (2009), Norfarizal Ashikin A (2014), Berghoff W (2014), Correll MH (2015), Psatta DM (2015), Sathiamoorthi S (2016), Tan CL (2017)

#### **Toxins**

Rorsman H (1996), Moschos MM (2004), Victoria McGovern (2005), Barabasi Z (2008), Saliba N (2010), Ostheimer TA (2014)

#### • **Multiple Sklerosis** <http://www.erlebnishaft.de/multipleskleroseborreliose.pdf>

**Authors on the pathogen spectrum.** [Related links in the bibliography under 2.12.6](#)

#### **Viruses**

Perron H (2000, 2009), Firouzi R (2003), Christensen T (2005), Levin LI (2005), Cossu D (2012), Djelilovic-Vranic J (2012), Tselis A (2012), Olival GS (2013), Mameli G (2013), Angelini DF (2013), Garcia-Montojo M (2013), Mancuso R, Saresella M (2013), Garcia-Montojo M (2014), Sutherland S (2014), Mameli G (2014), Lossius A (2014), Mechelli R (2015), Campbell A (2017), Hassani A (2018), Pender MP (2018)

#### **Bacteria**

Buzzard EF (1911), Bullock WE (now Gye) (1913), Steiner G (1917, 1918, 2019, 1927, 1928, 1952, 2x1954) Simmering (1918), Gye F (1921), Kaberlah (1922), Sicard (1922), Stepanopoulo (1922), Schlossman (1923), Blacklock (1924), Wilson (1927), Rogers HJ (1932), Simons (1933), Hassin (1939), Adams (1948), Ichelson R (1957), Gay D (1986), Kurtz SK (1986), Marshall V (1988), Liegner KB (1990, 1992), Smielewska-Badora J (2000), Rostasy K, (2003), Fritzsche M (2004) Cossu D. (2012), Chen J (2016), Jangi S (2016), Barazin SE (2017, 2018), Tankou SK (2018), Kriesel JD (2019)

#### **Protozoa**

Kissler H (2001)

#### **Nematodes**

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

#### • **Amyotrophic Lateralsklerosis (ALS)** <http://www.xerlebnishaft.de/als.pdf>

**Authors on the pathogen spectrum.** [Related links in the bibliography under 2.12.7](#)

#### **Immunology**

Cashman NR (1985), Cruets M (1993), Jeong SY (2009), Mitchell J (2010), Deng HX (2011), DeJesus-Hernandez M (2011), Renton AE (2011), Herdewyn S (2012), Friedland RP (2012), Boeve BF (2012)

#### **Bacteria**

Waisbren BA (1987), Fredrikson S (1988), ElAaouli F (1990), Halperin JJ (1990), Hänsel Y (1946, 1995), Li YR (2013), Miller AI (2017)

#### **Mycoses, fungi**

Alonso R (2017)

#### **Toxins**

Watts DL (1988), Yasui M (1993), Zecca L (2004), Mastroberardino PG (2009), Wang Q (2011), Rouault TA (2013), Veyrat-Durebex C (2014)

#### • **Dementia, Alzheimer´s Disease, Parkinson**

<http://www.erlebnishaft.de/alzheimerspirochaetosis.pdf>

**Authors on the pathogen spectrum.** [Related links in the bibliography under 2.12.8](#)

#### **Immunosystem**

Iqbal K (2005), Abramov E (2009), Turcel C (2009), Zempel H (2010), Späni C (2015), Abbot (2016) DiBiagio JR (2016), Haas C (2016), Girolamo F (2017), Bredesen DE (2017), Jucker M (2015, 2017) Vojdani A (2018), Moir (2018)

#### **Neuroglia**

Hoeijmakers L (2016), Soreq L et al. (2017)

#### **Viruses**

Itzhaki R, Literature 1960 - 2016

#### **Herpes simplex virus Type 1 (HSV1)**

Wisniewsky HM (1978), Lord MA (1980), Saldanha J (1986), Smith TA (1989), Jamieson GA (1991) Stanley LC (1994), Itzhaki (1997, 2008, 2014, 2016, 2018), Beffert U (1998), Hemling N (2003) Wozniak MA (2007, 2x2009, 2011) Zambrano A (2008), Letenneur L (2008) De Chiara G (2010) Cheng SB (2011), Lerchundi R

(2011) Bearer EL (2013), Carter CJ (2013), Ball MJ (2013) Lövheim H (2014, 2 x 2015), Mancuso R (2014), Martin C (2014) Bourgade K (2015, 2016), Civitelli L (2015), Gillet L (2015), Piacentini R (2015), Harris SA (2015), Nian-Sheng Tzeng (2018), Readhead B (2018)

#### **HIV Virus**

Esiri MM (1998) Smith DB (2014)

#### **Bacteria and misfolded proteins**

Schaudinn FR (2x1905), MacDonald AB (1986, 1987, 1988, 4 x 2006, 2x2007, 2008, 2016), Pappolla MA (1989), Miklossy J (1990, 1993, 1994, 1998, 2004, 3 x 2006, 3 x 2008, 2011, 2012, 2013, 2014, 2015, 2016), Riviere GR (1991, 2002), Waniek C (1995), Balin (1998), Green DA (2005), Meer-Scherrer L (2006), Blanc F (2014), Maheshwari P (2014), Blanc F (2014), Fischer O (2015), Allen HB (2016, 2018), Zahn (2016), Ide (2016), Chen CK (2016), Bastian (2017), Alonso R (2018), Allen HB (2018)

#### **Chlamydia pneumoniae**

Balin BJ (1998, 2008, 2014) Little CS (2004, 2005) Boelen E (2007) Maheshwari P, (2014, 2015)

#### **Propriion bacterium acnes**

Kornhuber HH (1995, 1996)

#### **Helicobacter pylori**

Kountouras J (2006)

#### **Porphyromonas gingivalis**

Dominy SS (2019), MacKenzie (2019)

#### **Mycoses, fungi**

Pisa D (2013, 2x2015, 2017) Alonso R (2 x 2014, 2017, 2018), AlzForum (2015)

#### **Nematoda**

McDonald A (2016)

#### **Air pollution, Nanoparticles**

Kirschvink JL (1992) Pankhurst Q (2008) Moulton PV (2012) Teller S (2015) Chau-Ren Jung (2015)

#### **Toxins**

Portelius E (2016), Killin LOJ (2016), Pretorius (2016), Mirza A (2017), Klotz (2017)

• Creutzfeldt – Jakob – Disease etc. <http://www.erlebnishaft.de/prione.pdf>

• **Neurological Patients** [http://www.xerlebnishaft.de/neurologische\\_patienten.pdf](http://www.xerlebnishaft.de/neurologische_patienten.pdf)

**Authors on the pathogen spectrum. [Related links in the bibliography under 2.12.9](#)**

#### **Immunosystem**

Pillero PJ (2003), Ramesh G (2015), Reiber H (2016),

#### **Viruses**

Ahmed S (2000), Nicholson GL (2008),

#### **Bacteria**

Riggs CE (1914), Sterman AB (1982), Pachner AR (1988, 2x 1989), Schroeter V (1988), Kollikowski HH (1988), Kohler J (1988), Ackermann R (1988), Logigian EL (1990), Gila L (1990), Krupp LB (1991), Krüger H (1991), Barnett W (1991), Pfister HW (1993), Horneff G (1993), Gutknecht J (1994), Dekonenko EP (1995), Caliendo MV (1995), Kobayashi K (1997), Corral I (1997), Riedel M (1998), Shetty T (1998), Pollina DA (1999), Bransfield RC (1999, 2017, 2x2018), Hess A (1999), Faul JL (1999), Tager F (2001), Poplawska R (2001), Newberg A (2002), Cowley G (2004), Abbott RA (2005), Hájek T (2006), Créange A (2007), Chabria SB (2007), Gustaw-Rothenberg K (2008), Chandra A (2010), Karosi T (2010), Markeljevi J (2011), Miklossy J (2012), Ibrahim M (2012), Sinclair L (2013), Martínez-Balzano CD (2014), Puri BK (2014), Sokolov AA (2015), Gampourou F (2015), Ebner (2018)

• **ADHS (Attention Deficit Hyperaktiviy Disorder), Autism, psychiatric disorder „Broader Autism Phenotype“ (BAP), Asperger-Syndrome, Bipolar Disorder**  
[http://www.erlebnishaft.de/psychiatric\\_patients.pdf](http://www.erlebnishaft.de/psychiatric_patients.pdf)

**Authors on the pathogen spectrum. [Related links in the bibliography under 2.12.10](#)**

#### **Immunosystem**

Bransfield RC (2x2012), Bechter K. (2013), Stich O (2014), Avramopoulos D (2015), Gacias M (2016), Alam R, (2016, 2017), Weber (2017), Abbott (2018)

#### **Viruses**

Arias I (2012), Coughlin SS (2012), Bechter K (2013), Mazaheri-Tehrani E (2014)

#### **Bacteria**

Kohler J. (1990), Rundell JR (1985), Fallon BA (1992, 1993, 2x1994, 2x1995, 1997, 1998, 2000, 2001, 2004, 2x2006), Barnett W (1991), Pfister HW (1993), van den Bergen HA (1993), Stein SL (1996), Nadelman RB (1997), Liegner KL (1998), Papparone PW (1998), Hess A (1999), Battaglia H (2000), Sherr VT. (2000), Tager FA (2001), Fritzsche M. (2002), Hajek T (2002, 2006), Stricker R (2003), Bar KJ (2005), Bransfield RC (2007, 2008, 2009, 2012, 2013, 2016, 2x2015, 2018), Scheffer RE (2007), Legatowicz-Koprowska M (2008), Duncan T (2008), Fellerhoff B (2011), Pasareanu AR (2012), Banerjee R (2013), Rosner B (2014), Ribeiro FM (2017)

#### **Protozoa**

Varney NR (1997), Dugbartey AT (1998), Thiam MH (2002), Markovitz A (2014)

#### **Neurocysticercosis, nematodes, filaria**

Huismans H. (1979), Mahajan SK (2004), Wallin MT (2004), Garcia HH (2014)

#### **Mycoses, fungi**

Severance EG (2016)

· Guillan Barré (Landry Guillan Barré Strohl Syndrom), CIDP (chron. inflammator. demyelinating Polyneuropathy)

Polyradiculoneuropathy, PANDAS (Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections)

Parsonage-Turner Syndrom, Epillepsy <http://www.ncbi.nlm.nih.gov/pubmed/25180856>

· Charcot Marie-Tooth (Hereditary motor-sensitve neuropathy Type I (HMSN)), Anti-NMDA-Rezeptor-Enzephalitis Polyneuritis, peripher nerve palsy, Paresis, Recurrent acute aseptic Meningitis

### **6.3 Rheumatologic, pneumological, gasroenterological Diagnoses**

· **Arthritis, Rheumatoide Arthritis, Juv. idiopathic Arthritis, Sjögren's syndrome** <http://www.erlebnishaft.de/arthritisiden.pdf>

Authors on the pathogen spectrum. [Related links in the bibliography under 2.12.11](#)

#### **Immunosystem**

Wen H (2011), Scher JU (2015), Catrina AI (2016)

#### **Viruses**

Warren SK (2x1969, 1971, 1972, 1975, 2x1979), Schumacher HR Jr. (1975), Godzeski CW (1978), Simpson RW (1984), Cohen BJ (1986), Lovy MR (1996), Lovy MR (1996), Wollenhaupt J (1997), Takahashi Y (1998), Balandraud N (2004), Alvarez-Lafuente R (2005), Shah N (2014), Zeana C (2016),

#### **Bacteria**

Cook J (1969), Waitzkin L (1969), Fraser KB (1971), Bartholemew LE (1972), LeBar WD (1975), Denys GA (1981), Malavista SE (1984), Wirostko E (1989), Scerpella TA (1992), Lichtman SN, (1993), Scharr S (2002), Leirisalo-Repo M, (2003), Zeidler H (2004), Hsieh Y-F (2007), Poehlmann KE (1997 / 2012), Müller KE (2012), Markowicz M (2015), Arvikar SL (2017), Shiboski CH (2017), Smiyan SI (2018), Alunno A (2018), Smiyan S (2019), Jutras BL (2019)

· Rheumatic fever, Polymyalgia rheumatica <http://vimeo.com/3154687>

· **Endokrinological** [http://www.thelancet.com/pdfs/journals/landia/PIIS2213-8587\(16\)30275-3.pdf](http://www.thelancet.com/pdfs/journals/landia/PIIS2213-8587(16)30275-3.pdf)

· Hashimoto thyreoiditis, Addison disease, Thyreoidea dysfunctions, Menopausal syndromes.

- **Pneumonological**

- **Cystic Fibrosis, Sarkoidosis (M.Boeck)**

<http://www.erlebnishaft.de/sarkoidose.pdf>

Authors on the pathogen spectrum. [Related links in the bibliography under 2.12.12](#)

**Immunosystem**

Grunewald J (2004, 2010), Gialafos E (2014), Rossides M (2018)

**Bacteria**

Jacob F (1989), Almenoff PL (1996), Ishihara M (1998), Klint H (2000), Izbicki G (2007), Gupta D (2007), Iannuzzi MC (2007), Derler AM (2009), Saidha S (2012), Müller-Querntheim J (2012), van Dee L (2018)

- **Gastroenterological**

- **Digestive tract** [http://www.xerlebnishaft.de/zahn\\_mundpflege.pdf](http://www.xerlebnishaft.de/zahn_mundpflege.pdf)

Authors on the pathogen spectrum. [Related links in the bibliography under 2.12.13](#)

**Bacteria**

Don Chalmers Lyons (1936), Pino Rivero V (2006), Biswas D (2010), Zhang B (2015), König MF (2016), Jinghua Sun J (2017), Carter ChJ (2017)

**Toxins**

Kulacz R (2002)

- **Leaky Gut, Colitis, Hepatitis, Cholecystitis**

[http://www.xerlebnishaft.de/gastroent\\_borr.pdf](http://www.xerlebnishaft.de/gastroent_borr.pdf)

Authors on the pathogen spectrum. [Related links in the bibliography under 2.12.14](#)

**Immunosystem**

Schuerer-Maly CC (1995), Stoll ML (2014), Costello ME (2014), Salvioli B, (2015), Perlmutter D (2015)

**Viruses**

Goellner MH (1988), Ruane PJ (1989), Dauzan YR (1990), Chiodini RJ (1993), Prantera C (1994), Fried MD (1996, 1999, 2x2002, 2004), Zaidi SA (2002), Sherr VT (2006), Borody TJ (2007), Chamberlin W et al. (2007), Clancy R et al. (2007), Selby W et al. (2007), Stein M. (2009), Schweig S (2014)

**Bacteria**

Zaidi SA (2002), Dejea ChM (2018)

**Mycoses, fungi**

Munoz P (1996, 2005), McFarland LV (2002), Cordell B (2013)

**Toxins**

Campbell AK (2010)

## **6.4 Nephrological, hämatological, angiological, sexual Diagnoses**

- **Chronic urinary tract infektion** <http://www.xerlebnishaft.de/cystitis.pdf>

Authors on the pathogen spectrum. [Related links in the bibliography under 2.12.15](#)

**Bacteria**

Fernandes PB (1977), Bosler EM (1986), Schwan TG (1988, 1989), Burgess EC (1988), Callister SM (1989), Chancellor MB (1990, 1992, 1993), Domingue GJ (1995), Bayer ME (1996), Dambach DM (1997), Bauerfeind R (1998), Haarala M (2000), Kirmizis D (2004, 2010), Chitale S (2005), Mc Causland FR (2011), Kim MH (2012), Rolla D (2013), Horney BS (2013), Littman MP (2013)

- Incontinence, Glomerulonephritis, Prostatitis ...

- **Hämatological**

- **Eosinophilia** <http://www.xerlebnishaft.de/eosinophilie.pdf>

**Authors on the pathogen spectrum. [Related links in the bibliography under 2.12.16](#)**

**Immunosystem**

Bluth MH (2007), Commins SP (2009, 2011), Van Nunen SA (2009), Erwin EA (2009), Burke G (2010), Reiter A (2011), Wolver SE (2012), Buda P (2015)

**Viruses**

Wedi B (2009)

**Bacteria**

Benach JL (1986), Vichova B (2014), Minciullo (2014)

**Nematoda, Filaria**

González-Miguel J (2010), Czajka C (2014)

**· Angiological, cardiological**

**· Micro-Angiopathy, Macro-Angiopathy <http://www.xerlebnishaft.de/angiopathie.pdf>**

**Authors on the pathogen spectrum. [Related links in the bibliography under 2.12.17](#)**

**Immunosystem**

Wenzel K (1996), Nichols L (2008), Choi AJS (2011), Moore KJ (2011), Libby P (2012), Towfique R (2013), Ramesh G (2023), Parthasarathy G (2013), Soloski MJ (2014), Back M (2015), Aiello AE (2017), Tuñón J (2018)

**Viruses**

Khang JH (2009)

**Bacteria**

Huismans BD (1969), Uldry PA (1987), Veenendaal-Hilbers, JA (1988), Meier C (1988), May EF (1990), Meurers B (1990), May EF (1990), Brogan GX (1990), Hammers-Berggren S (1993), Reik L Jr (1993), Delpla PA (1993), Defer G (1993), Henriksen TB (1997), Oksi J (1998), Cook PJ (1998), Wilke M (2000), Canver CC (2000), Zhang Y (2000), Prager M (2002), Heinrich A (2003), Romi F (2004), Schmiedel J (2004), Leonardi S (2005), Topakian R (2007, 2008), Rudenko N (2008), Fallon B.A (2009), Scheu JJ (2009), Adamaszek M (2010), Rai NK (2011), Hinterseher I (2012), Back T (2013), Renko J (2013), Ebady R (2016)

**· Cardiac stimulus conduction failure disease, Cardiomyopathy**

<http://www.xerlebnishaft.de/herzkrankheit.pdf>

**Authors on the pathogen spectrum. [Related links in the bibliography under 2.12.18](#)**

**Immunosystem**

Ryan MF (2013),

**Viruses**

Sayers EG (1958), Dung NM (2002), Dennert R (2008), Kuchynka P (2015), Agut H (2015), Verdonschot J (2016), Tracy KE (2017), Stanford University. (2018), Willis M (2018)

**Bacteria**

Steere AC (1980), Cornuau L (1984), Marcus LC (1985), Allal J (1986), Kapusta R (1986), Kirsch M (1988), van der Linde MR (1989), Mc Alister HF (1989), Stanek G (1990, 1991), Cary NR (1990), van der Linde MR (1990, 1991), Cox J (1991), Woolf PK (1991), Vegsundvag J (1993), Lorincz I (1989), Pinto DS (2002), Haddad FA (2003), Scheffold N (2003), Karaday B (2004), Seslar SP (2006), Lelovas P (2008), Tavora F (2008), LeLeiko RM (2008) Berger RE (2009), Earl TJ (2010), Wagner V (2010), Dolbec KW (2010), Semmler D (2010), Palecek T (2010), Bacino L (2011), Panic G (2011), Hidri N (2012), Piccirillo BJ (2012), Koene R (2012), Kubánek M (2012), Maher B (2012), Centers for Disease Control and Prevention (CDC) (2013), Plocarová K (2013), Krause PJ (2013), Nayak SU (2013), Deresinski S (2014), Fabian J (2014), Puri PK (2014), Hegerova LT (2014), Karatolios K (2014), Forrester JD (2x2014), Mannava K (2014), Rojas-Marte G (2014), Shenthara J (2014), Gaaloul I (2014), Błaut-Jurkowska J (2015), Noyes AM (2015), Yoon E (2015), Scheffold N (2015), Muehlenbachs A (2016), Kostić T (2016), Fuster LS (2017), Sharma AK (2017), Novak Ch (2017), US Centers for Disease Control. (2018), McGee M (2018), Willis M (2018), Kannangara DW (2019)

**· Wegener's Granulomatosis, Purpura Schoenlein-Hennoch (Pay attention to activated accompanying infections!)**

**· Pregnancy / Sexuality**

• Sexual transferability <http://www.kabilahsystems.de/borrelensexuellschwanger.pdf>

• **Tumor – Autoneogenesis**

<http://www.xerlebnishaft.de/krebsstammzelltherapie.pdf>

[http://www.xerlebnishaft.de/borrel\\_inflam\\_lymphom\\_neopl.pd](http://www.xerlebnishaft.de/borrel_inflam_lymphom_neopl.pd)

**Authors on the topic. [Related links in the bibliography under 2.13](#)**

Russel (1890, 1899), Hess (1997), Wainwright M (1999), Enby EOH (1984, 1994), Cantwell Jr A (1990), Lamb (2x2015), Kallik CA (2015), Jacqueline C (2017), Dejea ChM (2018)

[Liability exclusion](#) All statements without guarantee

## 7 Laboratory tests and imaging procedures

### 7.1 Checklist Laboratory etc. in chronic infectious – diseases

#### **Base 1, Laboratory examination**

**Large organ profile:** Great blood picture. GOT, GPT, Gamma GT, AP, LDH, cholinesterase, bilirubin, total amylase, lipase, creatine kinase, creatinine, uric acid, sodium, potassium, TSH basal, alkal. phosphatase, pp sugar, Syphilis screening, approx. **100,33 €**

#### **Tickplex plus:**

IgG-/IgM-Antibodies, (Borrelia, Bartonella, Babesia, Ehrlichia, Coxsackie, Epstein Barr Virus, Parvovirus, Mycoplasma, Rickettsia) approximately **454,46 €**

**Chronic inflammatory multisystem diseases,** <http://www.kabilahsystems.de/antizyt-chem.pdf>:

TNF alpha, IP-10, Histamin, ATP, MDA-LDL, Nitrotyrosin ca. **179,94 €**

**ECG** approximately **36,55 €**

**Sum of basic laboratory examinations (Base 1) in Germany approx. 771,28 €**

=====

#### **Base 2, enumeration of some supplementary laboratory investigations**

Inflammation markers	<b>Ferritine</b> , <a href="#">Homocystein</a> , Spermidin, Neopterin
T-Cells	LTT-Test, Elispot LTT, <a href="#">CD57</a> , Th1 / Th2 balance
B-Cells	IgA, IgM, IgG
Electrolytes and O2	Ca, <a href="#">Mg</a> , Si, measuring partial pressure of oxygen (finger)
Vitamins	Vitamin B1, B6, <b>B12</b> , Folic acid, Vitamin <b>D3</b>
Trace elements	Cr, Co, Fe, I, Cu, Mn, <b>Se</b> , Zn
<b>Heavy metals</b>	Aluminium, Cadmium, Lead, Copper, Mercury, Kreatinine
Hormones	<b>Cortisone-saliva test</b> , <b>TSH</b>
Amino acids,	Tryptophan (EDTA Blood) or Kynurenin (Urine),
Sulfuric acids	<a href="#">L-Arginin</a> , Methionin (SAME), <a href="#">Peptidoglykan</a>
Phosphatides	ATP intracellularly
<b><u>Viruses</u></b>	Coxsackie Virus, Epstein Barr Virus, Parvo Virus
<b>Microfilaria</b>	Knott-Test (Microfilaria / Nematode verification)
Inherited ptoperties	Beutler fluorescent spot test (Glucose-6-phosphate-dehydrogenase-deficiency) HLA-Groups, Tol like rezeptorens (TLR)-Mutant

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	<b>7.2 Laboratory at chron. Infectious – diseases</b>	<b>Call sign</b>	<b>€</b>
X	<b>Blood collection</b> plus material and packaging costs		<b>6,00</b>
	<b>Basic - Examinations</b>		
X	Large Organ profile; Gr.Blood count., GOT, GPT, Gamma GT, LDH, Che, Bili, ges.Amylase, Lipase, CreatinKinase, Kreatinin, Uric acid, Na, Kalium, TSH basal, Alkal. Phosphatase, Blood sugar pp.	S, E	58,33
X	Borrelia IgG/IgM-EIA (hochspezifisch mit 31 und 34)	S	46,92
X	Borrelia IgG/IgM Seraspot	S	107,24
X	Ehrlichia-IgG/IgM-AK	*OR <b>Tickplex plus</b> IgG-/IgM-Antibodies, (Borrelia, Bartonella, Babesia, Ehrlichia, Coxsackie, Epstein Barr virus, Parvo virus, Mycoplasma, Rickettsia) <b>454,46 €</b>	68,38
X	Bartonella IgG-AK		68,38
X	Babesia IgG/IgM-AK		68,38
X	Chlamydia pneumoniae IgG/IgA-AK		S
X	Mycoplasma pneumoniae IgG/IgM/IgA-AK	S	70,38
	<b>Sum</b>		<b>534,93</b>
	<b>Additionally Immunology</b> (recommended)		
	HsCRP	S	13,41
	Homocystein	S	38,20
	Total protein and Electrophoresis	S	15,42
	CD3/CD57/CD56/CD45-Cells	H,E	131,36
	Th1/Th2/Th17 Cytokine profile	H	117,30
	Ferritin	S	16,76
	Magnesium	**AND/OR <b>Chronic inflammatory Multi-system-diseases</b> TNF alpha +IP-10 +Histamin +ATP +MDA-LDL +Nitrotyrosin <b>179,94</b>	2,68
	Selenium		27,49
	<b>Sum</b>		<b>362,62</b>
	<b>Additionally Viruses</b> (recommended)		
	Epstein-Barr Serology (IFT) (EBV-Virus)	S	72,40
	Herpes simplex Virus IgG/IgM/IgA-AK (HSV-Virus)	S	64,36
	Cytomegalovirus IgG/IgM-AK (CMV-Virus)	S	48,27
	Coxsackie-IgM/IgA-AK	S	48,27
	Varizella Zoster Virus IgG/IgM/IgA-AK (VZV-Virus)	S	64,36
	Human Herpes Virus-6 IgG/IgM-AK (HHV-Virus)	S	60,33
	Human Herpes Virus-8 IgG-AK (HHV-Virus)	S	34,19
	<b>Sum</b>		<b>392,18</b>
	<b>If required Heavy metals</b>		
	Aluminium, Cadmium, Lead, Copper, Mercury, Krea.	Urine collect.	<b>140,08</b>
	<b>Hormones</b>		
	<u>Dehydroepiandrosteron (DHEA)</u>	N.N	N.N.
	Progesteron, Östradiol, Testosteron	N.N	N.N.
	<b>Sum</b>		N.N.
	<b>If required Vitamins</b> (recommended)		
	Vitamin D3	S	32,17
	Vitamin B6	E	38,21
	Vitamin B12	S	16,76
	Folic acid	S	16,76
	<b>Sum</b>		<b>103,90</b>
	<b>Additionally Microfilaria</b> (recommended)		
	Mikrofilaria / Nematoda, Knott-Test	E	N.N.

<b><u>Course control routine every 2 Weeks</u></b>		
X	Blood count+Thrombo, GOT, GPT, GGT, Krea., K, Ca, Bs.	S N.N.
<b><u>Course control routine every 3 Months</u></b>		
X	Blood count+Thrombo, GOT, GPT, GGT, Krea., K, Ca, Bs.	S N.N.
X	Borrelia Elispot *** or similar	CPDA 141,44
X	CD3/CD57/CD56/CD45-Cells ****	H,E 131,36
<b><u>If necessary further Investigations</u></b>		
	HbA1C	S 13,41
	Fibrinogen	H 12,06
	Partial thromboplastin time (PTT)	Citrat-Blut 3,35
	Borrelia Elispot	CPDA 141,44
	Ehrlichia Elispot	CPDA 65,02
	Bartonella IgM-AK	S 68,38
	Chlamydia pneumoniae Elispot	CPDA 65,02
	Chlamydia trachomatis Elispot	CPDA 65,02
	Chlamydia trachomatis IgG/IgA-AK	S 46,92
	Toxoplasma IgG/IgM-AK	S 46,92
	Yersinia Elispot	CPDA 65,02
	Yersinia IgG/IgA-AK	S 64,92
	Rickettsia IgG-AK	S 68,38
	Rickettsia IgM-AK	S 68,38
	Epstein Barr Virus Elispot	CPDA 103,23
	Cytomegalovirus Elispot	CPDA 65,02
	Exhinococcus spp. Serology	S N.N.
	Chlostridium difficile, Toxinn detection and culture	N.N. N.N.
	Bowel movement on pathogenic germs	N.N. N.N.
	Bowel movement on mold; quantitative detection of candida	N.N. N.N.
	Bowel movement on worm eggs	N.N. N.N.
	Bowel movement on protozoa	N.N. N.N.
	Urine strip test; Erythrozytes, Leukozytes, Nitrit	N.N. N.N.
	<b><u>Cyclic Citrulline Peptide-Antibodies (CCP-AK)</u></b>	S 30,16
	Porphyrins	Sammelurin N.N.
	Antinuclear antibodies titer (ANA-Titer)	S 19,44
	Extractable nuclear antibodies screening (ENA)	S 140,77
	Cytoplasmic antineutrophil cytoplasmic antibodies	S 38,88
	Borrelia-DNA-PCR	E 113,96
	Bartonella DNA-PCR	E 113,96
	Babesia/Rickettsia/Anaplasma-DNA-PCR	E 154,18
	Human Herpes virus 6-DNA-PCR (HHV-6 DNA)	E 113,96
	Human Herpes virus 8-DNA-PCR (HHV-8 DNA)	E 113,96
	Varizella Zoster Virus (VZV-DNA)	E 113,96
<b>S = Serum, E = EDTA-Blut, H = Heparin-Blut, AK = Antikörper</b>		
<b>CPDA = N.N., N.N. = non nominatus — (noch) nicht bekannt</b>		

Sources of origin: \*[Armin Labs, Augsburg](#), \*\*[IMD Labor Berlin](#), Year 2019

\*\*\* <http://www.erlebnishaft.de/ltt.pdf> \*\*\*\* <http://www.erlebnishaft.de/cd57.pdf>

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**Table 4: Laboratory in chronic multisystem diseases caused by pathogens**

## **ECG**, electrocardiogram

Some medications (such as macrolides and some psychotropic drugs) can prolong QT time. The QTc time is the QT time corrected in relation to the heart rate. QTc times greater than 500 ms are considered risky.

## **PET**, positron emission tomography

Indications are currently only: carcinomas, basal ganglia, dementia, epilepsy.

<https://de.wikipedia.org/wiki/Positronen-Emissions-Tomographie>

## **CSF**

CSF examinations in some or probably even a lot of cases are to a higher percentage false negative. "In 98% of cases in neurotuberculosis detection is successful. In 90% of the cases of HSV detection in herpes simplex encephalitis is successful, whereas in neuroborreliosis Borrelia can be detected only in 30-40% of the Cases". Reiber H, CSF diagnostics.

<http://www.horeiber.de/pdf/2.pdf>, Strle (2015)

## **Additional diagnostics needed for some diseases**

### Chronic fatigue

Viruses  
Catechol-o-methyltransferase  
Heavy metal – compilation

### Psychiatric Patients

Nematode - Diagnostic  
Protozoa - Diagnostic  
Pilz – Diagnostik

### Multiple Sklerosis

Viruses  
Nematodes - Diagnostic  
Treponema - Diagnostic

### Rheumatologic Patients

Virus – compilation  
Vitamin – compilation

### Amyotrophic Lateralsklerosis

Serum Iron, Ferritin  
D-Aminoacid oxydase  
Mold – Diagnostikc

### Gastroenterological Patients

Mycobakteriendiagnostik, MOTs  
Mold – Diagnostic

### Dementia, Alzheimer´s, Parkinson

Apolipoprotein E4 – Riscallele  
Alzheimer´s Peptid – Diagnostic  
Virus – compilation  
Serum Iron, Ferritin  
Mold – Diagnostic  
Levy – Bodies

### Hämatological Patients

Nematode – Diagnostic  
Mold – Diagnostic

### Angiological Patients

Virus – compilation

## 8 Risiks, Contraindications, Therapy – Options

### 8.1 Outpatient

#### Main contraindications and dosage in long - term antibiotic management

##### **Absolute:**

**Alcohol, drugs, tobacco smoke** (Smokers have a worse outlook than non Smokers)

**Paracetamol, Glucose-6-phosphate dehydrogenase deficiency**

**Immunosuppressive drugs** (eg, methotrexate, cortisone in high doses)

**Statins** (eg artovastatin, lovastatin, simvastatin)

Huismans BD. (1972) Life expectancy of men with chronic arterial occlusive disease, three-year study.

Lebensversicher Med 24 (6), 139-41

Weverling Rijinsburger-A, Blauw GJ, Lagaay AM (1997) Total cholesterol and risk of mortality in the oldest old. Lancet 350, 1119-1123

**Antiarrhythmics** (amiodaren, propafenone)

**Parkinson's drugs** (e.g. levodopa)

**Vitamin K antagonists** (eg warfarin; leave for a week, then substitutes)

**Omeprazole** (PPIS)

**Citrus fruits** (especially grapefruit), Johns herbs (hyperforin)

**Nonsteroidal anti-inflammatory drugs** (NSAID), excluding aspirin

**Most Psychotropics**

**Multi-morbid patient**

**Dialysis - patient**

##### **Relative:**

**Interferon therapy**

**birth control pills, hormone creams or patches**

**Quinidine** (No combination with Azithromycin)

<http://www.kabilahsystems.de/kostenplan.pdf> [Haftungsausschluss](#) Alle Angaben ohne Gewähr

### Special risks of antibiotic - long - term therapy

Gallenbladder – Complications in Infusion therapy with Ceftriaxone

Sepsis in lying catheter (foreign body)

Candida – Sepsis <http://www.xerlebnishaft.de/amphibiensterben.pdf>

Chlostridium difficile – Sepsis <http://www.xerlebnishaft.de/chlostridium.pdf>

Allergic and pseudoallergic Reactions (Jarisch-Herxheimer – Reaction)

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

DRESS = Drug reaction with eosinophilia and systemic syndroms

<http://www.xerlebnishaft.de/eosinophilie.pdf>

Red man syndrome, Depression, Anxiety

Possibly bacterial Hypermutation (reason for more frequent Medication – Changes)

Antibiotic – colitis

Mental problems with altered intestine – microbiome

[http://www.kabilahsystems.de/antibiotika\\_langzeit.pdf](http://www.kabilahsystems.de/antibiotika_langzeit.pdf)

I have been thoroughly verbally and in writing advised on the contraindications and risks and the potential benefits of antibiotics long-term treatment. I have received a copy of this letter. More questions I have z.Zt. Not.

Signature patient: \_\_\_\_\_

Date: \_\_\_\_\_

[Related links in the bibliography under 12.15](#)

## Dosing - Table, renal impairment:

Normal renal function Nierenfunktion [GFR = 100 ml / Min]				Impaired renal function [GFR = 30 ml / Min]		
Drug	Half value time in hours	Starting dose mg	Conservation dose mg	mg dosing interval Hours	conservation dose at <b>Renal insufficiency</b> mg	dosage interval at <b>Renal insufficiency</b> Hours
<b>Amoxicillin</b>	<b>1,2</b>	<b>1000</b>	<b>1000</b>	<b>8</b>	<b>1000</b>	<b>12</b>
Ceftriaxon	8	2000	2000	24	2000	24
<b>Cefuroxim</b>	<b>1,1</b>	<b>1500</b>	<b>1500</b>	<b>8</b>	<b>1500</b>	<b>12</b>
Azithromycin	39	1000	500	24	500	24
Clarithromycin	6,8	500	500	12	500	12
Clindamycin	3	900	900	8	900	8
<b>Cotrimoxazol</b>	<b>9 / 10</b>	<b>800 / 160</b>	<b>800 / 160</b>	<b>12</b>	<b>800 / 160</b>	<b>24</b>
Doxycyclin	23	200	100	24	100	24
<b>Levofloxacin</b>	<b>7.3</b>	<b>500</b>	<b>500</b>	<b>12</b>	<b>500</b>	<b>24</b>
Minocyclin	16					
Tetracyclin	8.9					
Rifampicin	4,5	600	600	24	600	24
<b>Fluconazole</b>	<b>25</b>	<b>800</b>	<b>800</b>	<b>24</b>	<b>400</b>	<b>24</b>

Source of origin: Herstellerangaben and <http://www.uni-ulm.de/nepharm/dostab.html> (07.12.2012)

GFR = glomerular filtration rate: [http://de.wikipedia.org/wiki/Glomerul%C3%A4re\\_Filtrationsrate](http://de.wikipedia.org/wiki/Glomerul%C3%A4re_Filtrationsrate)

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## Table 5: Dosing in renal impairment

### 8.2 Inpatient

Risks and contraindications in longterm – antibiois halfstationary

#### 1. Barthel-Index

Ability (Item)	Score
Food and drink	0, 5, 10
Bathing / showering	0, 5
Body care	0, 5
Dressing and undressing	0, 5, 10
Chair control	0, 5, 10
Urine control	0, 5, 10
Use of toilet	0, 5, 10
Bed- / chair transfer	0, 5, 10, 15
Mobilityt (self-contained walking / driving with a wheelchair)	0, 5, 10, 15
Climb stairs	0, 5, 10

15 = completely independent

10 = conditionally independent, possibly urinary incontinence, possibly stool incontinence

5 = bite-sized, under supervision, on-site, with lay help, occasional incontinence.

0 = completely dependent

"If for reasons of safety or lack of own drive for the otherwise independent execution of an activity supervision or external stimulation needed, has to be only the second highest score is to be selected should different classification criteria always apply (for example, depending on the form of the day), and the lower classification should be chosen".

Source of origin:

<http://www.dimdi.de/static/de/klassi/icd-10-gm/kodesuche/onlinefassungen/htmlgm2013/zusatz-06-barthelindex.htm>  
<http://www.dimdi.de/static/de/klassi/icd-10-gm/systematik/hamburger-manual-nov2004.pdf> (PDF, 102 kB).

"A Barthel index of 100 points indicates that a patient is able to eat independently, move around, and perform body care. It is not a statement about whether someone can live alone because aspects such as cooking, housekeeping and social aspects are not taken into account. "

Source of origin: <http://de.wikipedia.org/wiki/Barthel-Index>

→ A Barthel index below 30 is an absolute contraindication for a semi-inpatient hospital stay

2. Carrier of highly resistant enterobacteria and other highly resistant bacteria

→ Antibiotic resistance <http://www.erlebnishaft.de/staphylococcus aureus.pdf>

3. Carriers of pathogens of the variant Kreuzfeld-Jakob disease

→ Prions <http://www.erlebnishaft.de/prione.pdf>

**Source of origin:** <http://www.uni-ulm.de/nepharm/dostab.html> (07.12.2012)

**GFR = glomerular filtration rate:** [http://de.wikipedia.org/wiki/Glomerul%C3%A4re\\_Filtrationsrate](http://de.wikipedia.org/wiki/Glomerul%C3%A4re_Filtrationsrate) (07.12.2012)

[http://www.kabilahsystems.de/gegen\\_eng.pdf](http://www.kabilahsystems.de/gegen_eng.pdf)

[Liability exclusion](#) All statements without guarantee

### **8.3 Therapy spectrum (Overview)**

The listed services are part of our therapy and consulting range. Participation always requires a corresponding medical indication and assignment by the attending physician. Decisive for a therapy success is the early diagnosis. The aim of the therapy is at the same time the reduction of the burden of disease - pathogen as well as the promotion of the self - healing powers of the patient.

1. Diet done in general terms <http://www.kabilahsystems.de/diaetblatt.pdf>
2. Normalization of stress factors (anxiety, anger, loneliness)
3. Physical exercise, sports but moderate
4. Sleep should be done more than 6 hours / night
5. Milieu stabilization (Probiotics), anti-inflammatory treatment (if possible without cortisone!)
6. Nucleoprotein protection, regeneration, possible vaccination, if spec. meaningful
7. Reversion of bacterial stress forms (L-forms) into the original bacterial forms, intermittant only
8. Quorum sensing suppression, biofilm therapy, intensively done intermittant
9. Antibiotic therapy
10. Bacteriophages and designer protein therapy, intermittant done
11. Membrane ATPase, Bacterial Efflux Pump Blocking
12. Histamine - receptor blocking (antihistamines)
13. Manganese transport blocking (antiallergic agents)

Antibiotics – Probiotics – Biofilms – Long term therapy  
[http://www.kabilahsystems.de/antibiotika\\_langzeit.pdf](http://www.kabilahsystems.de/antibiotika_langzeit.pdf)

Not to be overlooked in this context: Actinomycosis  
<http://www.xerlebnishaft.de/aktinomykose.pdf>

Prices. The official fee regulation for doctors in Germany  
[http://www.kabilahsystems.de/arzt\\_GOÄ\\_1996.pdf](http://www.kabilahsystems.de/arzt_GOÄ_1996.pdf)

### **8.4 Milieu stabilisation and moderate inflammation inhibition**

Hydrogen, ion concentration, Ph value, adsorbents, chelates, "detoxification"  
<http://www.kabilahsystems.de/entgiftung.pdf>  
<http://www.kabilahsystems.de/ph.pdf>

#### **Dietetic foods for special medical purposes**

Probiotics <http://www.kabilahsystems.de/probiotika.pdf>  
Tumeric, Pepper, Chilli <http://www.kabilahsystems.de/pfefferchilligelbwurz.pdf>  
other Phyto therapeutics <http://www.kabilahsystems.de/phytotherapie.pdf>

**Fatty acids (cell membrane)** <http://www.kabilahsystems.de/ungesaettfetts.pdf>  
**Biogenic amines and peptides** <http://www.kabilahsystems.de/biogeneamineundpeptide.pdf>

Inflammation regulation (think also of the significant tumor environment inflammation)

**Electrolytes and trace elements** [http://www.xerlebnishaft.de/elektro\\_spur\\_ph.pdf](http://www.xerlebnishaft.de/elektro_spur_ph.pdf)

Incense, Myrrhe <http://www.kabilahsystems.de/pflanzlicheantimikrobiotika.pdf>  
<https://www.google.de/search?q=Weihrauch&hl=de&btnG=Google+Search>  
<https://www.google.de/search?q=H15&hl=de&btnG=Google+Search>  
[https://www.google.de/search?hl=de&ei=nfDaW\\_fiFsqLgAaF4pOYCg&q=Vayara&oq=Vayara&gs\\_l=psyab.3..0i0i10i30k1I3j0i30k1j0i10i30k1I5.397206.399532.0.435686.6.6.0.0.0.92.373.6.6.0....0...1c..64.psyab..0.6.371...0i131k1j0i67k1j0i10k1.0.s53xispX2s8](https://www.google.de/search?hl=de&ei=nfDaW_fiFsqLgAaF4pOYCg&q=Vayara&oq=Vayara&gs_l=psyab.3..0i0i10i30k1I3j0i30k1j0i10i30k1I5.397206.399532.0.435686.6.6.0.0.0.92.373.6.6.0....0...1c..64.psyab..0.6.371...0i131k1j0i67k1j0i10k1.0.s53xispX2s8)

Curcuma, OPC Plus® <http://www.kabilahsystems.de/pfefferchilligelbwurz.pdf>  
[https://www.google.de/search?hl=de&ei=fVHbW7mfB8HkkgXfoJuABQ&q=curcuma+kaufen&oq=curcuma&gs\\_l=psyab.1.3.0i10.2862.6600.0.13009.7.7.0.0.0.0.71.441.7.7.0....0...1..64.psy-ab..0.7.435...0i131k1.0.-TjJ6hLiU7Y](https://www.google.de/search?hl=de&ei=fVHbW7mfB8HkkgXfoJuABQ&q=curcuma+kaufen&oq=curcuma&gs_l=psyab.1.3.0i10.2862.6600.0.13009.7.7.0.0.0.0.71.441.7.7.0....0...1..64.psy-ab..0.7.435...0i131k1.0.-TjJ6hLiU7Y)

Larch turpentine

[https://www.google.de/search?q=Terebinthina+laricina&hl=de&btnG=Google+Search&gws\\_rd=ssl](https://www.google.de/search?q=Terebinthina+laricina&hl=de&btnG=Google+Search&gws_rd=ssl)

Magnesium <https://www.ncbi.nlm.nih.gov/pubmed/4764445>

<https://www.google.de/search?q=Magnesium+als+Abf%FCChmittel&hl=de&btnG=Google+Search>

Wobenzym® [https://www.google.de/search?hl=de&ei=O2vcW8-YOKnEgAb6w4GQDA&q=wobenzym%2C+Bromelain&oq=wobenzym%2C+Bromelain&gs\\_l=psyab.3..0i3j0i22i30k1I3.41109.46310.0.47909.11.11.0.0.0.83.690.11.11.0....0...1c.1.64.psy-ab..0.11.686...0i67k1.0. MNrV1gpxkw](https://www.google.de/search?hl=de&ei=O2vcW8-YOKnEgAb6w4GQDA&q=wobenzym%2C+Bromelain&oq=wobenzym%2C+Bromelain&gs_l=psyab.3..0i3j0i22i30k1I3.41109.46310.0.47909.11.11.0.0.0.83.690.11.11.0....0...1c.1.64.psy-ab..0.11.686...0i67k1.0. MNrV1gpxkw)

Amphomonal®, Fluconazol®, Laevilac®, Vagisan® Produkte, Ph5 Produkte äußerlich, Neoballistol®

To lower the pH value (acidification) in the urine: Methionin or Vitamin C in phases (pH – swing therapy)

Pathogenicity factors, chaperones [http://www.kabilahsystems.de/virulenz\\_inhibitoren.pdf](http://www.kabilahsystems.de/virulenz_inhibitoren.pdf)

[http://www.xerlebnishaft.de/bakt\\_pathogenitaetsfaktoren.pdf](http://www.xerlebnishaft.de/bakt_pathogenitaetsfaktoren.pdf)

Zytokines, chemokines, inflammasome <http://www.kabilahsystems.de/antizyt-chem.pdf>

<http://www.erlebnishaft.de/inflammasom.pdf>

**Mitochondria dysfunction etc.** <http://www.xerlebnishaft.de/mitochondrien.pdf>

**Mitochondria Therapy** [http://www.kabilahsystems.de/q10\\_und\\_l.pdf](http://www.kabilahsystems.de/q10_und_l.pdf)

**Cytoskeleton-diseases** <http://www.xerlebnishaft.de/zytoskelett.pdf>

Physiotherapy, social contacts, physical activity

Avoid treatment with cortisone as much as possible because then the balance between the host and the pathogen will be shifted too much in favor of the pathogen. The symptoms of disease, which are the host's defense measures against the pathogen, diminish or even disappear, patient and doctor are then satisfied, but the diseases becomes chronic under these circumstances because of favoring the pathogen!



Salutogenesis <http://www.xerlebnishaft.de/salutogenese.pdf>  
Dental and oral care [http://www.xerlebnishaft.de/zahn\\_mundpflege.pdf](http://www.xerlebnishaft.de/zahn_mundpflege.pdf)  
Lyme vaccination [http://www.xerlebnishaft.de/lyme\\_vaccine.pdf](http://www.xerlebnishaft.de/lyme_vaccine.pdf)

## 8.6 Therapeutic Reversion of the L-Form into the Bacterial Original Forms

The compatibility of these methods is a highly individual matter. <http://www.xerlebnishaft.de/lebendigkeit02.pdf> <http://www.xerlebnishaft.de/salutogenese.pdf>

High stealth pathogen concentration (evtl. disease relaps)	<a href="http://www.xerlebnishaft.de/quorum.pdf">http://www.xerlebnishaft.de/quorum.pdf</a>
Heat (Sauna, Hyperthermia), z.B. 44° C	<a href="http://www.xerlebnishaft.de/therapeutische_hyperthermie.pdf">http://www.xerlebnishaft.de/therapeutische_hyperthermie.pdf</a>
Cold (catch a cold), Kneipp-Cure, Trypsin	
Lactobacillus – variants	<a href="http://www.kabilahsystems.de/probiotika.pdf">http://www.kabilahsystems.de/probiotika.pdf</a>
Vitamin E, Aminoglycosides,	<a href="http://aac.asm.org/content/55/11/5380.full">http://aac.asm.org/content/55/11/5380.full</a>
Peptidoglycane (Mureine), Mucin, Gelatine,	
Agar agar (not autoclaved!), C10	
Spermin, Spermidin, d-amino acids	<a href="http://www.kabilahsystems.de/biogeneamineundpeptide.pdf">http://www.kabilahsystems.de/biogeneamineundpeptide.pdf</a>
Microbe Extract (Bacteria Cellwall Extract; n-acetylglucosamine, diaminopimelinacid),	<a href="http://www.kabilahsystems.de/entgiftung.pdf">http://www.kabilahsystems.de/entgiftung.pdf</a>
Frequent antibiotic achanges,	
Giving oxygen, Honey (external)	
UV – Light of Wavelength 380 - 400 nm	
Adsorbing surfaces (Chlorella, Healing erth, Animal charcoal, Cholestyramine)	

Source of origin: Mattman L (2009) Activators in reconvertng Stealth Pathogens, V.B.N.C. (Viable But Non Cultivable), L-forms in bacterial original forms (frontal pathogens).

## 8.7 Quorum sensing Inhibition and Biofilm Therapeutics (internal)

<http://www.xerlebnishaft.de/lebendigkeit03.pdf>

### Quorum sensing – Inhibitors and Biofilm – Lysis, Turn off violence therapeutics

<http://www.xerlebnishaft.de/quorum.pdf>

#### directly

C13S	<a href="https://www.youtube.com/watch?v=k-CkqlePaqI&amp;app=desktop">https://www.youtube.com/watch?v=k-CkqlePaqI&amp;app=desktop</a>
2(5H)-Furanones	<a href="http://www.xerlebnishaft.de/quorum.pdf">http://www.xerlebnishaft.de/quorum.pdf</a>
WT-Inhibitor	<a href="https://www.youtube.com/watch?v=yhID9lUqzEO">https://www.youtube.com/watch?v=yhID9lUqzEO</a>
Lectin Inhibitors	<a href="https://youtu.be/9TUnUP6e1s4">https://youtu.be/9TUnUP6e1s4</a>
Spermidin, Spermin, d-amino acids	<a href="http://www.kabilahsystems.de/biogeneamineundpeptide.pdf">http://www.kabilahsystems.de/biogeneamineundpeptide.pdf</a>
Extracellular death factor (EDF)	<a href="https://stke.sciencemag.org/content/2007/410/tw395">https://stke.sciencemag.org/content/2007/410/tw395</a>
Disulfiram (Antabus®)	<a href="http://www.xerlebnishaft.de/quorum.pdf">http://www.xerlebnishaft.de/quorum.pdf</a>

#### Indirectly (long lasting)

Makrolide; Azithromycin, Clarithromycin	<a href="http://www.kabilahsystems.de/azithromycin_and_lyme.pdf">http://www.kabilahsystems.de/azithromycin_and_lyme.pdf</a>
Clindamycine	<a href="http://www.kabilahsystems.de/clindamycin.pdf">http://www.kabilahsystems.de/clindamycin.pdf</a>
Samento, Banderol	<a href="http://www.kabilahsystems.de/samento_banderol.pdf">http://www.kabilahsystems.de/samento_banderol.pdf</a>
Phenothiazin, (Methylenblau)	<a href="http://www.xerlebnishaft.de/phenothiazine.pdf">http://www.xerlebnishaft.de/phenothiazine.pdf</a>
Bakteriophages	<a href="http://www.kabilahsystems.de/bakteriophagen.pdf">http://www.kabilahsystems.de/bakteriophagen.pdf</a>
Lactoferrin	<a href="http://www.kabilahsystems.de/immunsti.pdf">http://www.kabilahsystems.de/immunsti.pdf</a>
Ajojene, Garlic, Allicin	<a href="http://www.kabilahsystems.de/pflanzlicheantimikrobiotika.pdf">http://www.kabilahsystems.de/pflanzlicheantimikrobiotika.pdf</a>
Polyphenols	<a href="http://www.kabilahsystems.de/polyphenole.pdf">http://www.kabilahsystems.de/polyphenole.pdf</a>

Grapefruit	<a href="http://www.xerlebnishaft.de/grape_kern.pdf">http://www.xerlebnishaft.de/grape_kern.pdf</a>
Lumbrokinase, Nattokinase	<a href="http://nattokinasehearthealth.com/60/what-is-lumbrokinase/">http://nattokinasehearthealth.com/60/what-is-lumbrokinase/</a>
Anticoagulation	<a href="http://www.kabilahsystems.de/hyperkoagulation.pdf">http://www.kabilahsystems.de/hyperkoagulation.pdf</a>
pH, Hydrogen concentration	<a href="http://www.kabilahsystems.de/ph.pdf">http://www.kabilahsystems.de/ph.pdf</a>
Fatty acids (p.e. Caprylic acid)	<a href="http://www.kabilahsystems.de/ungesaettfets.pdf">http://www.kabilahsystems.de/ungesaettfets.pdf</a>
N-Acetylcysteine	<a href="http://www.kabilahsystems.de/biogeneamineundpeptide.pdf">http://www.kabilahsystems.de/biogeneamineundpeptide.pdf</a>
Acyldepsipeptid (ADEP, ADEP4)	<a href="https://www.ncbi.nlm.nih.gov/pubmed/24226776">https://www.ncbi.nlm.nih.gov/pubmed/24226776</a> <a href="http://www.nature.com/nature/journal/v503/n7476/fig_tab/nature12834_F1.html">http://www.nature.com/nature/journal/v503/n7476/fig_tab/nature12834_F1.html</a>
Electromagnetism, Ultrasonic	<a href="http://www.xerlebnishaft.de/quorum.pdf">http://www.xerlebnishaft.de/quorum.pdf</a> <a href="http://www.erlebnishaft.de/biofilmmed.pdf">http://www.erlebnishaft.de/biofilmmed.pdf</a> <a href="http://www.erlebnishaft.de/kommentbiofilmmed.pdf">http://www.erlebnishaft.de/kommentbiofilmmed.pdf</a>

### **8.8 Antibiotics, lysosomotropic, mitochondriotropic agents**

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

<http://www.xerlebnishaft.de/antibiosetherapie.pdf>

Antibiotic resistance

<http://www.xerlebnishaft.de/staphylococcusaureus.pdf>

"Because of the risk of resistance development should not monotherapy, but (if possible after antibiogram) always a combination therapy to be performed."

[https://de.wikipedia.org/wiki/Pseudomonas\\_aeruginosa](https://de.wikipedia.org/wiki/Pseudomonas_aeruginosa)

#### **L-Formen, V.B.N.C. (Viable But Non Cultivable forms) Therapeutika:**

Antibiotics are effective only in the dividing phases of the bacteria. L-forms, V.B.N.C. (Viable But Non Cultivable forms) with her replication time of about 30 days therefore are poorly accessible by antibiotics, especially when they are hidden in the cells of the host organism, in her so-called "Do not eat me cages".

**The minimum time of antibiotics against bacterial L-Forms, V.B.N.C. (Viable But Non Cultivable forms) is 40 days, a "Quarantina di giorni" (1374 Venice).**

Against the bacterial L-forms, V.B.N.C. (Viable But Non Cultivable forms) are therapeutically effective drugs that can affect or block nuclear constituents, RNA of the bacteria as such:

1. Nitroimidazoles (z.B. Tinidazol, Metronidazol)
2. Tetrazyklines (z.B. Minocyclin, Doxycyclin; 70S Ribosom, 30S subunit)
3. Makrolides (z.B. Azitromycin; 70S Ribosom, 50S subunit)
4. Lincomycine (z.B. Clindamycin)
5. Ansamycines (z.B. Rifampicin)

6. Antibiotics – combinations like daptomycin + doxycyclin + ceftriaxon +
7. Plant extracts (e.g. Artemisia annua etc.) in an appropriate adjuvant environment.

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

+ Feng J, Weitner M, Shi W et al. (2016) Eradication of Biofilm-Like Microcolony Structures of *Borrelia burgdorferi* by Daunomycin and Daptomycin but not Mitomycin C in Combination with Doxycycline and Cefuroxime. *Front. Microbiol.*  
<http://dx.doi.org/10.3389/fmicb.2016.00062> <http://journal.frontiersin.org/article/10.3389/fmicb.2016.00062/full>

Drugs against bacterial L-Forms, V.B.N.C. (Viable But Non Cultivable forms) should always be used combined, i.e. together with standard antibiotics.

Standard drugs against bacterial L-Forms, V.B.N.C. (Viable But Non Cultivable forms) are:

Metronidazole or Tinidazole (Cell nucleus effective)	<a href="http://www.kabilahsystems.de/metronidazole.pdf">http://www.kabilahsystems.de/metronidazole.pdf</a>
Daptomycin (Bacterial DNA-,RNA-Protein synthesis inhibitor)	<a href="https://de.wikipedia.org/wiki/Daptomycin">https://de.wikipedia.org/wiki/Daptomycin</a>
Clofazimine (Bacterial DNA- Protein synthesis inhibitor)	<a href="https://www.youtube.com/watch?v=5oULsr1CUyI">https://www.youtube.com/watch?v=5oULsr1CUyI</a>
Inosiplex (Delimmun®) (Analogon of the Thymushormones)	<a href="http://www.kabilahsystems.de/immunsti.pdf">http://www.kabilahsystems.de/immunsti.pdf</a>
Acyldepsipeptid (ADEP)	<a href="https://en.wikipedia.org/wiki/Acyldepsipeptide_antibiotics">https://en.wikipedia.org/wiki/Acyldepsipeptide_antibiotics</a>
Phenothiazine (Chlorpromazin)	<a href="http://www.xerlebnishaft.de/phenothiazine.pdf">http://www.xerlebnishaft.de/phenothiazine.pdf</a>
Methylxanthine (Pentoxifyllin)	<a href="https://de.wikipedia.org/wiki/Pentoxifyllin">https://de.wikipedia.org/wiki/Pentoxifyllin</a>
Hydroxychloroquin (Lysosomotropikum)	<a href="https://de.wikipedia.org/wiki/Hydroxychloroquin">https://de.wikipedia.org/wiki/Hydroxychloroquin</a>
Artemisia annua(Lysosomotropikum)	<a href="http://www.kabilahsystems.de/artemisinin.pdf">http://www.kabilahsystems.de/artemisinin.pdf</a>
Carbomycin (Lysosomotropikum)	<a href="https://en.wikipedia.org/wiki/Carbomycin">https://en.wikipedia.org/wiki/Carbomycin</a>
Azithromycin (Lysosomotropikum)	<a href="http://www.kabilahsystems.de/azithromycin_and_lyme.pdf">http://www.kabilahsystems.de/azithromycin_and_lyme.pdf</a>
Amantadine (Lysosomotropikum)	<a href="http://www.kabilahsystems.de/amantadin.pdf">http://www.kabilahsystems.de/amantadin.pdf</a>
<b>Further</b>	
Q10 (Mitochondriotropikum)	<a href="http://www.kabilahsystems.de/q10_und_l.pdf">http://www.kabilahsystems.de/q10_und_l.pdf</a>
L-Carnitin (Mitochondriotropikum)	<a href="http://www.kabilahsystems.de/q10_und_l.pdf">http://www.kabilahsystems.de/q10_und_l.pdf</a>

Oregano, cinnamon bark, clove bud <https://www.youtube.com/watch?v=qlbp7U4wNzw>

Disulfiram, Mitomycin C, Hygromycin <https://globallymealliance.org/meet-researcher-kim-lewis-ph-d/>

**Lysosomotropics** <http://www.xerlebnishaft.de/lysosomotropika.pdf>

## **8.9 Possible complications during antibiotic therapy**

ECG changes (in the treatment with macrolides)

[http://www.kabilahsystems.de/azithromycin\\_and\\_lyme.pdf](http://www.kabilahsystems.de/azithromycin_and_lyme.pdf)

Elevated liver values (when treated with tetracycline)

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

Changes in the blood picture (in case of treatment with hydroxychloroquine)

<http://www.xerlebnishaft.de/lysosomotropika.pdf>

Renal impairment (in treatment with Amoxicillin, cefuroxime, cotrimoxazole, fluconazole)  
<http://www.kabilahsystems.de/betalaktame.pdf>  
<http://www.kabilahsystems.de/chinolone.pdf>  
<http://www.kabilahsystems.de/fluconazol.pdf>

Cholelithiasis (when treated with ceftriaxone)  
<http://www.kabilahsystems.de/betalaktame.pdf>

Eye diseases (when treated with hydroxychloroquine)  
<http://www.xerlebnishaft.de/lysosomotropika.pdf>

Hearing loss (e.g., in treatment with azithromycin)  
[http://www.kabilahsystems.de/azithromycin\\_and\\_lyme.pdf](http://www.kabilahsystems.de/azithromycin_and_lyme.pdf)

## **8.10 Antibiotics from plants**

Medical plants and milieu <http://www.kabilahsystems.de/phytotherapie.pdf>

CPN plus <https://www.makewell.de/produkte/cpn-plus/> Angocin Anti Infekt®

Samento plus Banderol [http://www.kabilahsystems.de/samento\\_banderol.pdf](http://www.kabilahsystems.de/samento_banderol.pdf)  
[https://www.google.de/search?hl=de&ei=AivcW4WKGcyDgAbh4YfgBg&q=samento+banderol+kaufen&og=bänderol&gs\\_l=psyab.1.5.0i71k1i8.0.0.0.163028.0.0.0.0.0.0.0.0...0...1c..64.psy-ab..0.0.0...0.QkhzAFy5ZBM](https://www.google.de/search?hl=de&ei=AivcW4WKGcyDgAbh4YfgBg&q=samento+banderol+kaufen&og=bänderol&gs_l=psyab.1.5.0i71k1i8.0.0.0.163028.0.0.0.0.0.0.0.0...0...1c..64.psy-ab..0.0.0...0.QkhzAFy5ZBM)

Cistrose plus Propolis

[https://www.google.de/search?hl=de&ei=3iXbW8-cCMu2gQa5zKf4Aw&q=cistrose&og=cistrose&gs\\_l=psyab.3..0i10k1j0l2j0i10k1j0j0i10k1j0l2j0i10k1j0.68412.73181.0.85953.8.8.0.0.0.67.474.8.8.0...0...1c.1.64.psy-ab..0.8.471...0i131k1j0i67k1.0.tD-9Qx4Qdl8](https://www.google.de/search?hl=de&ei=3iXbW8-cCMu2gQa5zKf4Aw&q=cistrose&og=cistrose&gs_l=psyab.3..0i10k1j0l2j0i10k1j0j0i10k1j0l2j0i10k1j0.68412.73181.0.85953.8.8.0.0.0.67.474.8.8.0...0...1c.1.64.psy-ab..0.8.471...0i131k1j0i67k1.0.tD-9Qx4Qdl8)  
[https://www.google.de/search?q=propolis&hl=de&btnG=Google+Search&gws\\_rd=ssl](https://www.google.de/search?q=propolis&hl=de&btnG=Google+Search&gws_rd=ssl)

Ajojene, Garlic, Knoblauch

<http://www.kabilahsystems.de/pflanzlicheantimikrobiotika.pdf>  
<https://www.heilkraeuter.de/lexikon/knoblauch.htm>

Artemisia annua intensa <http://www.kabilahsystems.de/artemisinin.pdf>

<https://www.google.de/search?hl=de&q=artemisia+annua+kaufen&sa=X&ved=0ahUKEwjp8p2KzLPeAhWHJVAKHQY1AxMQ1QIlwQEoAw&biw=1574&bih=729>

Seeweed

<https://www.google.de/url?sa=t&rct=j&q=&esrc=s&source=web&cd=8&ved=2ahUKEwiWsOvGianeAhXE3SwKHVZjDX0QFjAHegQIAxAC&url=https%3A%2F%2Fcora.ucc.ie%2Fbitstream%2Fhandle%2F10468%2F3374%2FN.%2520Moroney.pdf%3Fsequence%3D2%26isAllowed%3Dy&usq=AOvVaw1IUK1D6K3DyrWaG1F39Ski>

Karde+Co®

[https://www.google.de/search?hl=de&ei=4-lXPaaDNHbwAKmgZfQCQ&q=karde+kapseln&og=karde+%26+co+borreliose&gs\\_l=psyab.1.3.0i71i8.0.0..27641...0.0..0.0.0.....0.....gws-wiz.0wb8R9xS7MA](https://www.google.de/search?hl=de&ei=4-lXPaaDNHbwAKmgZfQCQ&q=karde+kapseln&og=karde+%26+co+borreliose&gs_l=psyab.1.3.0i71i8.0.0..27641...0.0..0.0.0.....0.....gws-wiz.0wb8R9xS7MA)

[Liability exclusion](#) All statements without guarantee

The cell wall damaging antibiotics such as penicillins, cephalosporins are in bacterial forms with an intact cell wall. The L-forms, V.B.N.C. (Viable But Non Cultivable forms) Stress Granules, CDWs have no cell wall. However, the cell wall damaging antibiotics such as penicillins and cephalosporins hinder the reversion of dormant bacterial forms L-forms, V.B.N.C. (Viable But Non Cultivable forms) Stress Granula, CDWs into the original bacterial forms, which is not always therapeutically desirable.

Basically, and for reasons of financing economy, the treatment of patients with chronic multisystem diseases by pathogens, especially the Combination long - term antimicrobial and anti - biofilm treatment belong in the hands of experienced physicians specialized in such treatments.

Patients with chronic multisystem diseases due to pathogens should be treated schematically as in tuberculosis, where a three, four or even five combinations of antibiotics are administered over (3), 6, 12, 18 months, and occasionally also much longer. An administration period shorter than 12 months is ineffective, meaningless for most chronic multisystem diseases. A rule of thumb from clinical experience is that combined long - term antibiotic therapy in patients with chronic diseases caused by pathogens - even in intervall - takes about as long as the clinical picture had already had existed. The treatment has to be done as early as possible.

Borrelia despite antibiosis, human <http://www.xerlebnishaft.de/trotzantibiosepat.pdf>  
Borrelia despite antibiosis, animal <http://www.erlebnishaft.de/trotzantibiosetier.pdf>

In particular, because chronically ill patients can respond with drugs overreacting (Herxheimer reaction), the patient should be informed about these, usually harmless reactions. Creeping in to medication regime can be beneficial.

Herxheimer reaction <http://www.kabilahsystems.de/herxh.pdf>  
Eosinophilia and Mast Cell Activation Disorder (MCAD)  
<http://www.xerlebnishaft.de/eosinophilie.pdf>

### **Intracellular**

Suitable standard antibiotics within five combinations are:

Metronidazol (Routine) **or** Tinidazol (more effective than Metronidazol)

**or** Dapson **or** Clofazimin (in [Morbus Chronn or Colitis, see under 2.12.14](#)) **+**

**+** Rifampicin **+**

**+** Minocyclin **or** Doxycyclin **+**

**+** Artemisinin **or** Delimmun® **+**

**+** Azithromycin **or** Trimethoprim / Sulfametoxazol.

Metronidazole or tinidazole may also be combined with third generation cephalosporins (Ceftriaxon, [related links under 12.15](#)) or may also be used with penicillins.

## **Extracellular**

Follow to the needs of the patient.

A frequent strategy change in the choice of antibiotics appears to be beneficial for the patient. Interval therapies also may be beneficial in case of well - being had improved of the patient in the meantime, as well as multiple very short - term interval therapies, over 3, 7 or even 10 days only - as with acute infections - .Antibiotika pulsed

[http://www.kabilahsystems.de/antibiotika\\_pulse.pdf](http://www.kabilahsystems.de/antibiotika_pulse.pdf)

Antibiotic therapy plan <http://www.kabilahsystems.de/antibiogetherapieplan.pdf>

Antibiotic therapy <http://www.xerlebnishaft.de/antibiogetherapie.pdf>

### **8.11 Bacteriophage – Therapy and Designer protein – Therapy**

Bacteriophages <http://www.kabilahsystems.de/bakteriophagen.pdf>

### **8.12 Membrane – ATPasen, Effluxpump – blocker**

Pyrazinamid <http://www.xerlebnishaft.de/pyrazinamid.pdf>

Phenothiazines <http://www.xerlebnishaft.de/phenothiazine.pdf>

### **8.13 Antimycotics**

Against invasive fungal infections <http://www.kabilahsystems.de/fluconazol.pdf>

### **8.14 Histamin – Receptor blocker**

Antihistamines <https://www.google.de/search?q=antihistaminika&hl=de&btnG=Google+Search>

### **8.15 Manganese transport blocker**

Loratadine <http://www.xerlebnishaft.de/eosinophilie.pdf>

The following examples of long-term antibiotic treatments are for orientation. Any application by a physician must be customized to the patient in terms of drug selection, prescribing timing and dosage, duration of treatment, and whether a sustained or interval therapy may promise success.

[Related links in the bibliography under 12.16](#)

# 9 Labels and protocols for combination long term antibiotic treatment

## 9.1 Basic therapy - variant

Antibiotic Therapeutic Schemes for Adults with Multisystem Diseases by (Viruses) / Bacteria / Protozoa / Fungi /

**Variant 01**, the drug treatment regimen is not officially validated, **Basis** [more](#)

500 mg / day      200 mg / day      800 – 1200 mg / day

Week	Day	Labor	Azithromycin	Minocyclin	Artemisia		Delimmun	Rifampicin
1	Mo							
	Tu							
	We							
	Th							
	Fr							
	Sa							
	Su							
2	Mo	Blood, ECG, Sono						
	Tu							
	We							
	Th							
	Fr							
	Sa							
	Su							
3	Mo							
	Tu							
	We							
	Th							
	Fr							
	Sa							
	Su							
4	Mo	Blood, ECG						
	Tu							
	We							
	Th							
	Fr							
	Sa							
	Su							
5	Mo							
	Tu							
	We							
	Th							
	Fr							
	Sa							
	Su							
6	Mo	Blood						
	Tu							
	We							
	Th							

**Only for chronic infectious disease!**  
 -----  
**For erythema migrans differing from this, see the page after next.**

	Fr							
	Sa							
	Su							
7	Mo							
	Tu							
	We							
	Th							
	Fr							
	Sa							
	Su							
8	Mo	<u>Blood,</u> <u>ECG,</u> <u>Sono</u>						
	Tu							
	We							
	Th							
	Fr							
	Sa							
	Su							
9	Mo							
	Tu							
	We							
	Th							
	Fr							
	Sa							
	Su							
10	Mo	<u>Blood</u>						
	Tu							
	We							
	Th							
	Fr							
	Sa							
	Su							
11	Mo							
	Tu							
	We							
	Th							
	Fr							
	Sa							
	Su							
12	Mo	<u>Blood,</u> <u>ECG</u>						

**Accompanying therapies Probiotics Detoxification Immunomodulation Immunsuppression etc.**

Medication dosage after package insert! Blood: liver, kidney, blood count. ECG: QTc time not longer than 440 milliseconds at a heart rate between 60 and 100 per min. Sunscreen measures when using tetracycline. Pregnancy prevention. In women taking the contraceptive pill, the efficacy of these medications may be compromised or limited. Possibly. Sonography control after 3 weeks.

[www.kabilahsystems.de/therap\\_01\\_basis.pdf](http://www.kabilahsystems.de/therap_01_basis.pdf) [Liability exclusion](#) All statements without guarantee



## 9.2 Therapy in adult patients after tick contact

### Tick contact, management of chronic multisystem diseases by pathogens in adults

**GERMAN**

#### Attached tick

1. **Upon consultation with a medical doctor please take immediately** 2 x 1 Doxycycline 2 x 100-200 mg / day **preferably for about 30 days** or take the plan as it is done in **erythema migrans**, see below. Pregnancy or young children: Plan no. 4
2. **Borrelia - serology** (ELISA and blot). In case of unremarkable laboratory results: Please repeat the Borrelia serology after 30 days.
3. **Written information (signed by the patient)** about the necessary **medical contact in 30 days**. Information about possibly acquired **co-infections**, about **colon protection with a course of antibiotics** and on **protective measures against further tick bites**.

→ [DBG ILADS / IDSA](#)

#### Erythema migrans

1. **Medical history, physical examination, Laboratory testing, imaging procedures, Foto - Doku! Note the contra-indikations.** If acute neurological symptoms are seen, then hospitalization!
2. **Immediately taking** 2 x 1 Doxycyclin 100 – 200 mg / day **or** 2x 1 Minocyclin 100 mg / day **plus** Azithromycin 500 oder 600 mg 3 X / week **plus** Artemisia annua intense 600 or 800 mg per day for **40 days** („**Quarantina di giorni**“, introduced in the year 1374 in Venice) **or preferably for 60 days**. **Informed consent** needed.
3. **Adjuvant therapy: colon protecting, Mitochondria protection, metabolic support, symptomatic treatment.**
4. **Control examination program according given plan**
5. **Information of the patient** about **acquired co-Infektions** and on the rare but possible chronic nature of the infectious disease and the possibility of disease relapses as well as about **protective measures against further tick bites**.

[PATTERN  
treatment  
plans](#)


→ [DBG ILADS / IDSA](#)

### **Chronic Lyme-disease, Multisystem diseases caused by pathogens, Cavete diagnoses ---**

1. **Medical history, physical examination, laboratory testing, imaging procedures, differential diagnoses, note contra-indikations.** Photographic documentation.
2. Discussion of the overall result of the investigations. Discussion of risks in the treatment, the **pros and cons of a long-term antibiotic treatment**. Consultation of necessary **additional measures in the therapy**. Discussing of behaviors of the patient in dealing with himself. **informed consent. Permanent recovery?. Long-term antibiotic treatment.** If serious **contra-indikations** then **Phytotherapy**.
3. Individual treatment plans for 60 days ->
4. **Follow-up examination program according to shedule**
5. **Information about acquired co-Infektions, about antibiotics, Colon protection, Mitochondria protection, diet, metabolic support, protective measures against further tick bites, standpoints, perspectives, off-label use** -> [DBG ILADS / IDSA](#)

[PATTERN  
treatment plans  
for adults](#)

<https://www.guideline.gov/summaries/summary/49320?> <http://www.tandfonline.com/doi/full/10.1586/14787210.2014.940900>

Bernt - Dieter Huismans Last revision December 2017 [www.Huismans.click](http://www.Huismans.click)   
Back to top: [http://www.xerlebnishaft.de/management\\_nach\\_zeckenkontakt\\_en.pdf](http://www.xerlebnishaft.de/management_nach_zeckenkontakt_en.pdf) [Disclaimer of liability](#)

### 9.3 Basic therapy plus physiological virustatic working drugs

Antibiotic Therapeutic Schemes for Adults with Multisystem Diseases by (Viruses) / Bacteria / Protozoa / Fungi / [Persister](#)

**Variant 02, the drug treatment regimen is not officially validated, [more](#)**

Week	Day	Labor	500 mg / day <a href="#">Azithromycin</a>	200 mg / day <a href="#">Minocyclin</a>	800 -1200 mg / d. 50 mg / kg / day <a href="#">Artemisia</a>	<a href="#">Delimmun</a>	<a href="#">Rifampicin</a>
1	Mo						
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
2	Mo	<a href="#">Blood, ECG, Sono</a>					
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
3	Mo						
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
4	Mo	<a href="#">Blood, ECG</a>					
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
5	Mo						
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
6	Mo	<a href="#">Blood</a>					
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						

7	Mo						
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
8	Mo	<a href="#">Blood, ECG, Sono</a>					
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
9	Mo						
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
10	Mo	<a href="#">Blood</a>					
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
11	Mo						
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
12	Mo	<a href="#">Blood, ECG</a>					

[Accompanying therapies](#) [Probiotics](#) [Detoxification](#) [Immunomodulation](#) [Immunsuppression](#) [etc.](#)

Blood: liver, kidney, blood count. ECG: QTc time not longer than 440 milliseconds at a heart rate between 60 and 100 per min. Sunscreen measures when using tetracycline. Pregnancy prevention. In women taking the contraceptive pill, the efficacy of these medications may be compromised or limited. Possibly. Sonography control after 3 weeks.

[www.kabilahsystems.de/therap\\_02\\_virus.pdf](http://www.kabilahsystems.de/therap_02_virus.pdf) [Liability exclusion](#) All statements without guarantee

## 9.4 Basic therapy plus medicines for atypical mycobacteria

Antibiotic Therapeutic Schemes for Adults with Multisystem Diseases by (Viruses) / Bacteria / Protozoa / Fungi / [Persisters](#) and [variant 03a](#)

**Variant 03, the drug treatment regimens are not officially validated, [more](#)**

Week	Day	Labor	500 mg / day	200 mg / day	800 mg / day	50 mg / day	450 /d.
			<a href="#">Azithromycin</a>	<a href="#">Minocyclin</a>	<a href="#">Artemisia</a>	<a href="#">Dapson *</a>	<a href="#">Rifampicin</a>
1	Mo						
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
2	Mo	<a href="#">Blood, ECG, Sono</a>					
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
3	Mo						
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
4	Mo	<a href="#">Blood, ECG</a>	<a href="#">Evtl. Beutler-Test</a>				
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
5	Mo						
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
6	Mo	<a href="#">Blood</a>					
	Tu						
	We						
	Th						
	Fr						
	Sa						

	Su						
7	Mo						
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
8	Mo	<a href="#">Blood, ECG</a>					
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
9	Mo						
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
10	Mo	<a href="#">Blood</a>					
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
11	Mo						
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
12	Mo	<a href="#">Blood, ECG</a>					

[Accompanying therapies](#) [Probiotics](#) [Detoxification](#) [Immunmodulation](#) [Immunsuppression](#) [etc.](#)

Blood: liver, kidney, blood count. ECG: QTc time not longer than 440 milliseconds at a heart rate between 60 and 100 per min. Sunscreen measures when using tetracycline. Pregnancy prevention. In women taking the contraceptive pill, the efficacy of these medications may be compromised or limited. Possibly. Sonography control after 3 weeks. Folic acid substitution. (\* Instead of Dapson evtl. take [Trimethoprim + Sulfamethoxazol](#) or [Pyrazinamid](#) dosed accordingly) Note [Contraindications](#).

[www.kabilahsystems.de/therap\\_03\\_rifa.pdf](http://www.kabilahsystems.de/therap_03_rifa.pdf) [Liability exclusion](#) All statements without guarantee

### 9.5 In pregnant women and children

Antibiotic Therapeutic Schemes for Adults with Multisystem Diseases by (Viruses) / Bacteria / Protozoa / Fungi / [Persisters](#)

**Variant 04, the drug treatment regimen is not officially validated, Schwangere / Kinder [more](#)**

500 – 600 mg / day      1000 mg / day

Week	Day	Labor	Azithromycin	Cefuroxim	Artemisia	Delimmun	Rifampicin
1	Mo			or			
	Tu			Amoxicillin			
	We	<div style="border: 1px solid blue; padding: 5px; width: fit-content;"> <b>Azithromycin only for children, but NOT for pregnant women</b> </div>		50 mg / kg /day divided in 3 portions			
	Th						
	Fr						
	Sa						
	Su						
2	Mo	<a href="#">Blood,</a> <a href="#">ECG,</a> <a href="#">Sono</a>					
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
3	Mo						
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
4	Mo	<a href="#">Blood,</a> <a href="#">ECG</a>					
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
5	Mo						
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
6	Mo	<a href="#">Blood</a>					
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						

7	Mo						
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
8	Mo	<a href="#">Blood, ECG</a>					
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
9	Mo						
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
10	Mo	<a href="#">Blood</a>					
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
11	Mo						
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
12	Mo	<a href="#">Blood ECG</a>					

[Accompanying therapies](#) [Probiotics](#) [Detoxification](#) [Immunmodulation](#) [Immunsuppression](#) [etc.](#)

Blood: liver, kidney, blood count. ECG: QTc time not longer than 440 milliseconds at a heart rate between 60 and 100 per min. Possibly Sonography control after 3 weeks.

[www.kabilahsystems.de/therap\\_04\\_schwangere\\_und\\_kinder.pdf](http://www.kabilahsystems.de/therap_04_schwangere_und_kinder.pdf)

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## 9.6 For neurological symptoms

Antibiotic Therapeutic Schemes for Adults with Multisystem Diseases by (Viruses) / Bacteria / Protozoa / Fungi / [Persisters](#)

**Variant 05, the drug treatment regimen is not officially validated, neurological, [more](#)**

500 mg / day      1000 mg / day      800 -1200 mg / d. According to plan

Week	Day	Labor	<a href="#">Azithromycin</a>	<a href="#">Cefuroxim</a>	<a href="#">Artemisia</a>	<a href="#">Delimmun</a>	<a href="#">Rifampicin</a>
1	Mo						
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
2	Mo	<a href="#">Blood,</a> <a href="#">ECG,</a> <a href="#">Sono</a>					
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
3	Mo						
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
4	Mo	<a href="#">Blood,</a> <a href="#">ECG</a>					
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
5	Mo						
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
6	Mo	<a href="#">Blood</a>					
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						



7	Mo						
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
8	Mo	<a href="#">Blood, ECG, Sono</a>					
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
9	Mo						
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
10	Mo	<a href="#">Blood</a>					
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
11	Mo						
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
12	Mo	<a href="#">Blood, ECG</a>					

[Accompanying therapies](#) [Probiotics](#) [Detoxification](#) [Immunomodulation](#) [Immunsuppression](#) [etc.](#)

Blood: liver, kidney, blood count. ECG: QTc time not longer than 440 milliseconds at a heart rate between 60 and 100 per min. Sunscreen measures when using tetracycline. Pregnancy prevention. In women taking the contraceptive pill, the efficacy of these medications may be compromised or limited. Possibly. Sonography control after 3 weeks.

[www.kabilahsystems.de/therap\\_05\\_neurologisch\\_akut.pdf](http://www.kabilahsystems.de/therap_05_neurologisch_akut.pdf) [Liability exclusion](#) All statements without guarantee

## 9.7 For treatment-resistance conditions

Antibiotic Therapeutic Schemes for Adults with Multisystem Diseases by (Viruses) / Bacteria / Protozoa / Fungi / [Persisters](#)  
 Especially in the case of therapy resistance

**Variant 06**, Metronidazole 10 d. each, **the drug treatment regimen is not officially validated**, [more](#)

Week	Day	Labor	500 mg / day	200 mg / day	800 -1200 mg / day	1200mg/d	Metronidaz.
			Azithromycin	Minocyclin	Artemisia	Delimmun	
1	Mo						
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
2	Mo	<a href="#">Blood, ECG, Sono</a>					
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
3	Mo						
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
4	Mo	<a href="#">Blood ECG</a>					
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
5	Mo						
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
6	Mo	<a href="#">Blood</a>					
	Tu						
	We						
	Th						
	Fr						
	Sa						

	Su						
7	Mo						
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
8	Mo	<a href="#">Blood,</a> <a href="#">ECG,</a> <a href="#">Sono</a>					
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
9	Mo						
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
10	Mo	<a href="#">Blood</a>					
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
11	Mo						
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
12	Mo	<a href="#">Blood,</a> <a href="#">ECG</a>					

[Accompanying therapies](#) [Probiotics](#) [Detoxification](#) [Immunmodulation](#) [Immunsuppression](#) [etc.](#)

Blood: liver, kidney, blood count. ECG: QTc time not longer than 440 milliseconds at a heart rate between 60 and 100 per min. Sunscreen measures when using tetracycline. Pregnancy prevention. In women taking the contraceptive pill, the efficacy of these medications may be compromised or limited. Possibly. Sonography control after 3 weeks.

[www.kabilahsystems.de/therap\\_06\\_bei\\_therapieresistenz.pdf](http://www.kabilahsystems.de/therap_06_bei_therapieresistenz.pdf) [Liability exclusion](#) All statements without guarantee

### 9.8 A plant therapeutic variant

Antibiotic Therapeutic Schemes for Adults with Multisystem Diseases by (Viruses) / Bacteria / Protozoa / Fungi / [Persisters](#)

**Variant 07, Phyto therapy** ([Angocin antiinfect®](#)) the drug treatment regimen is not officially validated, [more](#)

According to instruction leaflet 200 mg / day 800 -1200 mg / day

Week	Day	Labor	<a href="#">Tropaeolum ni.+ +horseradish</a>	<a href="#">Minocyclin</a>	<a href="#">Artemisia</a>		<a href="#">Delimmun</a>	<a href="#">Rifampicin</a>
1	Mo							
	Tu							
	We							
	Th							
	Fr							
	Sa							
	Su							
2	Mo	<a href="#">Bood, ECG, Sono</a>						
	Tu							
	We							
	Th							
	Fr							
	Sa							
	Su							
3	Mo							
	Tu							
	We							
	Th							
	Fr							
	Sa							
	Su							
4	Mo	<a href="#">Blood, ECG</a>						
	Tu							
	We							
	Th							
	Fr							
	Sa							
	Su							
5	Mo							
	Tu							
	We							
	Th							
	Fr							
	Sa							
	Su							
6	Mo	<a href="#">Blood</a>						
	Tu							
	We							
	Th							
	Fr							
	Sa							

	Su							
7	Mo							
	Tu							
	We							
	Th							
	Fr							
	Sa							
	Su							
8	Mo	<a href="#">Blood,</a> <a href="#">ECG,</a> <a href="#">Sono</a>						
	Tu							
	We							
	Th							
	Fr							
	Sa							
	Su							
9	Mo							
	Tu							
	We							
	Th							
	Fr							
	Sa							
	Su							
10	Mo	<a href="#">Blood</a>						
	Tu							
	We							
	Th							
	Fr							
	Sa							
	Su							
11	Mo							
	Tu							
	We							
	Th							
	Fr							
	Sa							
	Su							
12	Mo	<a href="#">Blood,</a> <a href="#">ECG</a>						

[Accompanying therapies](#) [Probiotics](#) [Detoxification](#) [Immunmodulation](#) [Immunsuppression](#) [etc.](#)

Blood: liver, kidney, blood count. ECG: QTc time not longer than 440 milliseconds at a heart rate between 60 and 100 per min. Sunscreen measures when using tetracycline. Pregnancy prevention. In women taking the contraceptive pill, the efficacy of these medications may be compromised or limited. Possibly. Sonography control after 3 weeks.

[www.kabilahsystems.de/therap\\_07\\_phyto\\_kombi\\_etc.pdf](http://www.kabilahsystems.de/therap_07_phyto_kombi_etc.pdf) [Liability exclusion](#) All statements without guarantee

### 9.9 Basic therapy + antiprotozoals (protozoa) or + fungistatics (mold)

Antibiotic Therapeutic Schemes for Adults with Multisystem Diseases by (Viruses) / Bacteria / Protozoa / Fungi / Persister

**Variant 08, Apicomplexa or Fungi, the drug treatment regimen is not officially validated, more**

Week	Day	Labor	Azithromycin	Minocyclin	Artemisia	Delimmun®	Malarone®
1	Mo						<b>or</b>
	Tu						<b>[Fluconazol</b>
	We						corresponding
	Th		Also plus Clindamycin or plus Azithromycin according to regulations				dosed in case
	Fr						of fungal
	Sa						infection]
	Su						
2	Mo	Blood, ECG, Sono					
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
3	Mo						
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
4	Mo	Blood, ECG					
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
5	Mo						
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
6	Mo	Bood					
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						

7	Mo						
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
8	Mo	<a href="#">Blood,</a> <a href="#">ECG,</a> <a href="#">Sono</a>					
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
9	Mo						
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
10	Mo	<a href="#">Blood</a>					
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
11	Mo						
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
12	Mo	<a href="#">Blood,</a> <a href="#">ECG</a>					

[Accompanying therapies](#) [Probiotics](#) [Detoxification](#) [Immunomodulation](#) [Immunsuppression](#) [etc.](#)

Blood: liver, kidney, blood count. ECG: QTc time not longer than 440 milliseconds at a heart rate between 60 and 100 per min. Sunscreen measures when using tetracycline. Pregnancy prevention. In women taking the contraceptive pill, the efficacy of these medications may be compromised or limited. Possibly. Sonography control after 3 weeks.

[www.kabilahsystems.de/therap\\_08\\_protozoen\\_oder\\_hefen.pdf](http://www.kabilahsystems.de/therap_08_protozoen_oder_hefen.pdf) [Liability exclusion](#) All statements without guarantee

### 9.10 Basic therapy plus anti filaria (roundworm) drugs

Antibiotic Therapeutic Schemes for Adults with Multisystem Diseases by (Viruses) / Bacteria / Protozoa / Fungi / [Persisters](#)

**Variant 09 in (Micro) filariasis, the drug treatment regimen is not officially validated, [more](#)**

Week	Day	Labor	500 mg / day <a href="#">Azithromycin</a>	200 mg / day <a href="#">Minocyclin</a>	800 – 1200 mg / day <a href="#">Artemisia</a>	according to plan <a href="#">Delimmun</a>	<a href="#">Mebendaz.</a>
1	Mo						
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
2	Mo	<a href="#">Blood, ECG, Sono</a>					
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
3	Mo						
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
4	Mo	<a href="#">Bood, ECG</a>					
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
5	Mo						
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
6	Mo	<a href="#">Blood</a>					
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						



7	Mo						
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
8	Mo	<a href="#">Blood, ECG, Sono</a>					
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
9	Mo						
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
10	Mo	<a href="#">Blood</a>					
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
11	Mo						
	Tu						
	We						
	Th						
	Fr						
	Sa						
	Su						
12	Mo	<a href="#">Blood, ECG</a>					

[Accompanying therapies](#) [Probiotics](#) [Detoxification](#) [Immunomodulation](#) [Immunsuppression](#) [etc.](#)

Blood: liver, kidney, blood count. ECG: QTc time not longer than 440 milliseconds at a heart rate between 60 and 100 per min. Sunscreen measures when using tetracycline. Pregnancy prevention. In women taking the contraceptive pill, the efficacy of these medications may be compromised or limited. Possibly. Sonography control after 3 weeks.

[www.kabilahsystems.de/therap\\_09\\_bei\\_mikrofilariose.pdf](http://www.kabilahsystems.de/therap_09_bei_mikrofilariose.pdf) [Liability exclusion](#) All statements without guarantee

## 9.10 Adjuvants and post-treatment: phytotherapeutics and milieu

### Accompanying therapies for long - term antibiotic treatment

Go to minimal program [Click here](#)

#### Diet / Salutogenesis

#### Therapy basis, next to the psycho – hygiene, is the healthy diet

Literature <http://www.kabilahsystems.de/diaetblatt.pdf> Literature <http://www.xerlebnishaft.de/diaet.pdf>

Video <http://www.youtube.com/watch?v=5JXUe5qzFyM> Literature <http://www.xerlebnishaft.de/salutogenese.pdf>

Video TVR\_Cluj\_StiintaSiCunoastere\_Biological Transformations <http://youtu.be/WFlyITPk0Kc>  
<http://www.youtube.com/watch?v=WFlyITPk0Kc&feature=youtu.be>

#### Drugs / Dietary supplements (in phases)

1. **Detoxification** (Darm- Adsorbentien und -pH-Regulierer, Gebiss-, Mund- und Haut- Pflege)
2. **Pro-Immune** (Probiotika, S-Adenosylmethionin, Vitamin B1, B2, (B6), B12, Folsäure, D3, E)
3. **Mild anti – inflammatory and anti – hyperkoagulatoric** (Polyphenole, Omega3 Fettsäuren, Weihrauch, Myrrhe, Taxifolin, Q10, Alpha-Liponsäure, Curcuma + schw. Pfeffer, [DMSO](#))
4. **Anti-Fatigue** (biogene Amine und Peptide, L-Arginin, Elektrolyte, Spuren – Elemente, Carnitin)
5. **intestinal protection, acid/bases** (Zuckerstoffw., „Schaukeldiät“, **Probiotics**, Caprylic acid)

Literature <http://www.kabilahsystems.de/entgiftung.pdf> Literature <http://www.kabilahsystems.de/probiotika.pdf>

Literature <http://xerlebnishaft.de/bildmethyl-arginin.pdf> Literature <http://www.kabilahsystems.de/polyphenole.pdf>

Literature <http://www.kabilahsystems.de/ungesaettfets.pdf> Literature <http://www.xerlebnishaft.de/vitamine.pdf>

Literature [http://www.kabilahsystems.de/q10\\_und\\_l.pdf](http://www.kabilahsystems.de/q10_und_l.pdf) Literature [http://www.xerlebnishaft.de/grape\\_kern.pdf](http://www.xerlebnishaft.de/grape_kern.pdf)

Literature <http://www.kabilahsystems.de/hyperkoagulation.pdf> Lt. [http://www.xerlebnishaft.de/elektro\\_spur\\_ph.pdf](http://www.xerlebnishaft.de/elektro_spur_ph.pdf)

Literature <http://www.kabilahsystems.de/antizyt-chem.pdf> Lt. [http://www.xerlebnishaft.de/labor\\_und\\_therapieoptionen.pdf](http://www.xerlebnishaft.de/labor_und_therapieoptionen.pdf) Literatur

<http://www.kabilahsystems.de/biogeneamineundpeptide.pdf> Lit. <http://www.xerlebnishaft.de/l-arginin.pdf>

Literature <http://www.kabilahsystems.de/ph.pdf> Literature [http://www.kabilahsystems.de/bakt-stabilis\\_entwaff.pdf](http://www.kabilahsystems.de/bakt-stabilis_entwaff.pdf)

#### Immune modulants (if justified)

#### In CD57 natural Killer cells deficits in addition to antibiotics the immunomodulation

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

#### Physical and mental concomitant therapy

1. **Movement therapy**
2. **Relaxation therapy**
3. **Acupuncture**
4. **Oxygen and temperature, oxygen - multi-step therapy according to Manfred von Ardenne**
5. **Electromagnetism and light therapy** [Biofilm – Lysis](#)
6. **Ultrasound – Therapy** a contribution to [Biofilm – Lysis](#)

[Antibiotics + Probiotics +](#)  
[+ Metabolism supportives +](#)  
[+ Physiotherapy](#)

Literature <http://www.xerlebnishaft.de/quorum.pdf>

#### Pain therapy (continuously)

#### If necessary

Literature <http://www.kabilahsystems.de/schmerz.pdf>

#### Further

1. [Therapeutic Plasmapheresis](#)
2. **Phage – Therapy** <http://www.kabilahsystems.de/bakteriophagen.pdf> <http://www.phagentherapie.medizin-2000.de/>
3. [Stem cell – Therapy](#)
4. **Virulence inhibitors** <http://www.kabilahsystems.de/antizyt-chem.pdf>  
[http://www.xerlebnishaft.de/bakt\\_pathogenitaetsfaktoren.pdf](http://www.xerlebnishaft.de/bakt_pathogenitaetsfaktoren.pdf)

<http://www.kabilahsystems.de/kommentmedbegleittherapie.pdf> [Liability exclusion](#) All statements without guarantee

# 10 The current official fee shedule for doctors in Germany

## Current official fee shedule (GOÄ) of the Year 1996

Eine Erstattung der Vergütung durch Erstattungsstellen ist möglicherweise nicht in vollem Umfang gewährleistet.

Bitte mitbringen in Fotokopie oder als pdf-Datei auf einem Datenträger:  
Alle Arzt - Berichte, Laborarzt - Berichte und ein EKG neueren Datums.

Das Einlesen vom Papierdokumenten in das Verwaltungsprogramm berechnen wir  
anderenfalls mit 0,50 € / Din A4 Seite.

Group	Ciffre	Legend	€ (2,3 fach bzw. 1,5 fach)	€ + [Begründung] (3,5 fach)																																												
1	1	Beratung (auch telefonisch) [ 3 Min.]	10,72	16,31																																												
Anamnese	3	Eingehende Beratung [ 10 Min.]	20,10	30,39																																												
	849	Gesprächstherapie [ 20 Min.]	30,84	46,94																																												
	806	Konfliktberatung [20 Min.]	33,51	51,00																																												
<b>A30</b>	Erstanamnese nach biographischen und individuellen Gesichtspunkten; entspricht GOÄ 30 – Erhebung einer homöopathischen Erstanamnese; mindestens 60 Min.	<table border="1"> <thead> <tr> <th>Faktor</th> <th>Zeit</th> <th>Betrag</th> </tr> </thead> <tbody> <tr><td>2,30</td><td>60 Min</td><td>120,65 €</td></tr> <tr><td>2,70</td><td>70 Min</td><td>141,64 €</td></tr> <tr><td>3,10</td><td>80 Min</td><td>162,62 €</td></tr> <tr><td>3,50</td><td>90 Min</td><td>183,60 €</td></tr> <tr><td>3,80</td><td>100 Min</td><td>199,34 €</td></tr> <tr><td>4,20</td><td>110 Min</td><td>220,33 €</td></tr> <tr><td>4,60</td><td>120 Min</td><td>241,31 €</td></tr> </tbody> </table>	Faktor	Zeit	Betrag	2,30	60 Min	120,65 €	2,70	70 Min	141,64 €	3,10	80 Min	162,62 €	3,50	90 Min	183,60 €	3,80	100 Min	199,34 €	4,20	110 Min	220,33 €	4,60	120 Min	241,31 €	<table border="1"> <tbody> <tr><td>4,60</td><td>120 Min</td><td>241,31 €</td></tr> <tr><td>4,89</td><td>130 Min</td><td>261,24 €</td></tr> <tr><td>5,36</td><td>140 Min</td><td>281,18 €</td></tr> <tr><td>5,75</td><td>150 Min</td><td>301,64 €</td></tr> <tr><td>6,13</td><td>160 Min</td><td>321,57 €</td></tr> <tr><td>6,52</td><td>170 Min</td><td>342,03 €</td></tr> <tr><td>6,90</td><td>180 Min</td><td>361,96 €</td></tr> </tbody> </table>	4,60	120 Min	241,31 €	4,89	130 Min	261,24 €	5,36	140 Min	281,18 €	5,75	150 Min	301,64 €	6,13	160 Min	321,57 €	6,52	170 Min	342,03 €	6,90	180 Min	361,96 €
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<b>A31</b>	Zwischengespräch mit Verlaufsbeurteilung vor oder unter laufender Therapie, entspricht GOÄ31 – Erhebung einer homöopathischen Folgeanamnese mindestens 30 Min.	<table border="1"> <thead> <tr> <th>Faktor</th> <th>Zeit</th> <th>Betrag</th> </tr> </thead> <tbody> <tr><td>2,30</td><td>30 Min</td><td>60,33 €</td></tr> <tr><td>3,00</td><td>40 Min</td><td>78,96 €</td></tr> <tr><td>3,70</td><td>50 Min</td><td>97,05 €</td></tr> <tr><td>4,60</td><td>60 Min</td><td>120,65 €</td></tr> <tr><td>5,37</td><td>70 Min</td><td>140,85 €</td></tr> <tr><td>6,13</td><td>80 Min</td><td>160,78 €</td></tr> <tr><td>6,90</td><td>90 Min</td><td>180,98 €</td></tr> </tbody> </table>	Faktor	Zeit	Betrag	2,30	30 Min	60,33 €	3,00	40 Min	78,96 €	3,70	50 Min	97,05 €	4,60	60 Min	120,65 €	5,37	70 Min	140,85 €	6,13	80 Min	160,78 €	6,90	90 Min	180,98 €	<table border="1"> <tbody> <tr><td>7,66</td><td>100 Min</td><td>200,92 €</td></tr> <tr><td>8,43</td><td>110 Min</td><td>221,11 €</td></tr> <tr><td>9,20</td><td>120 Min</td><td>241,31 €</td></tr> <tr><td>9,97</td><td>130 Min</td><td>261,51 €</td></tr> <tr><td>10,74</td><td>140 Min</td><td>281,70 €</td></tr> <tr><td>11,51</td><td>150 Min</td><td>301,90 €</td></tr> <tr><td>12,28</td><td>160 Min</td><td>322,09 €</td></tr> </tbody> </table>	7,66	100 Min	200,92 €	8,43	110 Min	221,11 €	9,20	120 Min	241,31 €	9,97	130 Min	261,51 €	10,74	140 Min	281,70 €	11,51	150 Min	301,90 €	12,28	160 Min	322,09 €
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2	5	Symptombezogene Untersuchung [mit Leistungsbegründung]	10,72	16,31																																												
Untersuchung	7	Körperliche Untersuchung [mit Leistungsbegründung]	21,46	32,70																																												
	800	Eingehende neurologische Untersuchung [mit Leistungsbegründung]	26,15	39,80																																												
	826	Gezielte neurologische Gleichgewichts- und Koordinationsprüfung	13,27	-																																												
	831	Vegetative Funktionsdiagnostik	10,72	-																																												
	857	Anwendung und Auswertung orientierender Testuntersuchungen	6,76	-																																												
3	250	Blutabnahme + Materialkosten + Vorbereitungskosten	6,00	-																																												
Labor		Urinstreifentest	2,04	-																																												
		Stuhltest	4,03	-																																												

4	651	EKG + Materialkosten	36,55	-
EKG, RR,	650	Notfall – EKG zur Feststellung einer Rhythmusstörung	15,95	-
Sonographie	654	Langzeitblutdruckmessung 18 Stunden	15,73	30,59
	410	Ultraschall ein Organ	26,81	-
	420	Ultraschall je weiteres Organ	10,72	-
5	70	Kurze Bescheinigung, AU [differenzierte Bescheinigung]	5,36	8,16
Arztbrief	75	Befundbericht	17,43	-
	76	Schriftlicher Diätplan	9,38	-
	A78	Behandlungsplan für die Chemotherapie, individuell	24,13	-
	80	Schriftliche gutachtliche Äußerung	40,23	-
	85	Schriftliche gutachtliche Äußerung je angefangene Stunde Arbeitszeit	67,02	-
	95	Schreibgebühr je angefangene Din A4 Seite	3,50	-
	96	Schreibgebühr je Kopie	0,18	-
6	A30	Erstanamnese nach biographischen und individuellen Gesichtspunkten, 60 Minuten	120,65	Zeit-abhängig
Patienten	A31	Folgeanamnese mit Verlaufsbeurteilung, 30 Minuten	60,33	Zeit-abhängig
7	50	Hausbesuch [spezieller Zeitaufwand]	42,90	65,28
Hausbesuch	51	Mitbesuch [aufwändig]	33,51	51,00
	52	Besuch durch Hilfskraft, Übermittlung v. Anweisungen	5,83	-
	56	Verweilen je angefangene ½ Std [bes. Erschwerungen]	10,49	18,88
	F	Zuschlag in der Zeit von 20 - 22 Uhr oder v. 6 - 8 Uhr	15,15	-
	G	Zuschlag in der Zeit von 22 bis 6 Uhr	26,23	-
	H	Zuschlag an Samstagen, Sonntagen und Feiertagen	19,82	-
	K2	Zuschlag bei Kindern bis zum vollendeten 4. Lebensjahr	6,99	-
	Xw2km	Wegegeld bis zu 2 Kilometern	3,58	-
	Xw2kmn	Wegegeld bis zu 2 Kilometern bei Nacht (20 bis 8 Uhr)	7,16	-
	Xw5km	Wegegeld bis zu 5 Kilometern	6,65	-
	Xw5kmn	Wegegeld bis zu 5 Kilometern bei Nacht	10,23	-
	Xw10km	Wegegeld bis zu 10 Kilometern	10,23	-
	Xw10kmn	Wegegeld bis zu 10 Kilometern bei Nacht	15,34	-
	Xw25km	Wegegeld bis zu 25 Kilometern	15,34	-
	Xw25kmn	Wegegeld bis zu 25 Kilometern bei Nacht	25,56	-
8	-	Kopier – und Einlese – Aufwand je Din A4 Seite	0,50	-
Kopie, Porto	-	Porto	0,70	n. Gewicht
		§ 10 Ersatz von Auslagen	Entspr.	
9	60	Konsiliarische Erörterung mit einem anderen Arzt	16,09	-
	4	Fremdanamnese oder Unterweisung der Bezugsperson	44,87	-
	34	Erörterung einer lebensbedrohenden Verschlimmerung einer Krankheit	40,23	-
10	100	Leichenschau [unter besonderen Erschwerungen]	33,51	50,85

[HTTP://WWW.KABILAHSYSTEMS.DE/ARZT-GOAE\\_1996.PDF](http://www.kabilahsystems.de/arzt-goae_1996.pdf)

<http://www.kabilahsystems.de/kostenplan.pdf> [Liability exclusion](#) All statements without guarantee

**Table 6: The current fee shedule for Doctors in Germany**

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<http://www.Huismans.click>