

Naturopathic Treatment of Tick-Borne Disease: A Deep Dive into the Pathophysiology of Lyme Disease and Babesia and the MOAs of Herbal Intervention

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A Naturopathic Approach to Lyme and Tick-Borne Infections

Presented by Myriah Hinchey, ND, FMAPS
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Disclosures

I disclose the following relevant financial or non-financial relationships:

- TAO: Center for Vitality, Longevity, & Optimal Health (Founder, Owner, Medical Director)
- LymeCore Botanicals (Co-founder, Owner)
- LymeBytes (Founder, Owner)

Any reference to off-label or non-FDA approved usage in this presentation will be noted and disclosed.

Lecture Objectives

Discuss

Discuss common myths and symptom recognition of Lyme disease

Review

Review the pathophysiology of *Borrelia* spp and *Babesia* spp

Demonstrate

Demonstrate the MOA of commonly used herbs and supplements

- How they block the movement of infection, normalize the immune system, and are used to heal the body

Illustrate

Illustrate how infections as well as lifestyle plays a role in making the patient hospitable to infection

- How to alter the body's biochemistry to make the body inhospitable to infection

Present

Present a comprehensive naturopathic protocol for healing from Lyme and Babesia

Common Myths



Only deer ticks transmit Lyme disease (Pritt et al., 2016).

Reality: While the black-legged tick (or deer tick) is the primary vector of Lyme disease in the U.S., other ticks can also carry and transmit the disease.

A bull's-eye rash is needed to diagnose Lyme disease (Wormser et al., 2006).

Reality: Not everyone with Lyme disease develops the characteristic erythema migrans (bull's-eye) rash. Many people may have atypical rashes, and some may have no visible rash at all.

If the tick is removed within 24 hours, you can't get Lyme (Steere et al., 2004).

Reality: While the risk of transmission is lower if the tick is removed quickly, it is not zero. It's always essential to monitor for symptoms and seek medical advice if concerned.

All Lyme cases are acute and easy to diagnose (Marques, 2008).

Reality: Lyme can manifest as chronic symptoms in some individuals, and diagnostic tests are not always conclusive.

Standard Lyme tests are accurate (Branda & Strle, 2018).

Reality: Commonly used tests, such as the ELISA and Western blot, can yield false negatives, especially in the early stages of the disease.

Common Myths

A few weeks of antibiotics will cure Lyme disease (Bransfield, 2005).

Reality: While many individuals recover with a standard course of antibiotics, some may require prolonged treatment, especially if the disease has progressed or if there are co-infections.

Only people in the northeastern U.S. are at risk for Lyme disease (Steere et al., 2004).

Reality: Lyme disease has been reported in all 50 U.S. states and many other countries around the world.

You can't have Lyme if you don't remember a tick bite (Steere et al., 2004).

Reality: Many people diagnosed with Lyme disease do not recall a tick bite. Ticks can be tiny and their bites painless, so they can easily go unnoticed.

Lyme disease is only a joint disease (Marques, 2010).

Reality: Lyme disease can affect multiple systems in the body, including the neurological, cardiac, and musculoskeletal systems.

Common Myths

Lyme disease is the only illness transmitted by ticks (Steere et al., 2016).

Reality: Ticks can transmit a variety of diseases, including anaplasmosis, babesiosis, bartonellosis, ehrlichiosis, and many others.

If you're treated for Lyme disease and still have symptoms, you must have another condition (Marques, 2010).

Reality: Some people develop a set of ongoing symptoms called post-treatment Lyme disease syndrome (PTLDS) or "chronic Lyme" which can continue after initial treatment.

There is no such thing as chronic Lyme disease (Marques, 2010).

Reality: This is a controversial area. Some patients have persistent symptoms despite treatment, which can resemble chronic illness. The exact nature and cause of these symptoms, whether it's ongoing infection or an autoimmune-like response, are areas of ongoing research and debate.

For more info visit www.ILADS.com

Symptoms of Lyme Disease

Lyme Disease Association, Inc. (n.d.).
Lyme Disease Symptoms. Retrieved from
<https://lymediseaseassociation.org/lyme-tbd/medical/lyme-disease-symptoms/>

- Fatigue
- Headache
- Arthralgias, myalgias
- Cognitive deficits
- Depression/ Anxiety
- Sleep disruption
- Palpitations, rapid pulse
- Change in bowel function
- Pelvic pain
- Chest pain/ rib pain
- Twitching
- Hormone imbalance
- Irritable bladder
- Sweats
- Chills
- Short of breath
- Cough
- Dizziness
- Hair loss
- Thyroid issues
- Chronic sore throat/ swollen glands
- Intermittent blurry/ double vision
- Intermittent hearing issues/ ringing/ buzzing
- Sensitivity to EVERYTHING!

- **Symptoms are chronic but intermittent** and often affect multiple organ systems at once
- **Key diagnostic feature: symptoms are**
 - Multisystem
 - Migratory
 - Cyclic
- **Hallmark:** immune impairment that worsens over time
- **Pattern recognition is KEY!**



According to the CDC

(Centers for Disease Control and Prevention, 2021).

Lyme is the fastest growing epidemic we have been faced with and should be diagnosed based on:

- 1. Symptoms and physical findings**
- 2. Possibility of exposure to infected ticks**
- 3. Laboratory tests are helpful in diagnosing Lyme disease, with the CDC recommending a two-step testing process**

This does NOT mean Lyme disease should be diagnosed based on a positive or negative test (which is often the case)!



Key Points to Remember

EM RASH (IF PRESENT) IS DIAGNOSTIC OF LYME DISEASE. NO NEED TO TEST! BUT SHOULD STILL TEST FOR CO-INFECTIONS! TREATMENT IS NOT ALWAYS THE SAME.

TESTING TOO EARLY CAN GIVE FALSE NEGATIVE. PEAK ANTIBODY PRODUCTION IS 3-6 WEEKS.

YOU CAN ONLY GET RESULTS FOR SPECIFIC SPECIES OF BORRELIA THE TEST LOOKS AT!

TESTING FOR LYME DOESN'T TEST FOR CO-INFECTIONS!

LOOK FOR OTHER LAB FINDINGS THAT MAY BE USEFUL IN YOUR DIAGNOSIS!

Immune Dysfunction is Often Behind Disappointing Clinical Outcomes



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Signs of Immune Dysfunction in Lyme



Signs that Lyme has weakened the immunity:

- ✓ Low total WBC counts
- ✓ Depressed lymphocyte percent
- ✓ Low killer cell (NK cell) counts
- ✓ Decreased immunoglobulin levels (B cell impairment)
- ✓ Impaired T cell reactivity
- ✓ Persistent disease that responds poorly to meds that should work



Signs that Lyme has activated the cytokines:

- ✓ Everything!
- ✓ Malaise
- ✓ Fatigue
- ✓ Aches
- ✓ Cognitive impairment
- ✓ Neuropathy
- ✓ Arthritis
- ✓ Many more!

How Lyme Disease Persists

- ▶ **Lyme and Co-infections hijack the immune system and get it to work for them instead of for the host in both the acute and chronic infection phases (Anderson et al., 2021)**
- ▶ **Lyme and co-infections release chemicals that work synergistically with the chemokines released from tick saliva at the time of initial infection (Cotté et al., 2014)**
- ▶ **Together they (tick saliva and infectious organisms) manipulate the biochemistry of the body using various enzymes to degrade the connective tissue matrix to feed themselves and alter the immune system ultimately making the body hospitable to the infection (Cotté et al., 2014)**

Anderson C, Brissette CA. The Brilliance of Borrelia: Mechanisms of Host Immune Evasion by Lyme Disease-Causing Spirochetes. *Pathogens*. 2021 Mar 2;10(3):281. doi: 10.3390/pathogens10030281. PMID: 33801255; PMCID: PMC8001052.

Cotté, V., Sabatier, L., Schnell, G., Carmi-Leroy, A., Rousselle, J. C., Arsène-Ploetze, F., Malandrin, L., Sertour, N., Namane, A., Ferquel, E., & Choumet, V. (2014). Differential expression of Ixodes ricinus salivary gland proteins in the presence of the Borrelia burgdorferi sensu lato complex. *Journal of proteomics*, 96, 29–43. <https://doi.org/10.1016/j.jprot.2013.10.033>



Many Treatments Fail When...

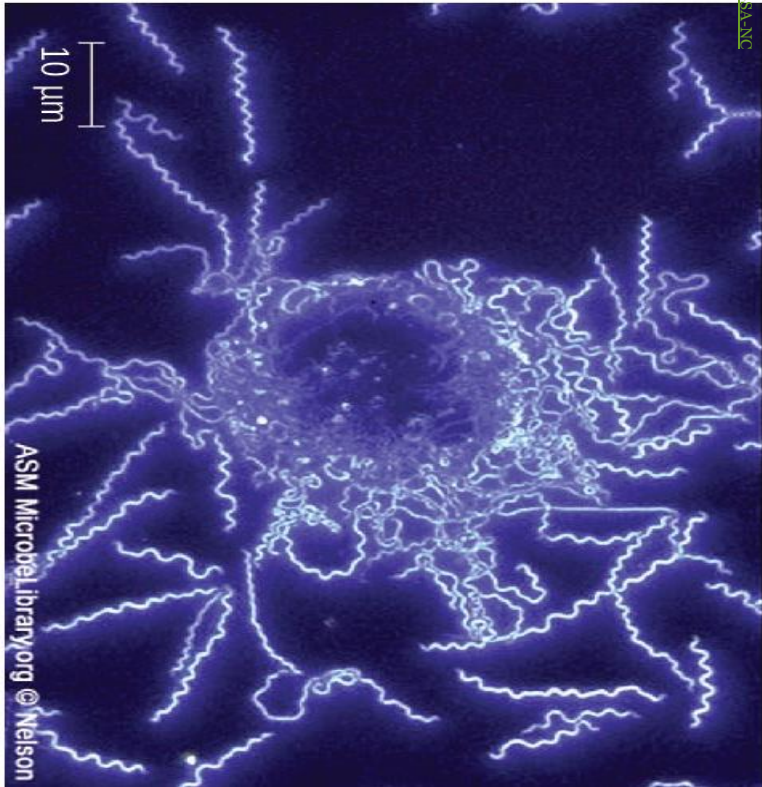
- Focus is on killing the organism instead of healing the patient
- Not addressing the ROOT causes that are
 1. making the patient hospitable to the infection
 2. keeping the patient from healing
 3. inhibiting elimination of the infection(s)
- Relying on antibiotics to eradicate the infection
- We need to FOCUS on:
 1. normalizing the immune system
 2. making the body inhospitable to the infection
 3. HEALING the body...while killing the infectious organisms



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No combination or amount of antibiotics will COMPLETELY eradicate the infection; it's the body's immune system that must eliminate it from the body or put it into remission.

(Bernard 2018)





Excessive Antibiotics Can Cause Further Immune Dysfunction By:

1. Disrupting the microbiome (Schwartz, 2020)
2. Increasing gut permeability (Aleman, 2023)
3. Increasing toxic load (Björnsson, 2017)
4. Impairing organs of detoxification and elimination (Björnsson, 2017)
5. Altering nutrient intake (Basolo, 2020)
6. Triggering formation of persister cells (Sharma, 2015)

How Do We Treat an Infection that
Needs to be ***ELIMINATED***

While ***RESTORING***
Proper Immune Function...

Restoring Immune Function

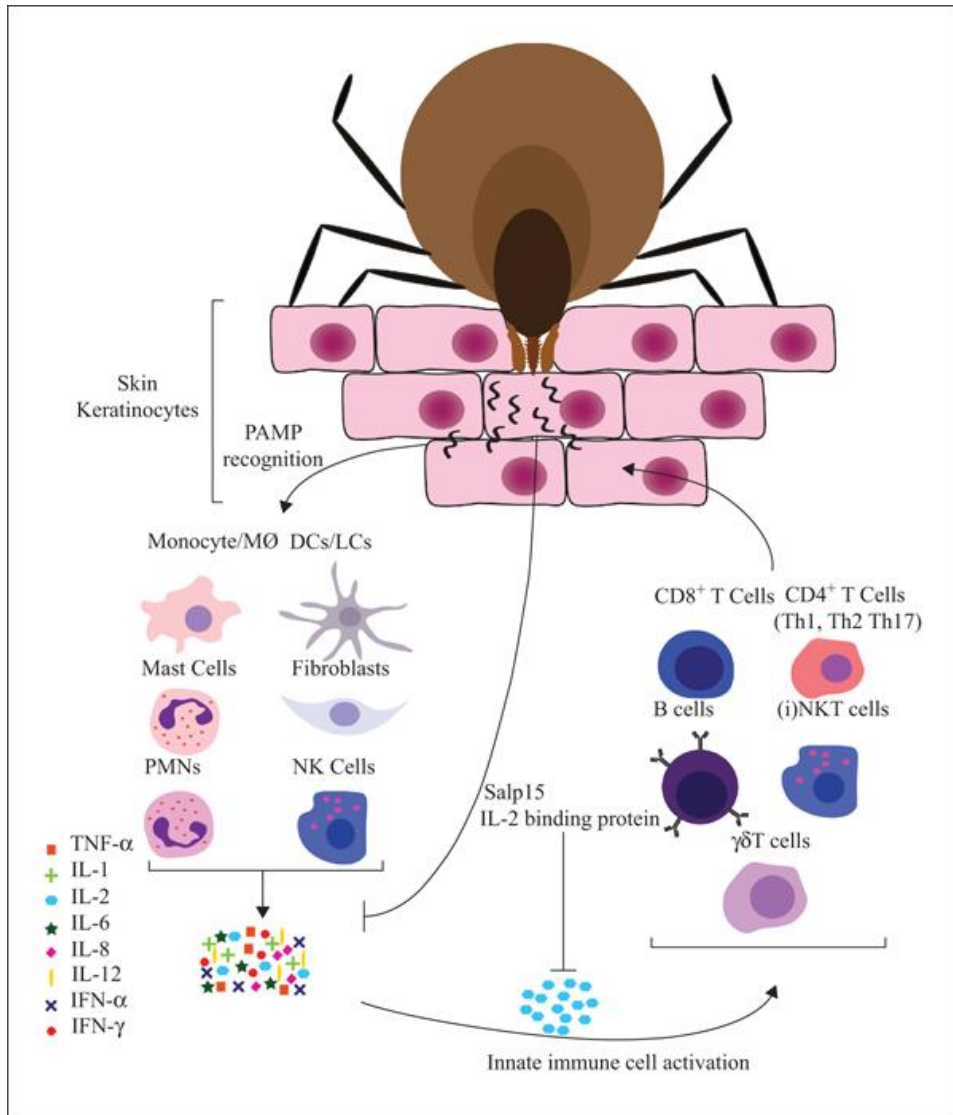
Investigate the terrain of the individual and find out what pieces of the puzzle have been altered in that particular patient.



A Perfect Storm

Image and Content:

Verhaegh, Dennis, et al. "The Role of Host Immune Cells and *Borrelia burgdorferi* Antigens in the Etiology of Lyme Disease." *European Cytokine Network*, vol. 28, no. 2, June 2017, pp. 70–84., <https://doi.org/10.1684/ecn.2017.0396>.

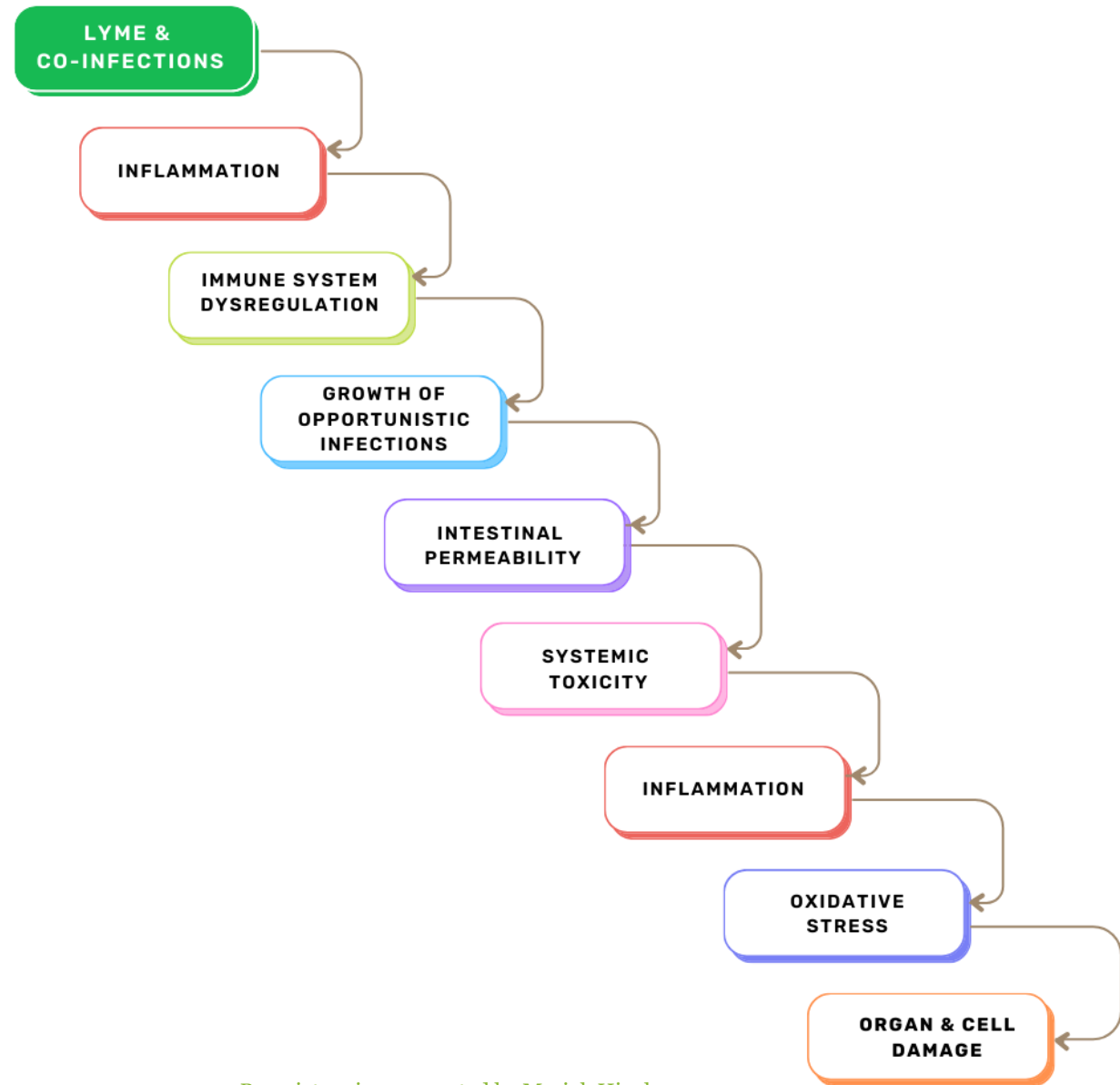


- Immune dysregulation
- Inflammatory cytokine cascade
- Enzymes that breakdown collagen and ECM
- Elevated Galactin-3 levels
- Damage to endothelial cells
- Increased intestinal permeability
- Increased toxicity
- Formation of biofilms
- Eventual impairment of organs and organ systems

Cascade of Events

What we wish it were...

- A Linear Model of Events

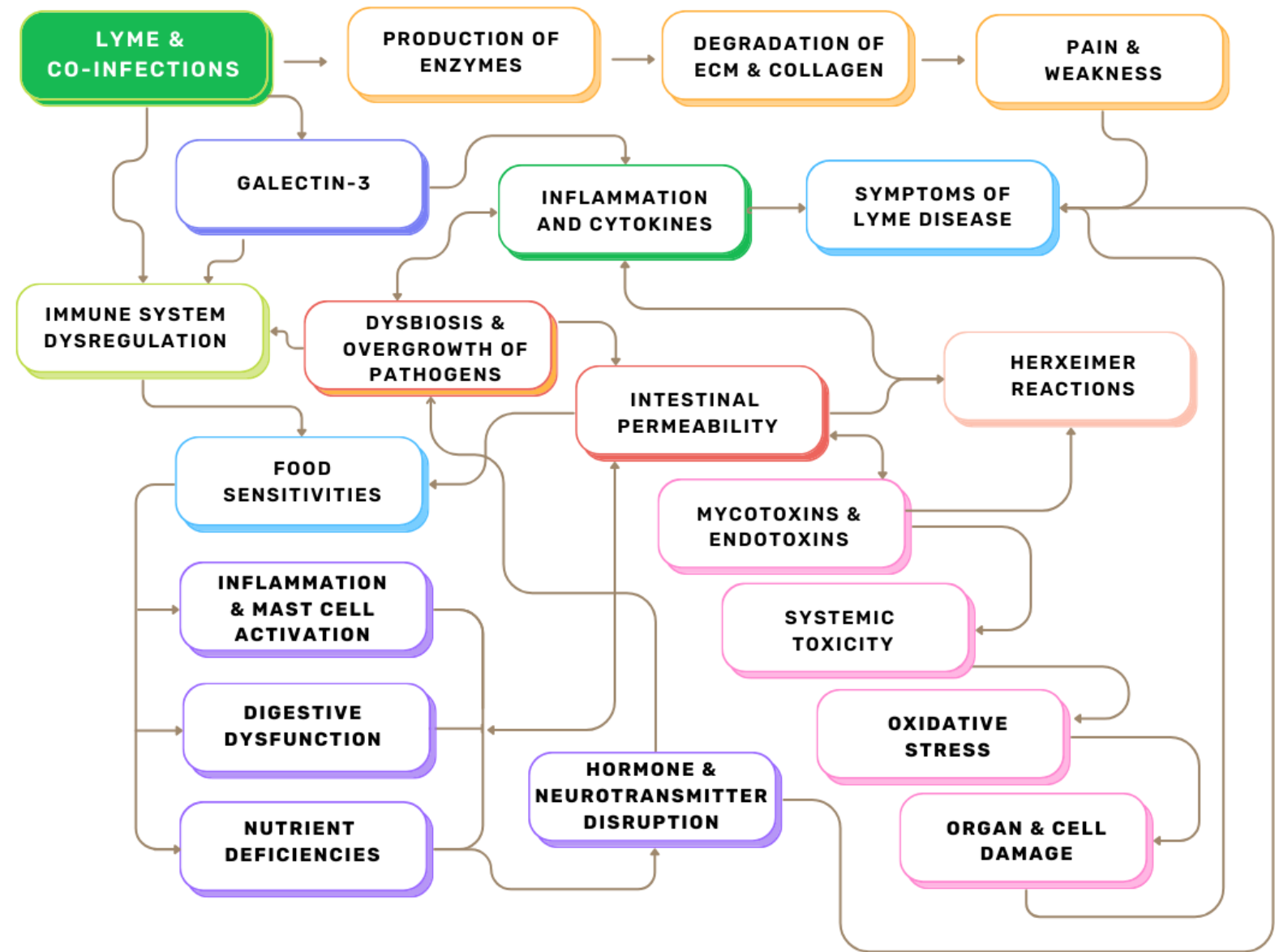


Proprietary image created by Myriah Hinchey, 2023

Cascade of Events

The Reality...

- A Hornet's Nest of Events
- Complex Pathophysiological Interactions



Proprietary image created by Myriah Hinchey, 2023

Making the Body Hospitable

TBD infections alter the terrain of the body to allow them not only to evade the immune system and survive but THRIVE!



These dysfunctions are intermingled and need to be dealt with simultaneously

They cannot be resolved one at a time in a linear fashion because each issue causes several issues downstream

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Inflammation: the Driving Force

- Feeds spirochetes
- Causes a majority of symptoms
- Causes an imbalance in the immune system
- Stresses organs
- Imbalances hormones
- Imbalances neurotransmitters and lead to emotional/ cognitive issues
- Causes breakdown of the Gut and increases permeability



Proprietary image created by Myriah Hinchey, 2023

Pearls

- Lyme is an inflammatory infection: it causes inflammation and lives off the byproducts of it
- Lyme plays on an individual's weaknesses: it finds genetic vulnerabilities and previous injuries
- Severe trauma (mental or physical) can bring dormant infections out
- Any hit to the immune system can cause a reactivation of the infection



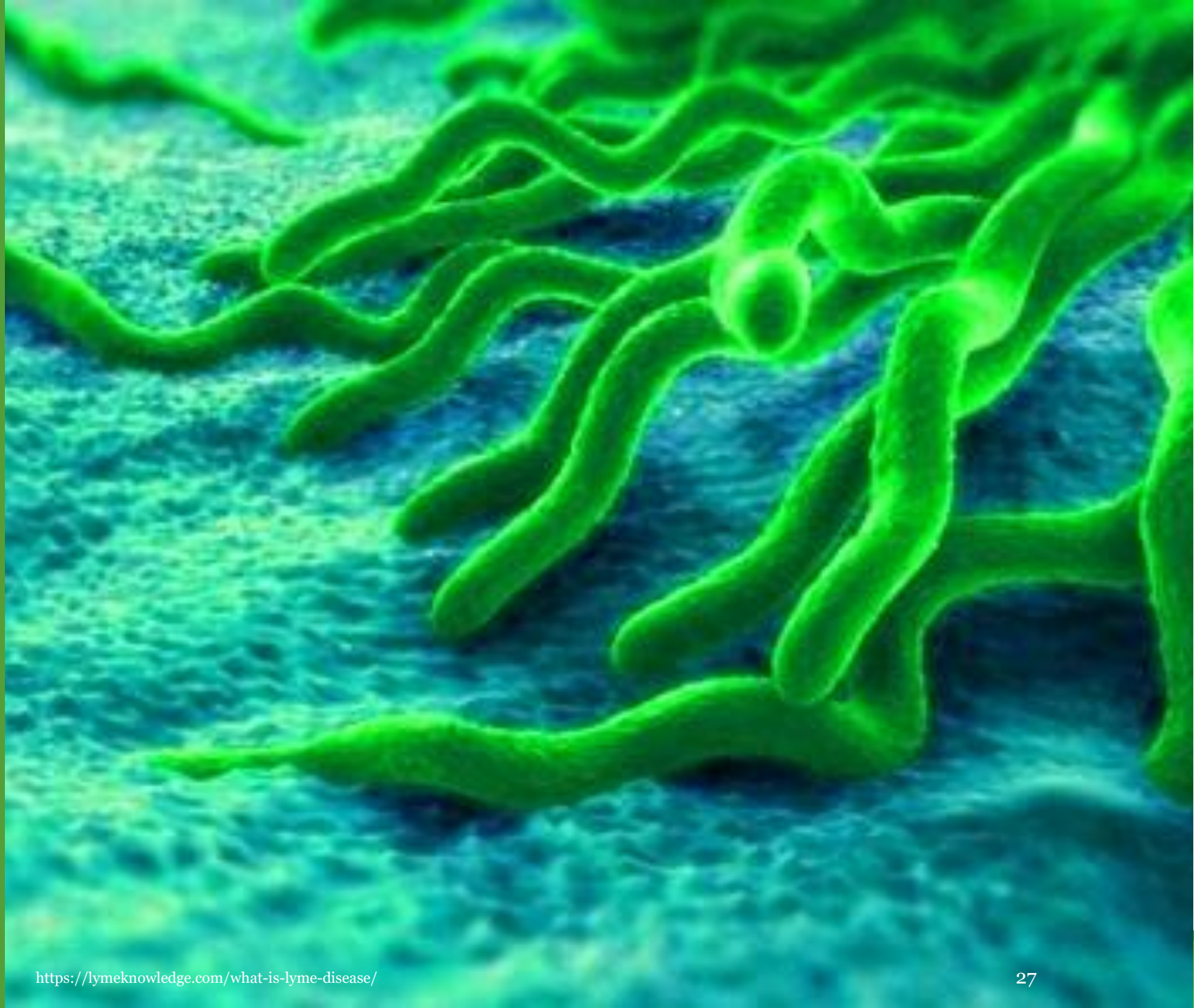


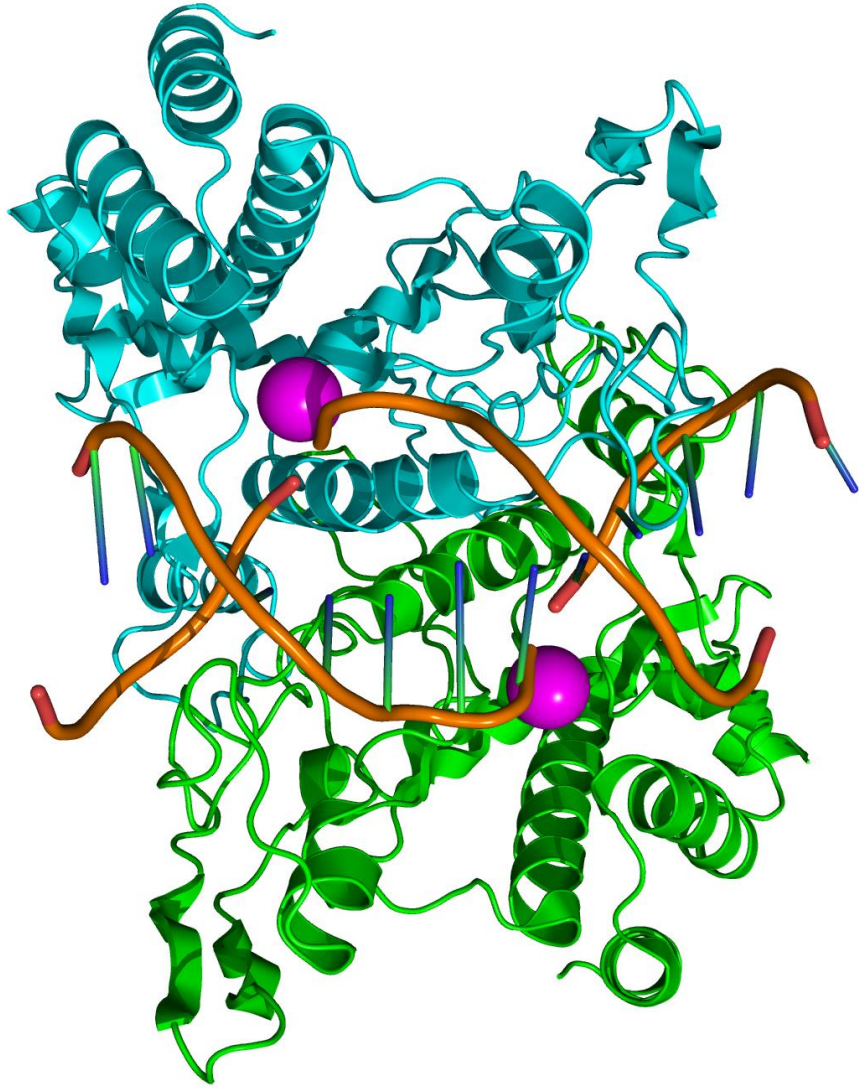
<https://nypost.com/2019/07/01/woman-claims-lone-star-tick-bite-caused-severe-meat-allergy/>

Understanding the Pathophysiology of Lyme

Initial Stages of *Borrelia* *spp.* Infection

- Adhesion of spirochete to endothelial cells on blood vessel wall via adhesins on spirochete body (Antonara, 2011).
- Spirochetes release cytokines to loosen the Endothelial Cell (EC) junctions— to allow entry to the ECM (Grab, 2005)





Enzymes & Cytokines that Break Down ECM

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Hyaluronidase (HYL)

- Hyaluronic Acid (HA) is GAG widely distributed throughout the connective, epithelial and neural tissue
- Major component of Synovial fluid and ECM
- Hyaluronidase (HYL): allows for degradation of Hyaluronic Acid --loosens the CT matrix and EC junctions
- Stopping HYL stops bacteria movement in body (Kolar, 2015)

HYL inhibitors:

- *Echinacea angustifolia*, which strengthens mucous membranes and skin (Yotsawimonwat, 2010)
- *Withania somnifera* (Machiah, 2006)

Aggrecanase

- Aggrecan is a proteoglycan found in ECM and cartilage (Watanabe, 1998) found most abundantly in cartilage of joints
- Spirochetes release aggrecanase to break down aggrecan, releasing nutrients to feed (Russell, 2013)

Aggrecanase Inhibitor:

- *Polygonum cuspidatum* root (Bushra, 2021)

Matrix Metalloproteinases (MMPs)

- aka Collagenases
- Degrade the ECM by breakdown of collagen in the body, GAG release (Van Doren, 2015)
- Wide range of pathologies but are extremely damaging to the brain and CNS

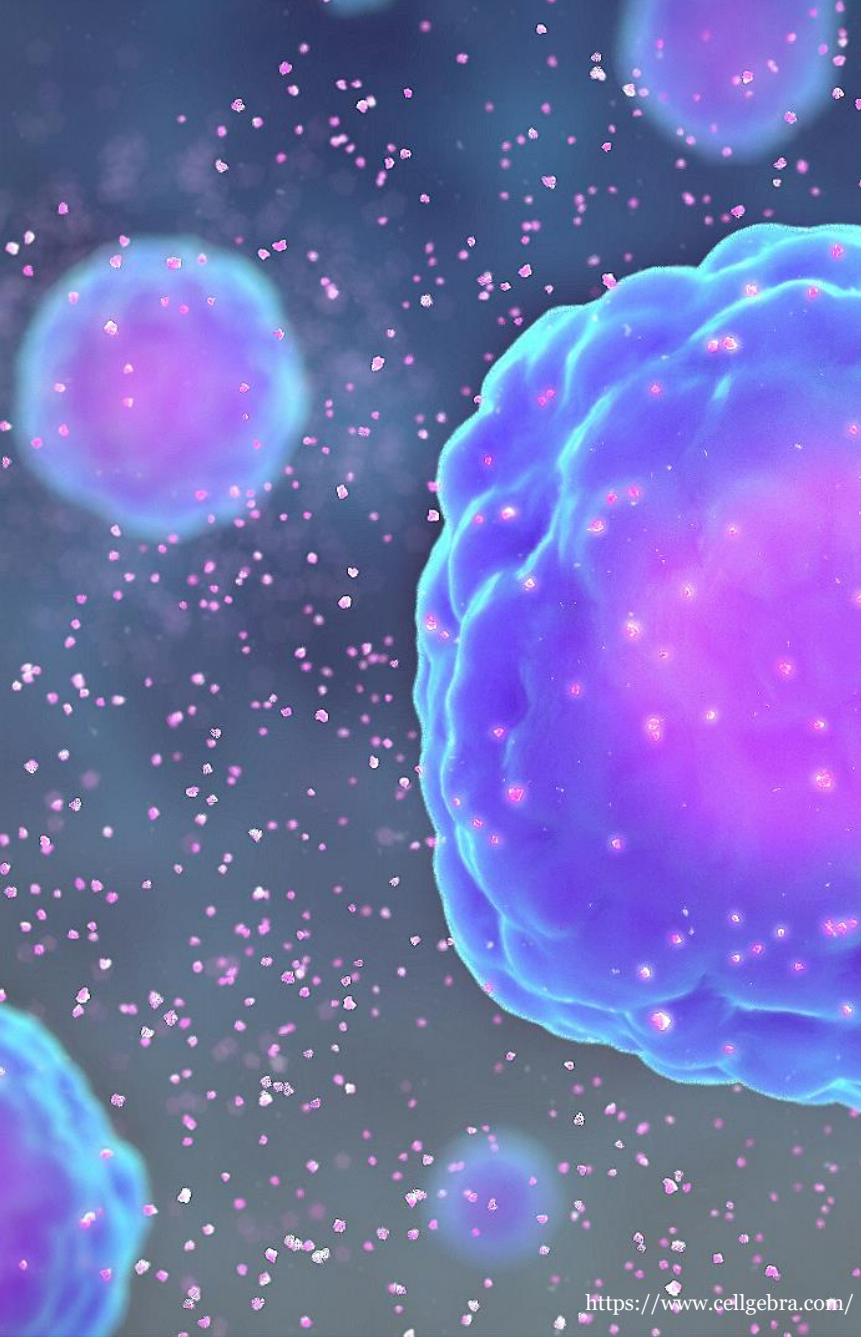
MMPs -1 & 3 Inhibitor:

- *Polygonum cuspidatum* root (Kang, 2018)

MMP-9 Inhibitors:

- **Cordyceps** (Cai, 2018), **NAC** (Liu, 2017)
- *Salvia miltiorrhiza* (Kim, 2017)
- *Scutellaria baicalensis* (Chen, 2014)

Note: Inhibitors halt infection. If spirochetes cannot break down collagen, they cannot feed, reproduce, or spread



<https://www.cellgebra.com/>

Specific Cytokines Affected by TBDs

Flagellin

- Inflammatory protein on flagella that **activates NF-kB** from endothelial cells (Benedikz, 2019)

NF-kB

- Causes immune and inflammatory responses
- *Borrelia* uses **NF-kB** to further enhance inflammation and immune cell proliferation to break down tissues they need to feed from (Parthasarathy, 2014)

NF-kB inhibitors:

- *Astragalus* (Dong, 2020)
- *Cordyceps* (Park, 2018)
- *Eupatorium perfoliatum* (Shin, 2018)
- *Houttuynia cordata* (Lee, 2013)
- *Polygonum cuspidatum* (Park 2017)
- *Pueraria lobate* (Bulugonda, 2017)
- *Salvia miltiorrhiza* (Cheung, 2013)
- *Scutellaria baicalensis* (Li, 2016)
- *Withania somnifera* (Singh, 2007)
- **Curcumin** (Edwards et al., 2020; Shrestha et al., 2017; Xu & Liu, 2017)

Mitogen-Activated Protein Kinases (MAPKs)

- Released by stimulation of bacteria (Sahay, 2018)
- Primary pathways used to enter a new host - stimulate the cytokine cascade
 - ERKs: cause issues with: integrity of endothelial barriers, cardiac function, and neural structures in brain (Collins, 2005)
 - JNKs (Johnson, 2002)
 - p38 kinases
- Upregulation activates proinflammatory cytokines IL-6, TNF-alpha, IL-1B (Johnson, 2023)

ERK inhibitors: *Cordyceps sinensis* (Han, 2010), (Xie, 2014), *Pueraria lobate* (Kim, 2017)

JNK inhibitors: *Cordyceps sinensis* (Han, 2010), *Scutellaria baicalensis* (Huang, 2014)

P38 MAPK inhibitors: *Cordyceps sinensis* (Das, 2021), *Polygonum cuspidatum* (Kim, 2013), *Scutellaria baicalensis* (Zhang, 2017)

IL-6

- Drives fever and multi organ injury
- Multifunctional cytokine that regulates immune system inflammatory response (acute and chronic), and hematopoiesis and cancer growth
- Promotes increase in CD4, IL21, CD8, activation of B cells, VEGF, fibrinogen
- Inhibits T reg cell production (Potere, 2021)
- Crosses BBB stimulates PGE2 in hypothalamus altering body's temp regulation process (Egecioglu, 2018)
- Affects HTH/PIT/AD axis (Späth-Schwalbe, 1994)
- Degeneration of neurons in peripheral and CNS, common in MS, Alzheimer's, depression, etc. (Kimura, 2010)

IL-6 Inhibitors:

Andrographis paniculata (Li, 2021), ***Pueraria lobata*** (Shukla, 2018), ***Salvia miltiorrhiza*** (Jang, 2003), ***Scutellaria baicalensis*** (Liu, 2019)

IL-8

- Primary cause of inflammation and cellular damage resulting from it in *Borrelia spp.* infection (Grygorczuk, 2004)

IL-8 Inhibitors:

- ***Cordyceps sinensis*** (Das, 2021)
- **NAC** (Zhou, 2021)
- ***Polygonum cuspidatum root*** (Quagliariello et al., 2021)
- **Curcumin** (Allijn et al., 2016)
- **Quercetin** (Wu et al., 2015)

IL-1B

- Primary cytokine expressed in *Borrelia spp.* infection (Miller, 1992)
- Stimulates cell proliferation and increases COX2 in CNS (Molina-Holgado, 2000)
- Increased sensitivity to pain (Simon, 1999)
- Plays a multifaceted role in acute & chronic conditions

ACUTE

- Is a potent pro-inflammatory cytokine crucial for host-defense response to injury and infection
- Plays a beneficial role in resolving ACUTE inflammation

CHRONIC

- Is an immune amplifier of immune reactions and leads to autoimmune and autoinflammatory diseases
- Supports tumor development, growth and metastasis. (Mardi, 2021)

IL-1B Inhibitors:

Cordyceps sinensis (Hu, 2014), ***Eupatorium perfoliatum*** (Chen, 2018), ***Polygonum cuspidatum*** (Liu, 2018), ***Pueraria lobata*** (Zhu, 2014), ***Salvia miltiorrhiza*** (Ma, 2016), ***Scutellaria baicalensis*** (Hsieh, 2007)

TNF-alpha

- Pro-inflammatory cytokine produced by many cell types in response to inflammation, infection, and environmental stress
- Signals cell proliferation, apoptosis, modulation of immune response, and induction of inflammation (Karki, 2021)
- Elevated in many chronic inflammatory conditions
- Affects HTH/PIT/AD axis (Dunn, 2000)
- Causes issues with appetite, body temperature, liver function, insulin resistance (Knobler, 2005)
- Causes severe brain and CNS damage (Raffaele, 2020)

TNF-a Inhibitors:

Cordyceps sinensis (Zhu, 2012), ***Eupatorium perfoliatum*** (Chakravarti, 2011),
Houttuynia cordata (Park, 2005), ***Scutellaria baicalensis*** (Wu, 2020), ***Salvia miltiorrhiza***
(Peng, 2007)

INF-alpha

- Causes tissue inflammation, organ damage, autoimmune conditions, fever, fatigue, and leukopenia, and depression (by stimulating IDO or indoleamine 2,3 dioxygenase) (Wicher, 2005)

IFN-a Inhibitors:

- *Polygonum cuspidatum* (Lin, 2015)
- *Salvia miltiorrhiza* (Zhang, 2012)
- *Scutellaria baicalensis* (Błach-Olszewska, 2008)

Indoleamine 2,3 dioxygenase (IDO)

- Enzyme that breaks apart L-tryptophan into:
 - 3- HK (3-hydroxykynurenine)
 - QUIN (quinolinic acid)
 - KYNA (kynurenic acid)
- Decreases T cells
- Severely decreases melatonin and serotonin

IDO inhibitors:

- *Scutellaria baicalensis* (Chen, 2012)
- *Crinum latifolium* (Jenny, 2011)

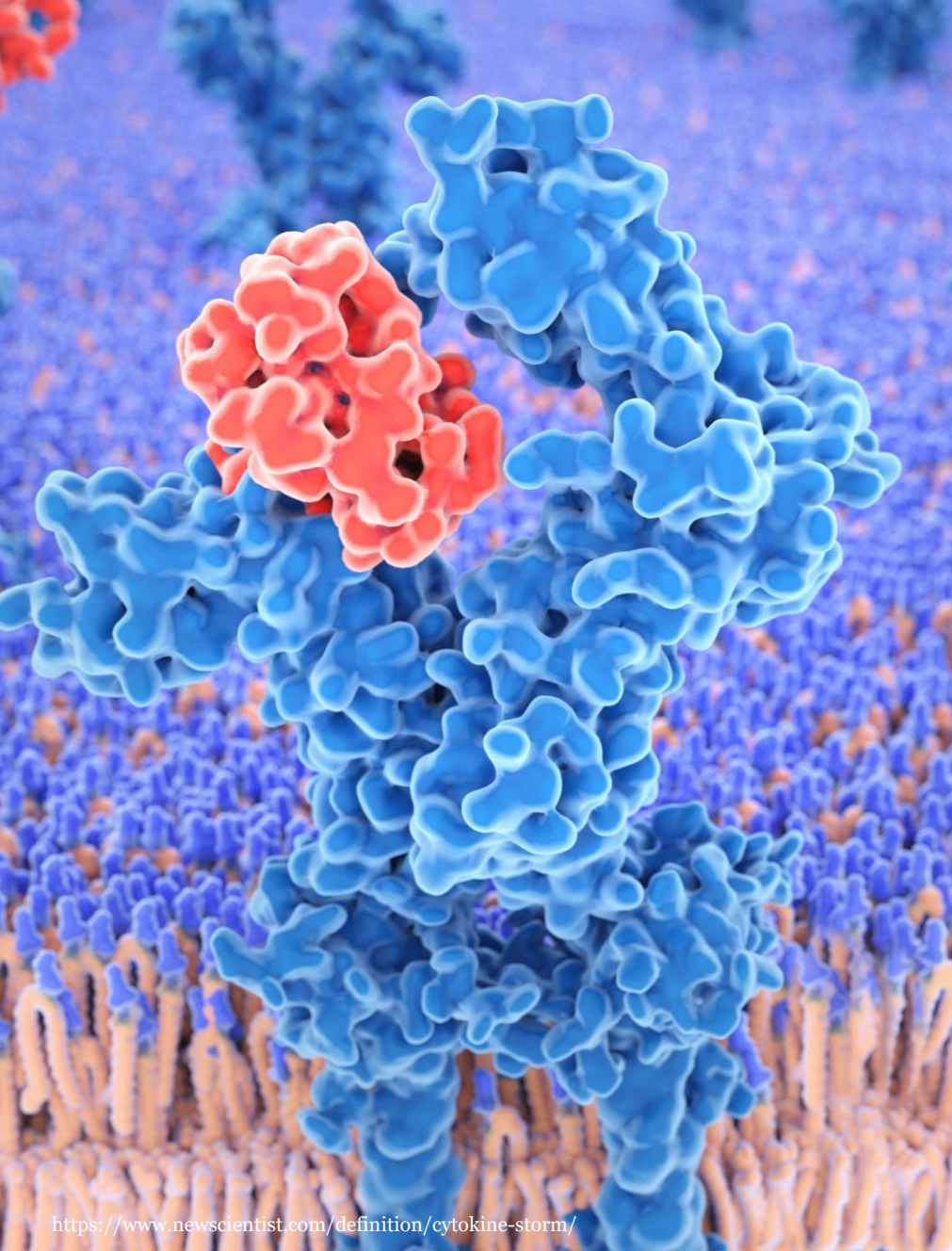
QUIN

- Causes overstimulation of the neurons in brain, excitotoxicity lesions, degradation of brain tissue, ROS and sometimes seizures (Heyes, 1992)
- The number and seriousness of seizures people experience is directly related to levels of QUIN and 3-HK (Basile, 1995)

QUIN Inhibitors:

- *Uncaria rhynchophylla* (Buhner, 2015)
- *Scutellaria baicalensis* (Buhner, 2015)
- **Melatonin** (Vega-Naredo, 2005)
- **Selenium** (Santamaria, 2003)

NOTE: Scutellaria contains high levels of melatonin, which decreases brain's vulnerability to Lyme infection, is protective of brain structures, and increases sleep.



**This ongoing
inflammatory cytokine
cascade leads to an
imbalance in the
immune system.**

<https://www.newscientist.com/definition/cytokine-storm/>

THE POWER OF 3 HERBS:

1. *Polygonum cuspidatum* (Japanese knotweed)
2. *Scutellaria baicalensis* (Chinese skullcap)
3. *Withania somnifera* (Ashwagandha)

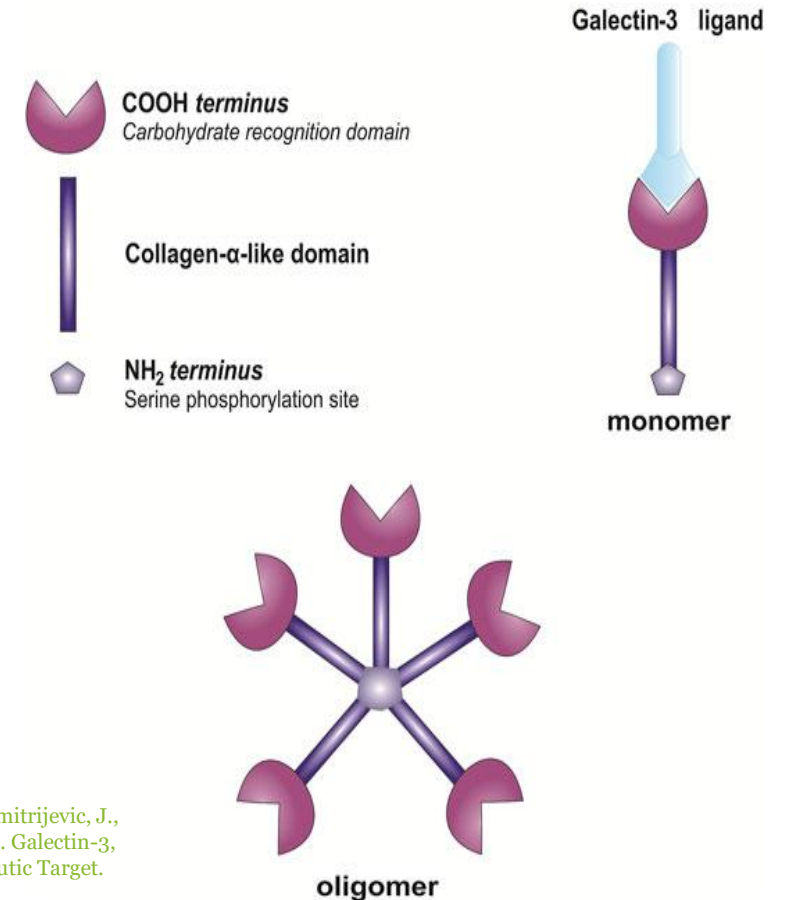
- ✓ Inhibit enzymes that degrade collagen, ECM, & endothelial cells (Bushra, 2021; Chen, 2014; Kang, 2018; Machiah, 2006;)
- ✓ Inhibit inflammatory cytokine cascade (Blach-Olszewska, 2008; Chen, 2012; Hsich, 2007; Kim, 2013; Li, 2016; Lin, 2019; Liu, 2018; Park, 2017; Quagliariello et al., 2021; Wu, 2020; Zhang, 2017)
- ✓ Balance the immune system (Bani et al., 2016)



Additional Upstream Driver of Inflammation

- **Galectin-3 (gal-3)** is a β -galactoside-binding protein which regulates cell–cell and cell–extracellular matrix interactions affecting cell proliferation, migration, adhesion, differentiation and apoptosis
- Produced by macrophages, monocytes, dendritic cells (DCs), eosinophils, mast cells, NK cells, and activated T and B cells
- During the past decade, gal-3 has attracted the attention of researchers due to its regulatory role in immune response, inflammation, and fibrosis

Structure of Galectin-3
(chimera type galectine)



Velickovic, M., Arsenijevic, A., Acovic, A., Arsenijevic, D., Milovanovic, J., Dimitrijevic, J., Todorovic, Z., Milovanovic, M., Kanjevac, T., & Arsenijevic, N. (2021). (2021). Galectin-3, Possible Role in Pathogenesis of Periodontal Diseases and Potential Therapeutic Target. *Frontiers in Pharmacology*, 12. <https://doi.org/10.3389/fphar.2021.638258>

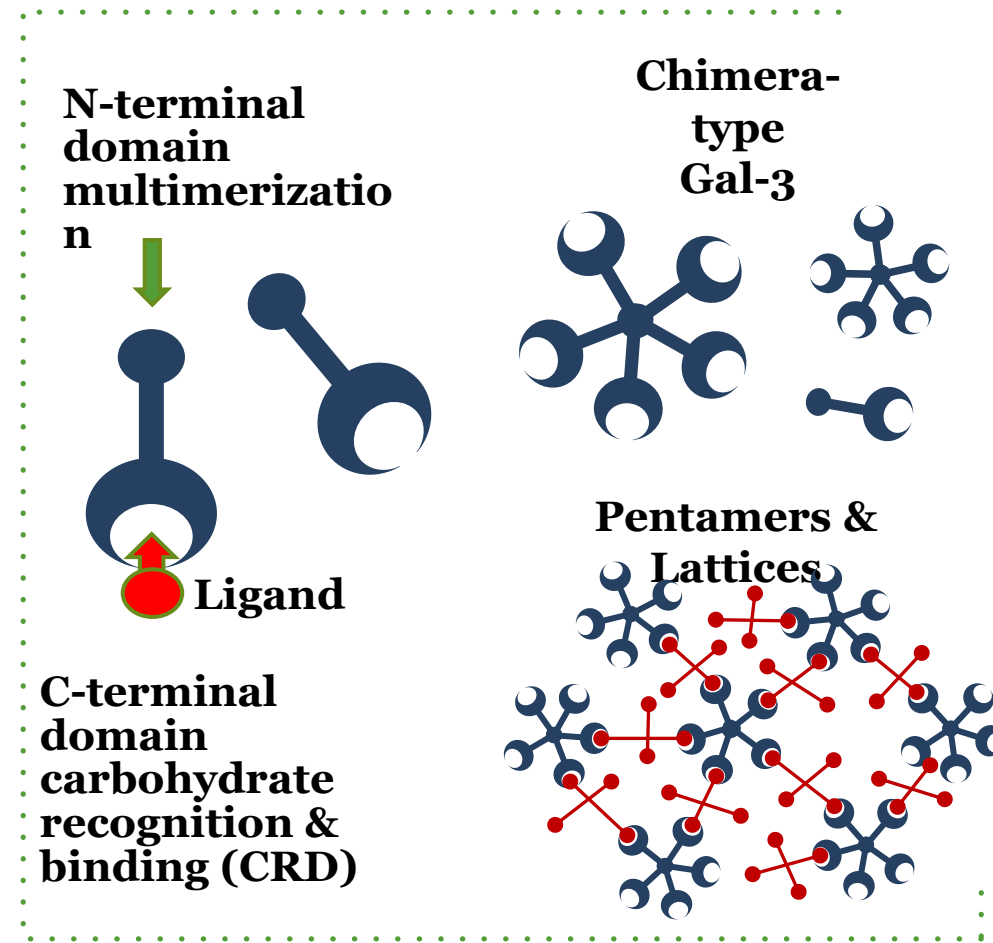
Gal-3: Multifunctional Mediator in Inflammation

(Diaz-Alvarez, 2017)

- **Activates** *Initial* immune response to acute infection
- **Orchestrates** recruitment and infiltration of immune cells to sites of infection
- **Initiates** pro-inflammatory signaling cascades to fight infection

Gal-3 is an “**Alarmin**”

Responds *Immediately* in Injury or Infection



<https://ir.galecto.com/static-files/4c842494-898c-41ea-b1cc-e53de49e6d50>

Gal-3 Promotes Establishment of *Borrelia* and Other Pathogenic Biofilms

Acute Infection: Gal-3 plays an important role as an “alarmin”, immediately activating an initial immune response by mobilizing recruitment and infiltration of immune cells to sites of infection and stimulating immune cell production of inflammatory cytokines to combat infection.

Chronic Infection: Gal-3 is like an alarm that never turns off, continuing to drive inflammatory, adhesive, profibrotic and proliferative pathways that promote systemic inflammation and immune suppression. Gal-3 prevents immune surveillance by crosslinking T-cell receptors and CD45 by binding glycans. It suppresses adequate immune responses by blocking T-cell receptor activity, downregulating T-cell signaling and inhibiting dendritic, T-cell and Natural Killer (NK) cell function.

Díaz-Alvarez L, Ortega E. The Many Roles of Galectin-3, a Multifaceted Molecule, in Innate Immune Responses against Pathogens. *Mediators Inflamm.* 2017;2017:9247574.
Wolfert MA, Boons GJ. Adaptive immune activation: glycosylation does matter. *Nat Chem Biol.* 2013 Dec;9(12):776-84.

Galectin-3: a Multifaceted Molecule

Inflammatory Response & Immune Health

When the galectin-3 alarm doesn't turn off, inflammation becomes chronic and immune dysregulation occurs:

- Autoimmune diseases
- Suppressed immunity
- Cytokine storms
- Mast cell activation

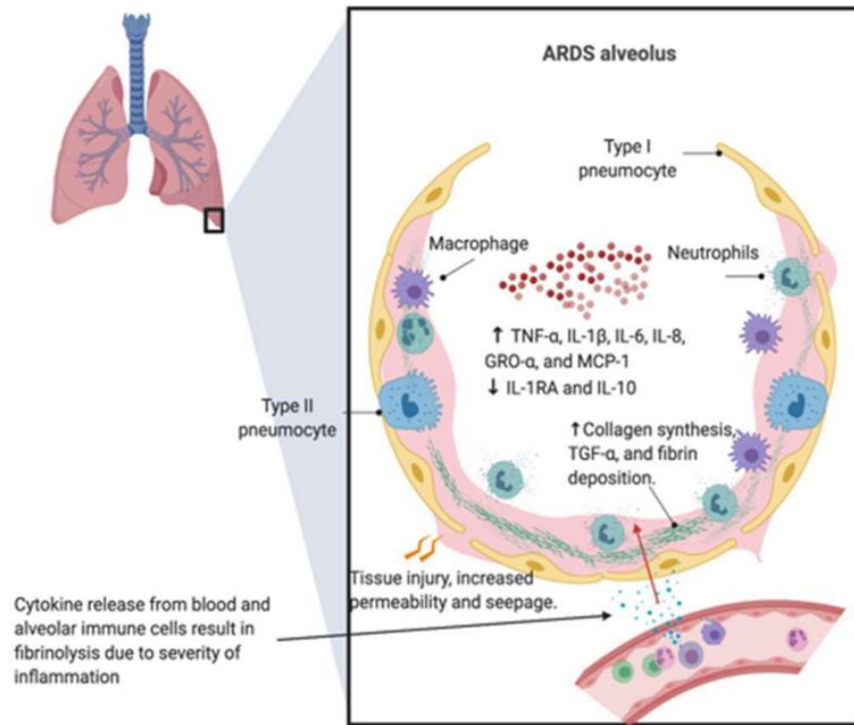
Galectin-3 also:

- Promotes pathogen adhesion and evasion
- Forms biofilms
- Upregulates MMP-9

Díaz-Alvarez L, Ortega E. The Many Roles of Galectin-3, a Multifaceted Molecule, in Innate Immune Responses against Pathogens. Mediators Inflamm. 2017;2017:9247574.
Wolfert MA, Boons GJ. Adaptive immune activation: glycosylation does matter. Nat Chem Biol. 2013 Dec;9(12):776-84.

GAL-3 Fuels the Cytokine Storm & MCA

Excessive cytokine profile /
Hyper- inflammation
IL-1 β , IL-2, IL-6, IL-17, IL-8, TNF,
CCL2, MCP-1



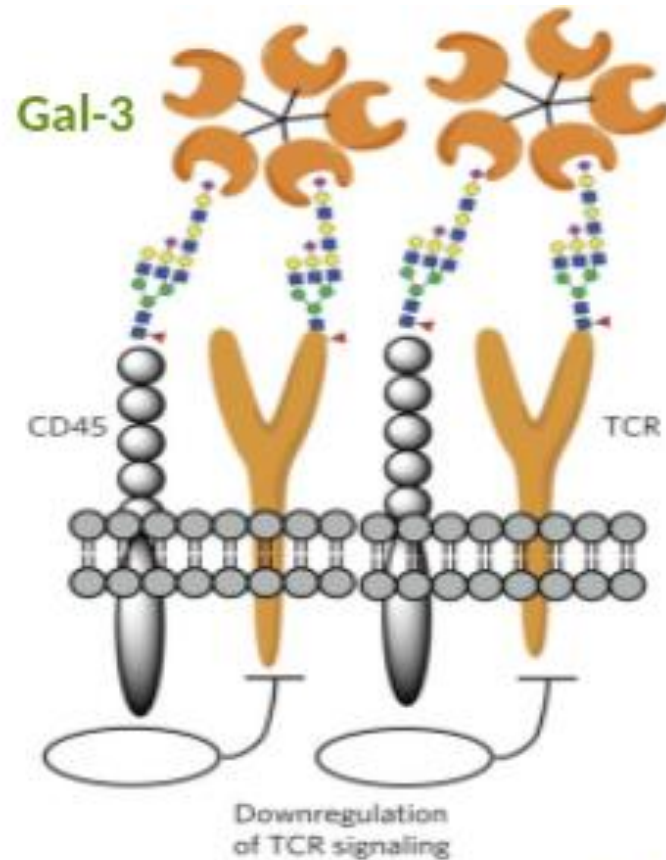
- Fuels the Cytokine Storm in Infections & Inflammation
- Promotes Mast Cell Activation
- In the vast amount of scientific research, the primary cytokines recognized as being upregulated by Gal-3 in sepsis and infections are:
 - Chemokine ligand 6 (CXC-6; also known as granulocyte chemotactic protein 2)
 - Interferon- γ , Interferon γ -induced protein 10
 - TNF- α , NF- κ B, MCP-1
 - Interleukin-1 β (IL-1 β), IL-1 α , IL-6, IL-8, IL-17

Image: O'Regan, Anthony, et al. *Interleukin-6 Use in COVID-19 Pneumonia Related Macrophage Activation Syndrome*. 2020. DOI.org (Datacite), <https://doi.org/10.13140/RG.2.2.36718.15681>.

Díaz-Alvarez L, Ortega E. The Many Roles of Galectin-3, a Multifaceted Molecule, in Innate Immune Responses against Pathogens. *Mediators Inflamm*. 2017;2017:9247574.

Wolfert MA, Boons GJ. Adaptive immune activation: glycosylation does matter. *Nat Chem Biol*. 2013 Dec;9(12):776-84.

GAL-3 Modulates Immune Reactivity in Chronic Illness



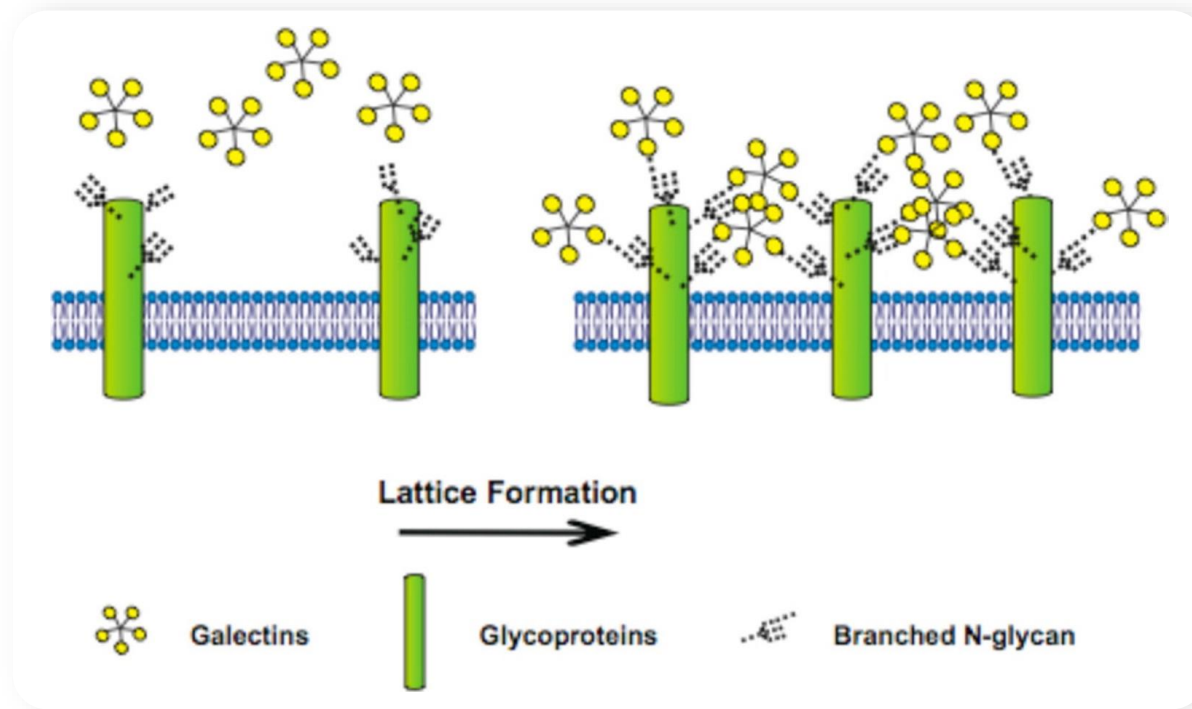
- Gal-3 crosslinks T-cell receptors & CD45 by binding glycans
- Suppresses immune surveillance
- Blocks T-cell receptor activity
- Downregulates T-cell signaling
- Inhibits dendritic, T cell, & NK cell function

Wolfert, Margreet A., and Geert-Jan Boons. "Adaptive Immune Activation: Glycosylation Does Matter." *Nature Chemical Biology*, vol. 9, no. 12, Dec. 2013, pp. 776–84. DOI.org (Crossref), <https://doi.org/10.1038/nchembio.1403>.

Díaz-Alvarez L, Ortega E. The Many Roles of Galectin-3, a Multifaceted Molecule, in Innate Immune Responses against Pathogens. *Mediators Inflamm*. 2017;2017:9247574.
Wolfert MA, Boons GJ. Adaptive immune activation: glycosylation does matter. *Nat Chem Biol*. 2013 Dec;9(12):776-84.

The Galectin-3 Lattice

Promotes the Establishment of Biofilms



Gal-3 Lattice

A dynamic, extracellular, planar gel-like polymer formed by crosslinking with surface glycoproteins and glycolipids

[Nabi IR, et al. The galectin lattice at a glance. *J Cell Sci.* 2015 Jul 1;128\(13\):2213-9.](#)
[Chiu CG, et al. *Am J Pathol.* 2010 May;176\(5\):2067-81.](#)

Gal-3-Enhanced Biofilms Also Affect the Gut Microbiome

Promotes infection and invasion of harmful microbes

Elevated Gal-3

Expression in
epithelial gut lining



Gal-3 binds to pathogenic bacteria, viruses, fungi and parasites, allowing for tissue adhesion and immune evasion

Pathogens able to exploit Gal-3, augment their capacity to colonize and survive within host environment

Kavanaugh D, Kane M, Joshi L, Hickey RM. Detection of galectin-3 interaction with commensal bacteria. Appl Environ Microbiol. 2013 Jun;79(11):3507-10.

Gal-3 Promotes GI Inflammation

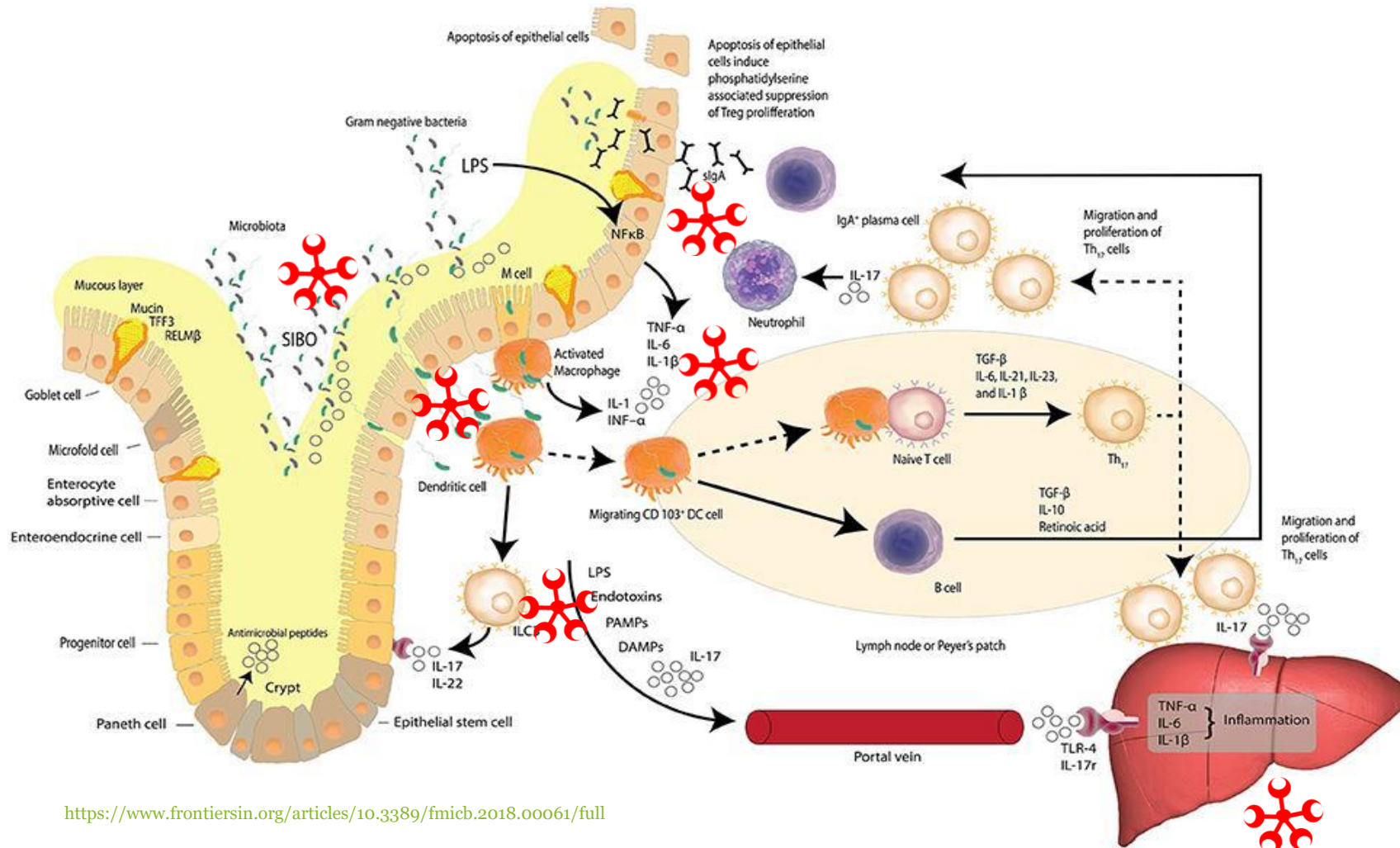
- Gal-3 is upregulated in a compromised intestinal epithelium, and binds to pathogenic bacteria, viruses, fungi, and parasites, allowing for tissue adhesion & immune evasion.
- Compromised tight junctions allow for translocation of pathogens, immunogenic food particles, and endotoxins. Gal-3 also promotes reactive immune upregulation to these foreign particles, leading to systemic inflammation, neuroinflammatory symptoms, and intensifying of Herxheimer reactions.

[Yu TB, Dodd S, Yu LG, Subramanian S. Serum galectins as potential biomarkers of inflammatory bowel diseases. PLoS One. 2020 Jan 13;15\(1\):e0227306.](#)

[Frol'ová L, Smetana K Jr, Borovská D, et al. Detection of galectin-3 in patients with inflammatory bowel diseases: new serum marker of active forms of IBD? Inflamm Res. 2009 Aug;58\(8\):503-12.](#)

Leaky Gut - Systemic Inflammation - Immune Hyperreactivity

(Saltzman, 2018)



<https://www.frontiersin.org/articles/10.3389/fmicb.2018.00061/full>

Biofilms, Infections and Galectin-3 (Croston, 2020)

Higher gal-3 levels found in:

- Damp building syndrome and other mycotoxin illnesses
- Lungs in people exposed to black mold
- Autoimmune conditions

Drives:

- Cytokine storm, mast cell activation, Herxheimer reactions
- Dysbiosis and biofilms
- MMP9 elevation and breakdown of gut wall / blood brain barrier



As the most-researched Galectin-3 blocker, MCP attenuates these effects

[Croston TL, Lemons AR, Barnes MA, Goldsmith WT, Orandle MS, Nayak AP, Germolec DR, Green BJ, Beezhold DH. Inhalation of *Stachybotrys chartarum* Fragments Induces Pulmonary Arterial Remodeling. Am J Respir Cell Mol Biol. 2020 May;62\(5\):563-576.](#)
[Teirilä L, Karvala K, Ahonen N, Riska H, Pietinalho A, Tuominen P, Piirilä P, Puustinen A, Wolff H. Proteomic changes of alveolar lining fluid in illnesses associated with exposure to inhaled non-infectious microbial particles. PLoS One. 2014 Jul 17;9\(7\):e102624.](#)

Biofilms, Infections and Galectin-3: Summary

Galectin-3 forms
backbone
“scaffolding” for
biofilm structures

Promotes adhesion
of pathogenic
microbes to
epithelial tissues

Shields pathogens
from immune
surveillance and
drug therapies

Drives cycle of
dysbiosis to
systemic
inflammation



<https://www.thetimes.co.uk/article/yoga-could-reduce-risk-of-cancer-relapse-say-scientists-b5dpbf9q>

A Holistic Plan of Care

Naturopathic whole-body approach

Healing the patient by correcting immune system dysfunction, decreasing inflammation, and ultimately making them inhospitable to the infections

Making the body inhospitable to the infection while shrinking the bacterial/ parasitic load will give the best chance for eradicating the infections, healing the body, and restoring proper function.

Dr. Hinchey's
10B Approach:

Core
Principles for
Healing TBD



illustration by hank grebe
mediaspin.com

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10 Goals for Successful Resolution of Lyme

A Comprehensive Approach to Treat TBD:

- I. Background Check
- II. Band-aids
- III. Block Inflammation – (3 part)
- IV. Buffer ANS
- V. Balance Immune system
- VI. Build Gut
- VII. Break Down Biofilms
- VIII. Bolster Detoxification
- IX. Bind Toxins (Herx)
- X. Blast Bugs

BACKGROUND CHECK

Investigate all of the things that fill the patient's "bucket", causing them to become hospitable to the infection(s):

- **Micronutrient deficiencies** (Calder, 2020)
- **Dysfunctional digestion / malabsorption** (Mullin et al., 2014)
- **Food sensitivities and inflammatory and toxic food intake (gluten, dairy, sugar, processed foods etc.)** (Fasano, 2012)
- **Rx intake affecting nutrient status and burdening detoxification pathways** (Liska et al., 2006)
- **Hormone dysregulation** (Aranow, 2011)
- **Mindset and perceptions** (Dhabhar, 2014)
- **Mental, emotional, and physical stressors, and HPA axis dysregulation** (McEwen, 2006)
- **Sleep and circadian rhythm dysregulation** (Besedovsky et al., 2019)
- **Sedentary lifestyle, inactivity** (Nieman, 2019)
- **Poor social network, lack of community and healthy interpersonal relationships** (Uchino, 2004)
- **Biotoxins (mold), environmental chemicals, toxins in food, air, water** (Shoemaker & House, 2006)

BANDAIDS

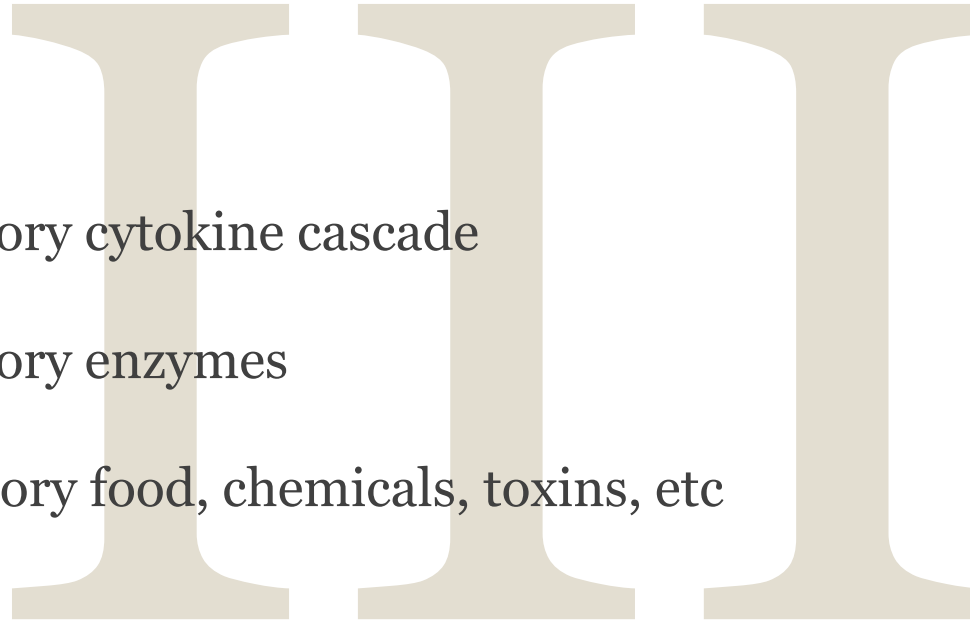
Enlisting a variety of therapeutic interventions to minimize symptoms and alleviate ongoing stress response to promote PNS function and healing, while simultaneously uncovering and treating the underlying root causes:

- **Adaptogenic Herbs:** Rhodiola rosea, Ashwagandha, Holy Basil, and Eleuthero (Panossian & Wikman, 2010)
- **Anti-inflammatories:** Both pharmaceutical and natural agents (Serhan & Savill, 2005)
 - LDN (Low-Dose Naltrexone): Modulates the immune system and reduces inflammation (Younger et al., 2018)
 - Phosphatidylserine: Helpful in lowering elevated cortisol levels (Benton et al., 2001)
 - Magnesium: the "relaxation mineral", supports nervous system function (Sartori et al., 2012)
 - Vitamin C: Required for cortisol production (Patak et al., 2004)
 - B Vitamins: Essential for energy production and neurotransmitter synthesis (Kennedy, 2016)
 - Omega-3 Fatty Acids: anti-inflammatory and support brain function (Bradbury, 2011)
 - L-Theanine: Promotes a calm, relaxed state (Nobre et al., 2008)
 - Curcumin: Has potent anti-inflammatory and antioxidant properties (Hewlings & Kalman, 2017)
- **Repleting Nutrients:** Ensuring optimal levels for physiological function through food and nutraceuticals
- **Adequate Sleep and sleep aids:** proper sleep hygiene, essential for detoxification & repair (Riemann & Baglioni, 2012)
- **Limiting Stimulants:** Such as caffeine and nicotine (Rogers et al., 2013)
- **Therapeutic Technologies:** Such as HBOT and PEMF (Thom, 2009; Markov, 2007)
- **Bodywork:** Including cranial sacral therapy and massage (Upledger, 1983; Field et al., 2010)
- **Professional Counseling/Therapy: Psychotherapy** (Otte et al., 2016): Cognitive Behavioral Therapy (Hofmann et al., 2012), Biofeedback (Lehrer et al., 2003), EMDR (Shapiro, 2001)

BLOCK Inflammation

4-part step:

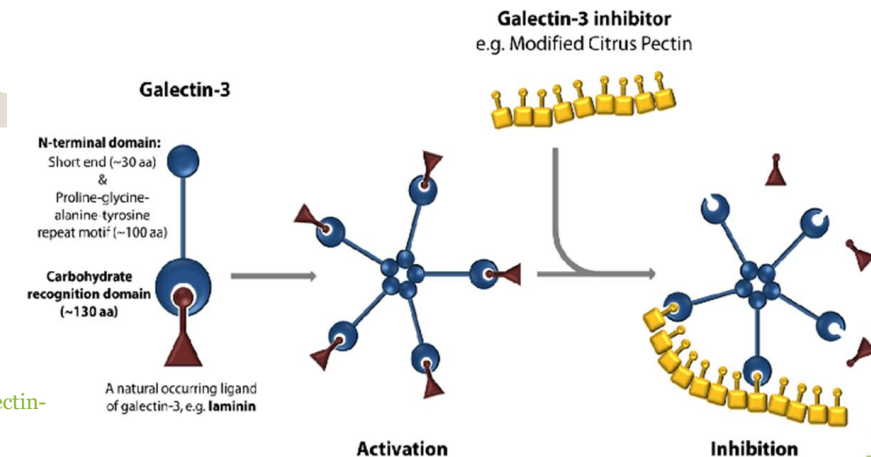
1. Block Galactin-3
2. Block inflammatory cytokine cascade
3. Block inflammatory enzymes
4. Block Inflammatory food, chemicals, toxins, etc



BLOCK Galactin-3

Gal-3 Natural Inhibitor: Modified Citrus Pectin (Xu, 2020)

- Polysaccharide soluble fiber derived from the pith of citrus peels
- Modified to lower molecular weight and esterification for enhanced GI absorption
- Molecular weight <15kDa (unmodified 50-300kDa)
- Esterification <10% (unmodified ~70%)



https://www.researchgate.net/figure/Natural-occurring-ligands-bind-galectin-3-and-cause-galectin-3-activation-Following_fig4_262019249

BLOCK Inflammatory Cytokines

Polygonum cuspidatum and *Scutellaria baicalensis* together inhibit all of the inflammatory cytokines involved in LD

NF-KB (Park, 2017); (Li, 2016)

IDO (Chen, 2012)

IL-6 (Lin, 2019)

IFN-α (Blach-Olszewska, 2008)

IL-8 (Quagliariello et al., 2021)

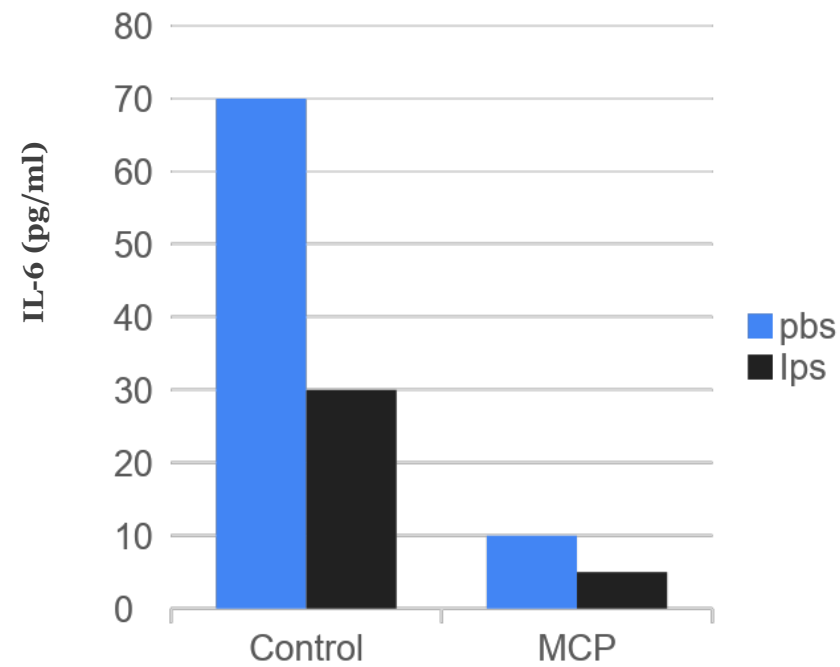
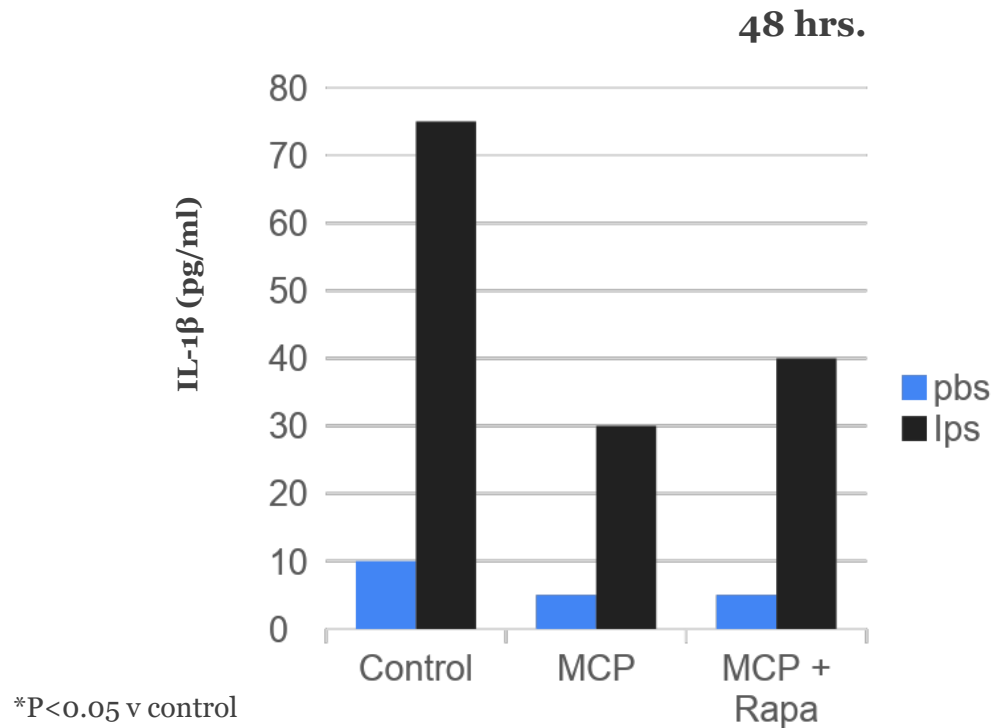
MAPKs (Kim, 2013); (Zhang, 2017)

IL-1β (Liu, 2018); Hsich, 2007)

TNF-α (Wu, 2020)

MCP Reduces Proinflammatory Cytokines (Ma, 2016)

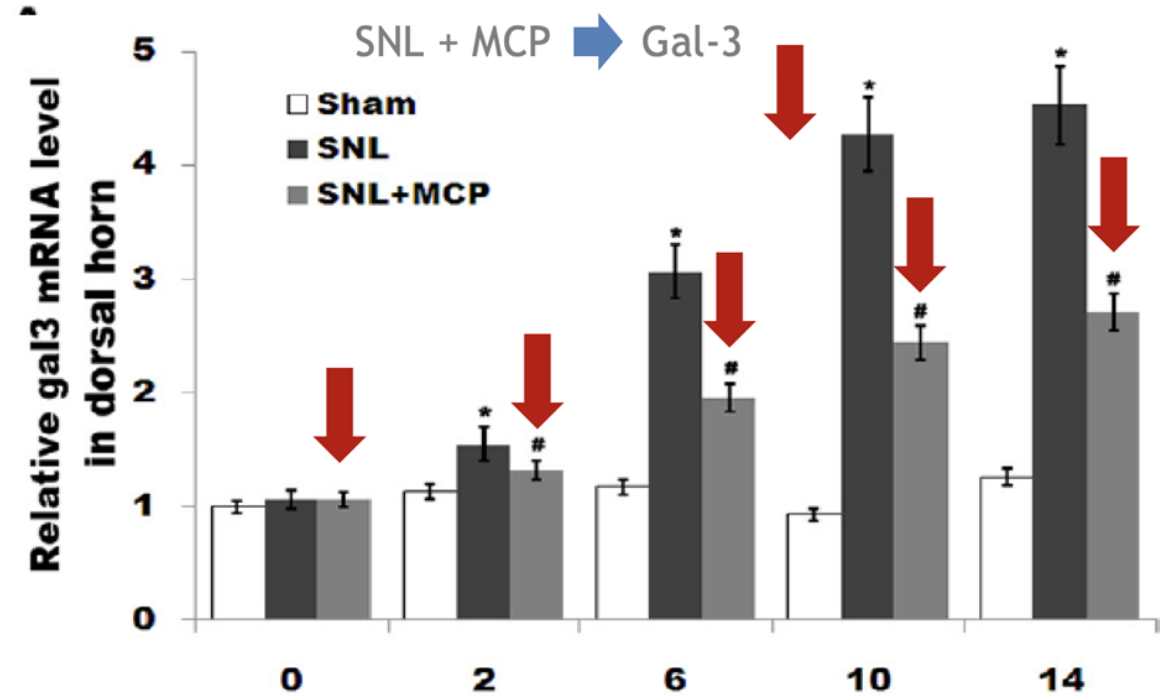
In Cultured Microglia Cells treated with LPS



Results: MCP Reduced Neuropathic Pain in Peripheral Nerve Injury

MCP Reduces Neuroinflammation & Pain (Ma, 2016)

Following Nerve Injury *In Vivo* Study



Gal-3 expression

↑ Increased post injury

↓ Reduced after MCP Tx intrathecal administration

SNL: Spinal nerve ligation

*P<0.05 v control
#P<0.05 v control

BLOCK Inflammatory Enzymes That Degrade Collagen, ECM, & Endothelial Cells

- **Inhibit Aggrecan**
 - *Polygonum cuspidatum* root (Bushra, 2021)
- **Inhibit Hyaluronidase (HYL)**
 - *Echinacea angustifolia*, which strengthens mucous membranes and skin (Yotsawimonwat, 2010), *Withania somnifera* (Machiah, 2006)
- **Inhibit MMPs (collagenases)**
 - *Polygonum cuspidatum* (Kang, 2018), **Curcumin** (Zeng et al., 2019; Mun et al., 2009; Zhu et al., 2020; Cao et al., 2015), *Salvia miltiorrhiza* (Kim, 2017), *Scutellaria baicalensis* (Chen, 2014)
- **Protect endothelial cells** *Polygonum cuspidatum*

Buffer ANS

- **Lyme has been documented to cause autonomic dysfunction (Carod-Artal, 2018)**
 - Urinary retention and intestinal pseudo-obstruction
- **Improving symptoms of dysautonomia with nutrition and supplementation (Do, 2021)**
 - ✓ Vitamins B1, B12, C, D
 - ✓ MSM + silica
 - ✓ Salt
 - ✓ Pre- and probiotics
 - ✓ IV hydration

Buffer ANS, con't.

- **Dietary interventions:** anti-inflammatory foods that support the microbiome (Aggarwal & Sung, 2009); Quigley, 2013), control blood sugar and reduce inflammation with omega-3 fatty acids (Wall et al., 2010) and probiotics (Cryan & Dinan, 2012), avoid caffeine (Wikoff, et al., 2017), mindful eating (Albers, 2008)
- **Physical activity: Exercise,** Yoga and Tai Chi (Jahnke et al., 2010)
- **Stress Management:** breathing techniques (6), mindfulness meditation (Kabat-Zinn, 2003), biofeedback and HRV (Zucker et al., 2009), creative/art therapy (Stuckey & Nobel, 2010)
- **Sleep Hygiene** (Hirshkowitz et al., 2015)
- **Circadian rhythm balance** (Walker, 2017): getting AM sunlight and avoid PM blue light (Cho et al., 2015)
- **Bodywork:** acupuncture (Lee & Choi, 2013), craniosacral therapy, massage (Upledger, 2002)
- **Grounding or earthing** (Chevalier et al., 2012)
- **Digital detox** and avoidance of EMFs (Twenge & Campbell, 2018)
- **Trauma Therapies:** EMDR, ART, etc. (Shapiro, 2001); (Kip et al., 2012)
- **Community & supportive relationships:** foster connection (Holt-Lunstad et al., 2017); (Uchino, 2006)

BALANCE Immune System

Balance Th1 and T2:

Withania somnifera

- Counteracts the exact modulation of the immune system that tick saliva and protozoa initiate and maintain to keep infection going (Bani et al., 2006).
- Balances Th1 and Th2 (Bani et al., 2006).

Astragalus spp

- Modulates the imbalanced relationship between Th1 and Th2 cytokines (Chen, 2014).

Increase lymphocytes:

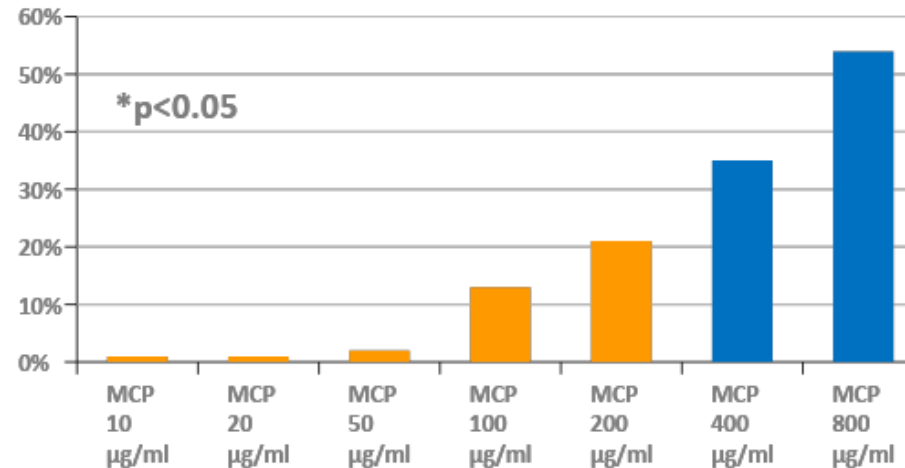
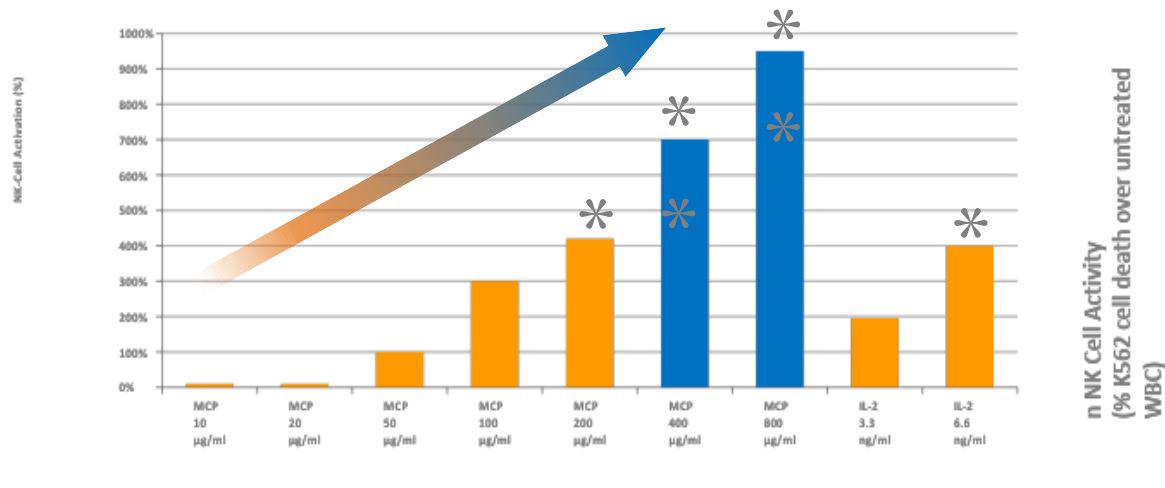
Uncaria tomentosa (Lamm et al., 2001).

Immune system enhancement:

Echinacea angustifolia (Zhai et al., 2007).

MCP Immuno-Modulatory Properties (Ramachandran, 2011)

Method: MCP treated blood samples analyzed using flow cytometry. Functionality of activated NK Cells tested by incubation with lymphocytes and K562 leukemic cells



MCP Activated:

- T-Cytotoxic cells
- B –Cells
- NK Cells

MCP-activated NK-cells, demonstrating functionality in inducing cancer cell death

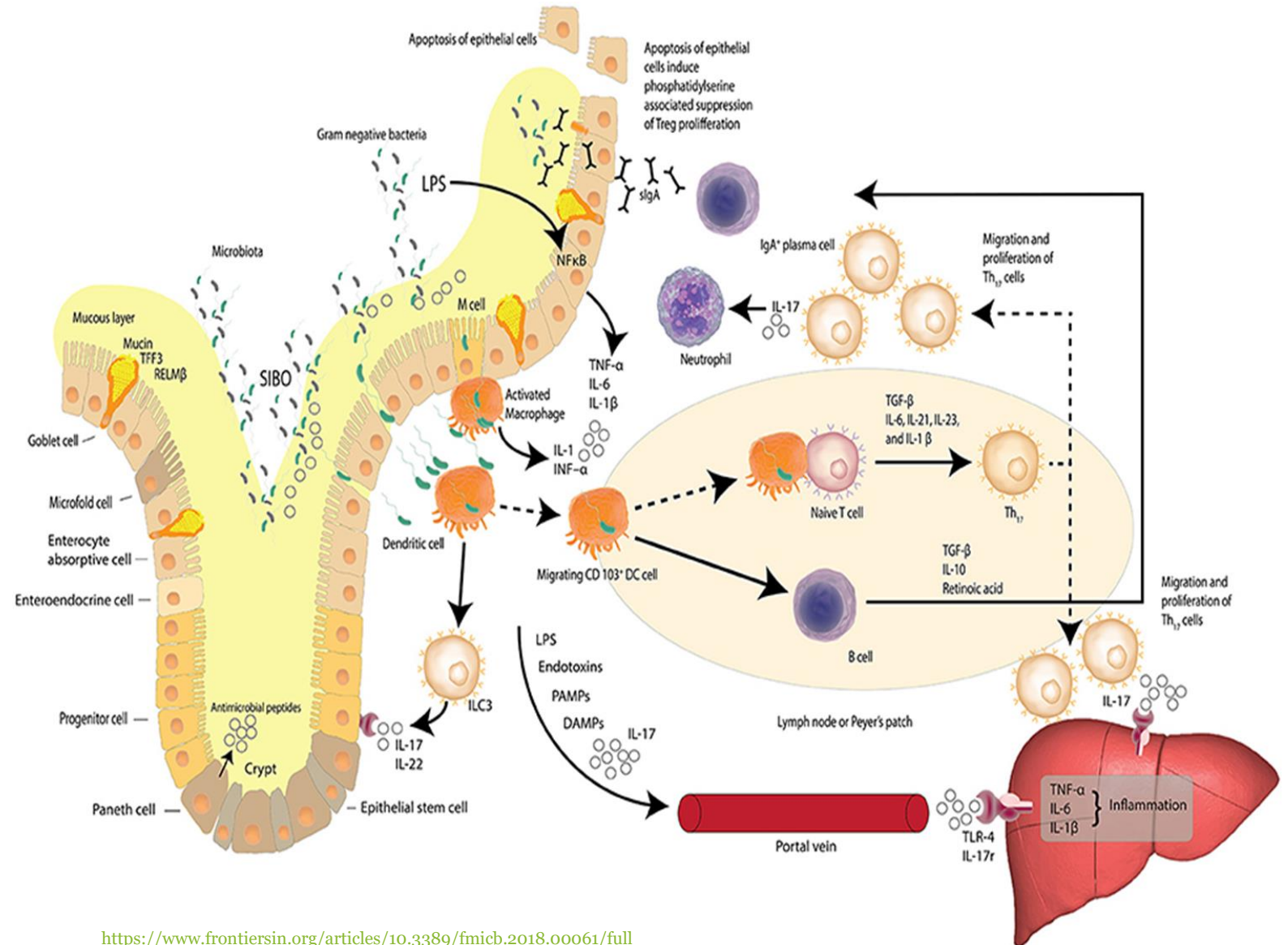
BUILD Gut

- 
- Eliminate food sensitivities and food allergies
 - Eliminate pathogenic bacteria and yeast/mold
 - Balance opportunistic bacteria, replenish probiotics
 - Heal the gut lining; Glutamine, demulcent herbs, zinc
 - Replace deficient micronutrients
 - Digestive Enzymes
 - Modified Citrus Pectin (MCP)
 - Serum Derived Bovine Immunoglobulin (SBI)
 - Eliminate gluten, dairy, and sugar
 - Anti-inflammatory and phytonutrient-rich diet
 - Intermittent fasting
 - Adequate sleep
 - Stress management

Restoring GI Integrity is KEY

(Saltzman, 2018)

- Immune distraction/dysregulation
- Systemic inflammation
- Endotoxin reabsorption
- Increased severity of Herxheimer
- Overburdens liver detox systems
- CNS Inflammation/Sx



<https://www.frontiersin.org/articles/10.3389/fmicb.2018.00061/full>

BREAK DOWN Biofilms

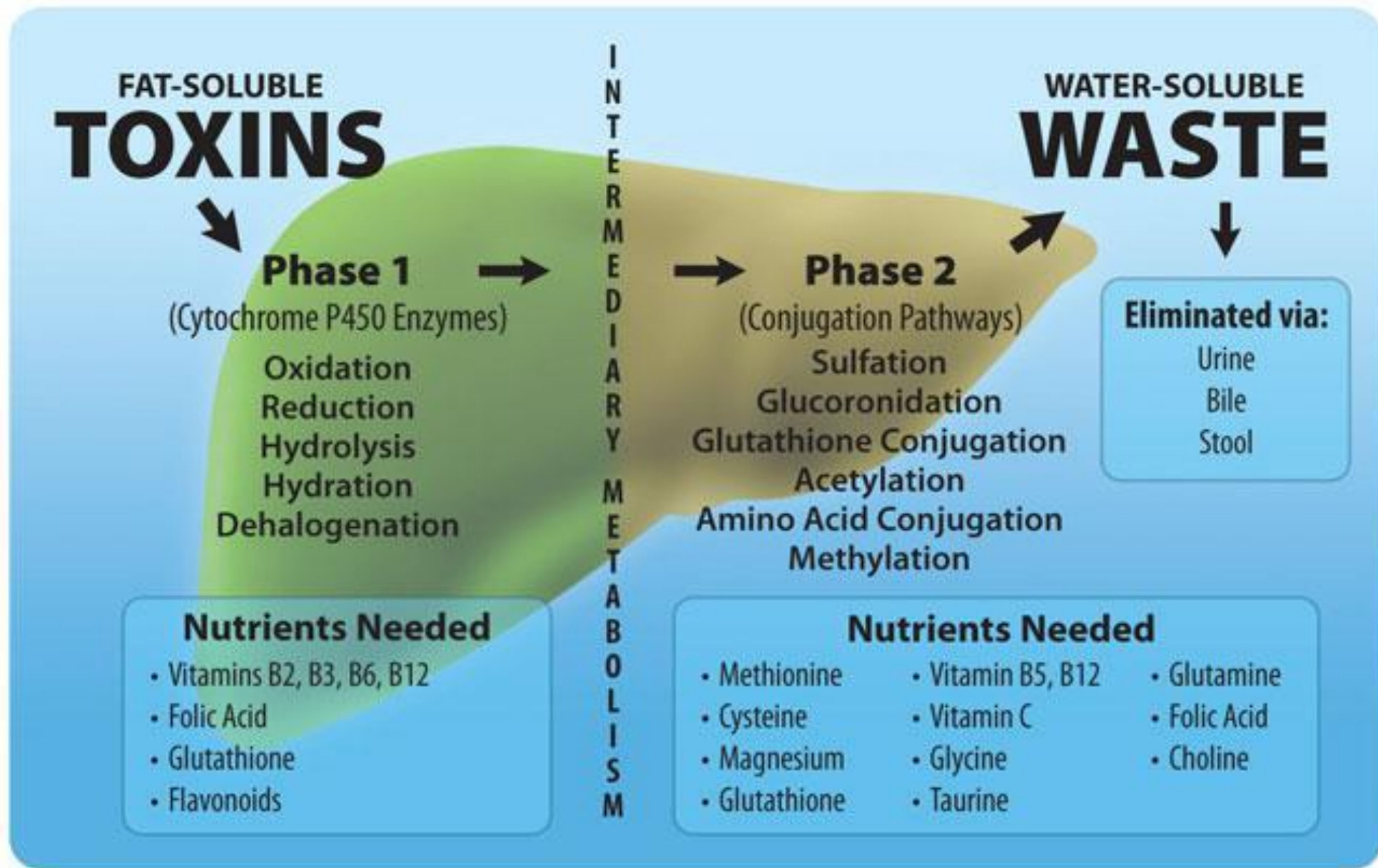
- **MCP** (Eliaz and Raz, 2019)
- **Serrapeptase & Nattokinase:** proteolytic enzymes (Tiwari, 2015)
- **Many botanicals:**
 - Berberine (Sun et al., 2015)
 - Curcumin (Rudrappa & Bais, 2008)
 - GSE (Heggers et al., 2002)
 - Oregano oil (Nostro et al., 2007)
 - Garlic (Allicin) (Naganawa et al., 1996)
 - Olive Leaf Extract (Sudjana et al., 2009)
 - Monolaurin (Preuss et al., 2005)

BOLSTER Detoxification

1. Fix tight junctions: **G3M, glutamine, butyrate, glutamine, tryptophan, zinc, EPA/DHA, A/D/C, polyphenols** (Rabbani et al., 2004; Suzuki, 2020).
2. Correct dysbiosis: **probiotics, berberine, GFSE** (Heggers et al., 2002; Zhang et al., 2021).
3. **Glycine** (Pérez-Torres et al., 2016).
1. GSH conjugation: **NAC, selenium, ALA, cruciferous veggies, curcumin, sulforaphane** (Minich and Brown, 2019).
2. Nrf2 induction: **sulforaphane** (Houghton et al., 2016).
3. Methylation: **Methyl folate, Methyl B12, B6, choline** (Łoboś et al., 2021).
4. Sulfation: **cysteine, methionine, molybdenum** (Jacob et al., 2003).
5. Acetylation: **B1, B5, Vit C** (Watson, 2021).
6. Glucuronidation: **cruciferous veggies, watercress, citrus, quercetin, curcumin, astaxanthin** (Novkovic, 2019).
7. Decrease B-glucuronidase: **calcium-d-glucarate, pre and probiotics, EGCG, Liver-milk thistle, artichoke, bupleurum root, vitamin C, magnesium** (Calicum D-GlucMaruti et al., 2010).
8. Binders of endotoxins: **chlorella, G3M, bentonite clay**, etc. (Watts, n.d.; Zhao et al., 2008).
9. Don't forget routes of elimination and self care!

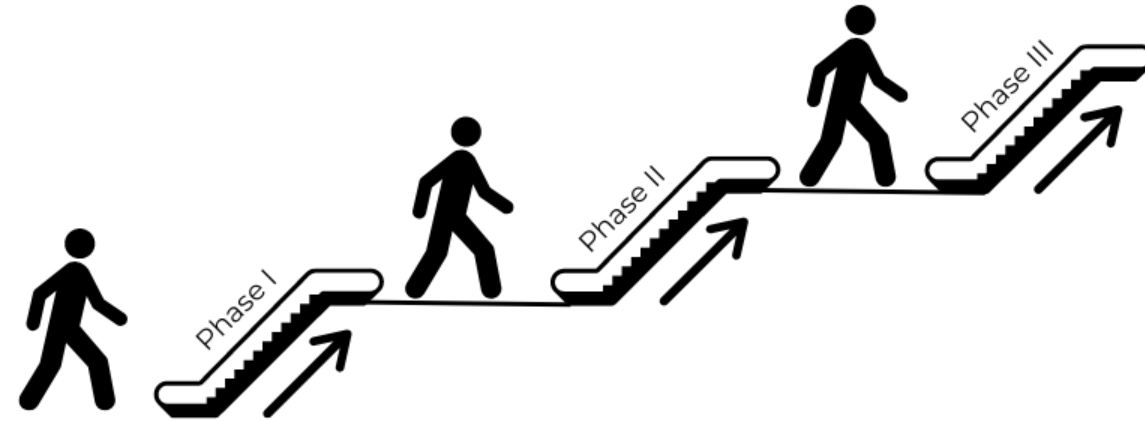
Detox Protocol – Stop Exposure



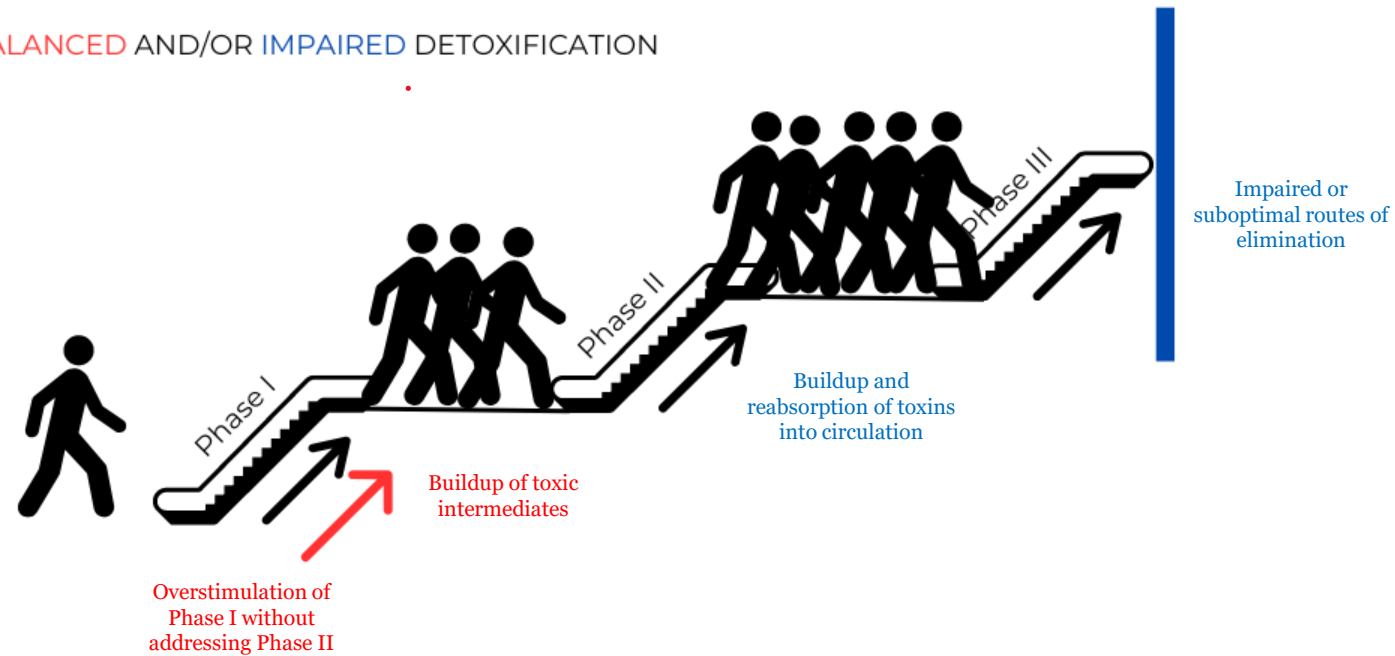


<https://sa1s3optim.patientpop.com/assets/images/provider/photos/2476605.jpeg>

NORMAL AND HEALTHY DETOXIFICATION

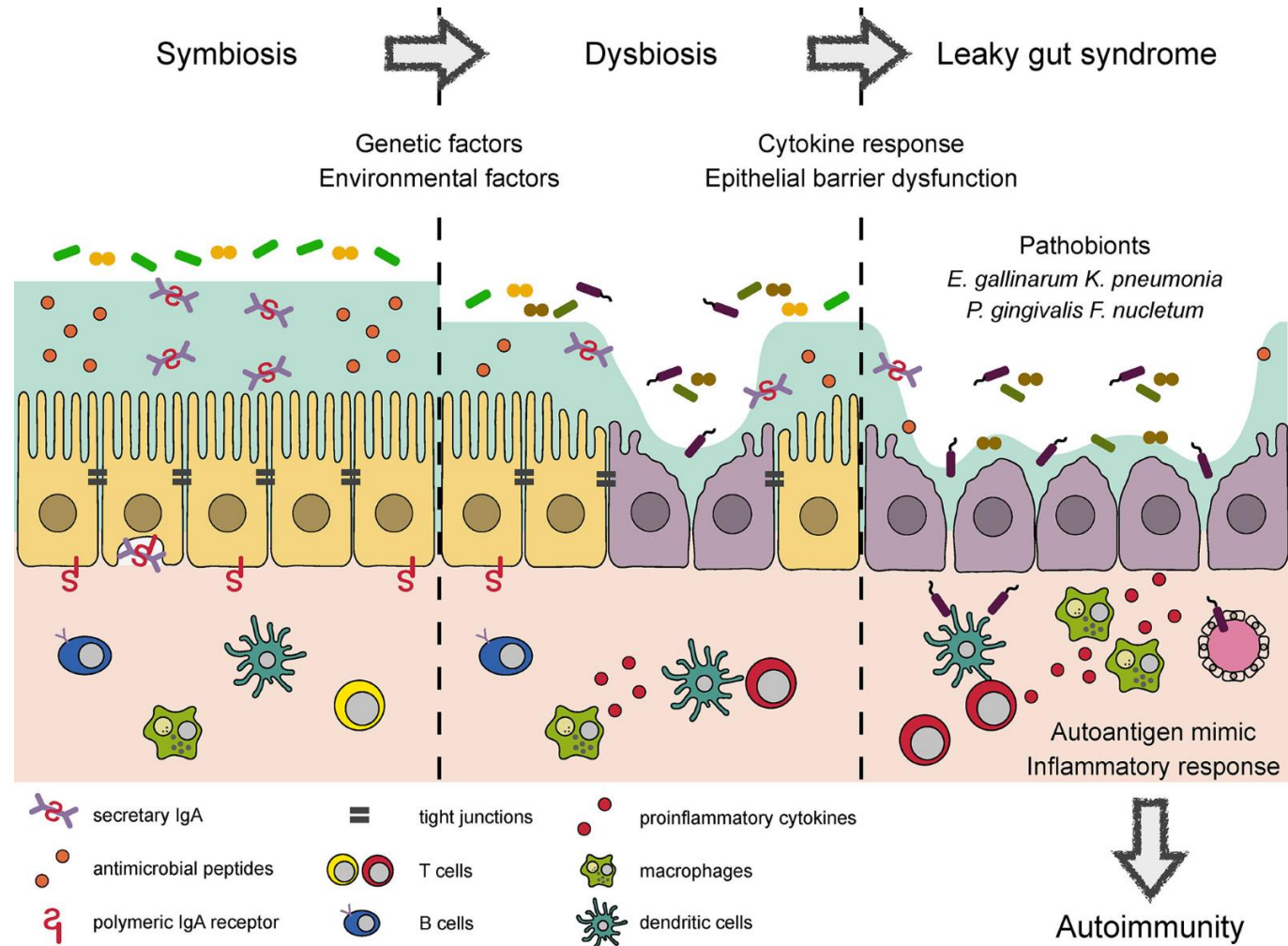


IMBALANCED AND/OR IMPAIRED DETOXIFICATION

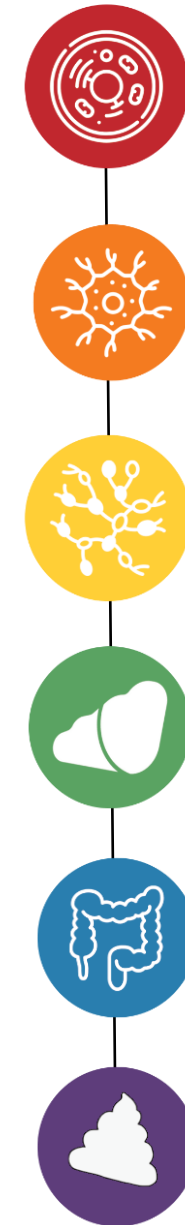
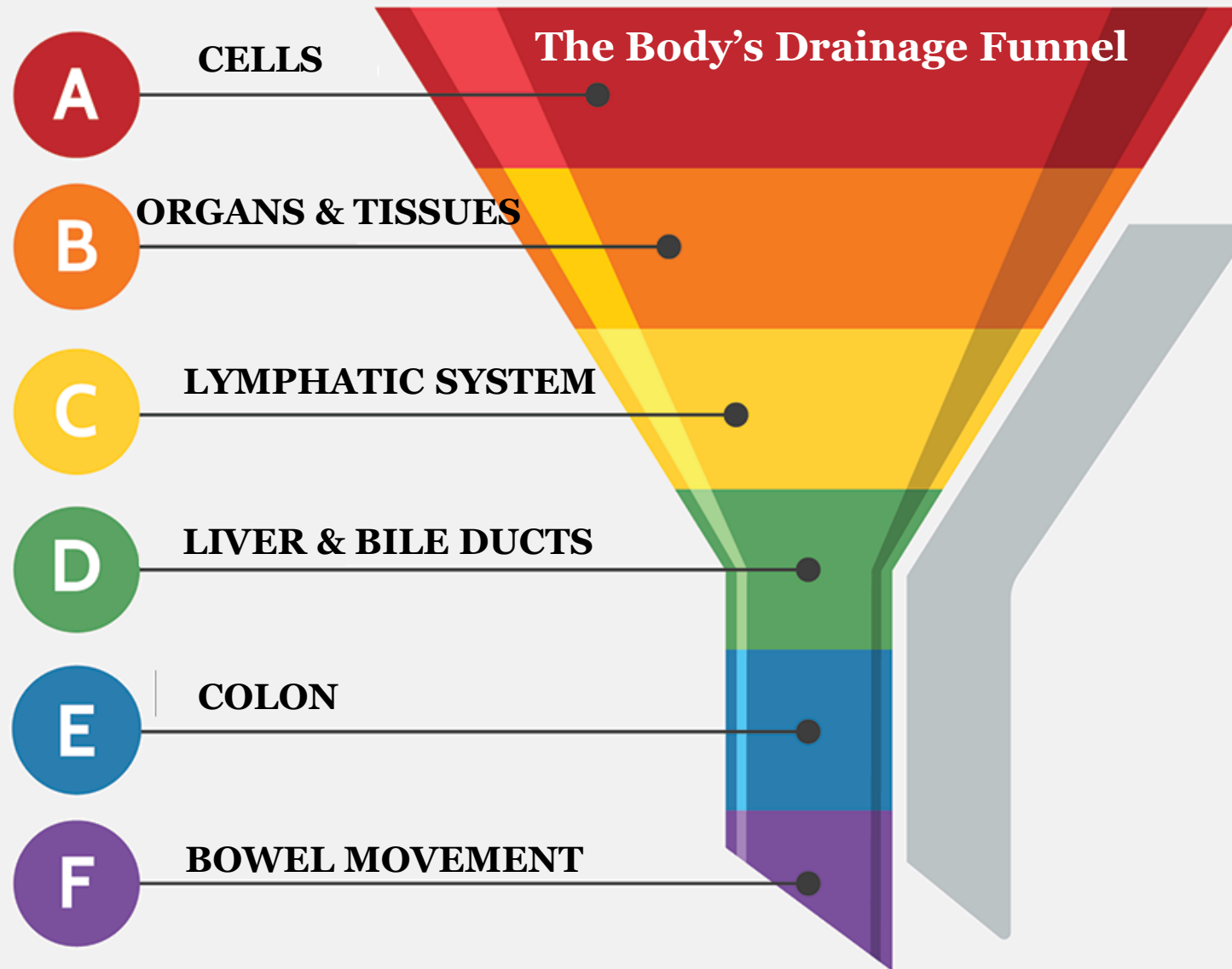


Cline, J.C. (2015). Nutritional aspects of detoxification in clinical practice. *Alternative therapies in health and medicine*, 21 3, 54-62 .

Role Of GI System In Detox



Kinashi, Yusuke, and Koji Hase. "Partners in Leaky Gut Syndrome: Intestinal Dysbiosis and Autoimmunity." *Frontiers in Immunology*, vol. 12, Apr. 2021, p. 673708. DOI.org (Crossref), <https://doi.org/10.3389/fimmu.2021.673708>.



Detoxification Physiology

- Ramifications of increased permeability in toxicity
 - not properly digesting – leaking in undigested polypeptides, distracting and overreacting immune system, creating histamine and inflammation compounds, CNS inflammation
- Toxins in systemic circulation – lead to increased cytokines
 - Damage to organs, ROS, brain toxicity/CNS

Review > BMC Gastroenterol. 2014 Nov 18;14:189. doi: 10.1186/s12876-014-0189-7.

Intestinal permeability--a new target for disease prevention and therapy

Stephan C Bischoff, Giovanni Barbara, Wim Buurman, Theo Ockhuizen, Jörg-Dieter Schulzke, Matteo Serino, Herbert Tilg, Alastair Watson, Jerry M Wells

PMID: 25407511 PMCID: PMC4253991 DOI: 10.1186/s12876-014-0189-7

[Free PMC article](#)

Abstract

Data are accumulating that emphasize the important role of the intestinal barrier and intestinal permeability for health and disease. However, these terms are poorly defined, their assessment is a matter of debate, and their clinical significance is not clearly established. In the present review, current knowledge on intestinal permeability and its role in disease prevention and therapy is summarized. First, the relevant definitions and measurement methods are discussed. Secondly, the key elements of the intestinal barrier are reviewed. Thirdly, the role of the intestinal barrier in disease is discussed. Published in final edited form as: [Expert Rev Gastroenterol Hepatol. 2017 Sep; 11\(9\): 821-834.](#)

Published online 2017 Jun 26. doi: [10.1080/17474124.2017.1343143](#)

PMCID: PMC6104804
EMSID: EMS77488
PMID: [28650209](#)

The intestinal barrier: a fundamental role in health and disease

by [Maaike Vancamelbeke](#) and [Séverine Vermeire*](#)

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The publisher's final edited version of this article is available at [Expert Rev Gastroenterol Hepatol](#)

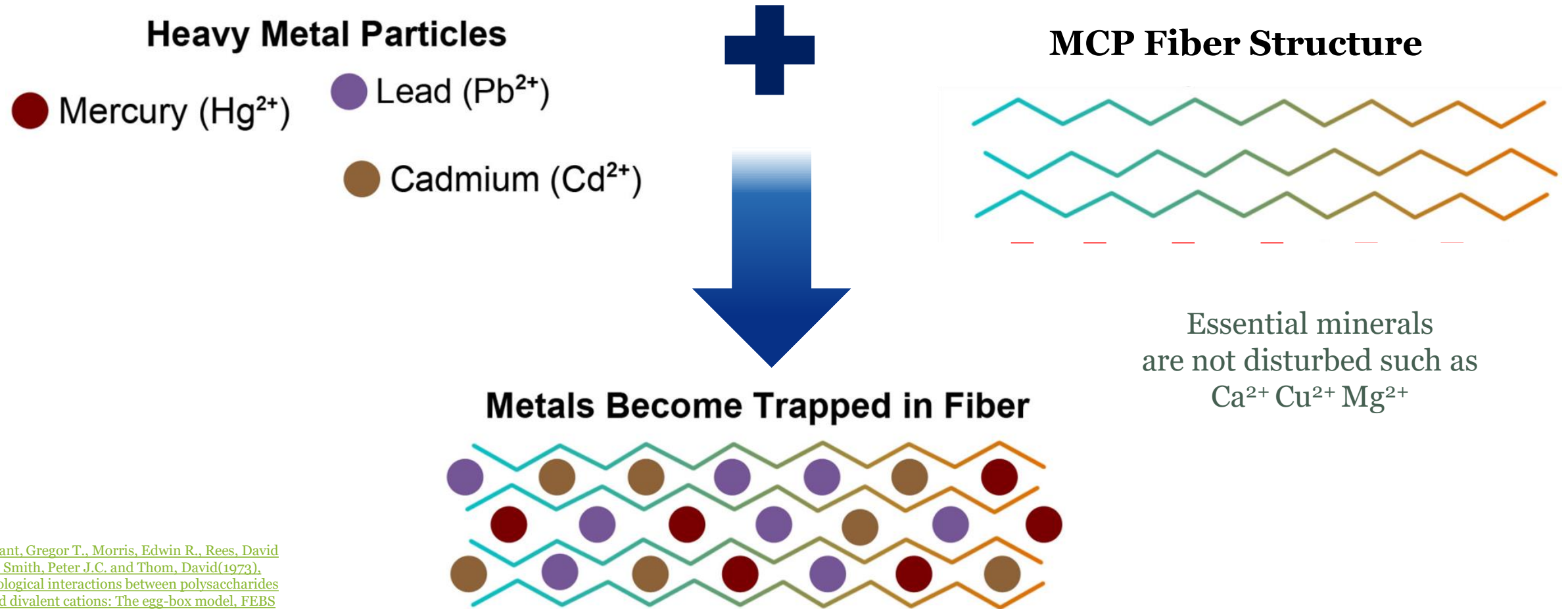
Abstract

Introduction

The gastrointestinal mucosa constitutes a critical barrier where millions of microbes and environmental antigens come in close contact with the host immune system. Intestinal barrier defects have been associated with a broad range of diseases and therefore denote a new therapeutic target.

Areas covered

MCP Binding MOA with Heavy Metals



[Grant, Gregor T., Morris, Edwin R., Rees, David A., Smith, Peter J.C. and Thom, David\(1973\). Biological interactions between polysaccharides and divalent cations: The egg-box model, FEBS Letters, 32, doi: 10.1016/0014-5793\(73\)80770-7](#)

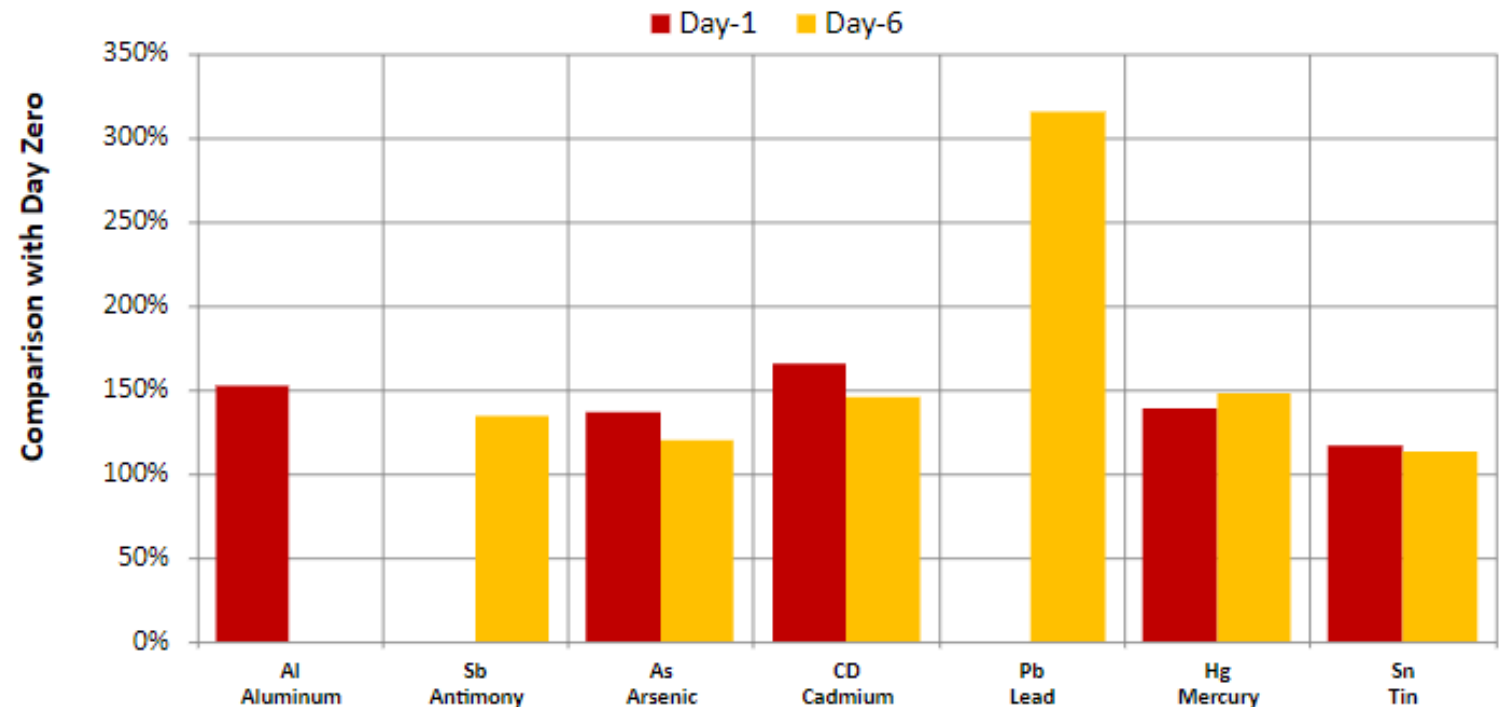
Published Clinical Research: Effect of MCP on Urinary Excretion of Toxic Metals (Eliaz, 2006)

Methods:

- Healthy Subjects: (n=8)
- Oral MCP @ 15 grams QD x 5 days, and 20 grams on day 6
- 24 hr. urine samples collected day 0, 1, & 6

Results:

- **Dramatic decrease** in blood levels of lead (P=.0016; 161% ave. drop)
- **Dramatic increase** in 24 hr. urine levels (P=.0007: 132% ave. drop)



Detox Protocol: Self Care Interventions

- Epsom salt baths
- Binders
- Hydration
- Infrared sauna
- Deep breathing
- Castor oil packs
- Dry skin brushing
- Cryo therapy or contrast therapy

BIND Endotoxins to Inhibit Jarish-Herxheimer Reaction

- Transient clinical phenomenon that occurs in patients infected by spirochetes who undergo antibiotic tx.
- Caused by the release of cytokines and lipoproteins enter the bloodstream that cause acute inflammatory changes (dilation of small BVs, dermal edema, perivascular and interstitial polymorphonuclear round cell, leucocytic infiltration).
- Fevers, chills, nausea, vomiting, headaches, tachycardia, hypotension, hyperventilation, flushing, myalgia, exacerbation of all symptoms due to heightened inflammation.

Treatment Goals: Products

1. Bind LPS: MCP, SBI, Chlorella (Eliaz et al., 2019; Jasion et al., 2015; Nakano et al., 2007; Petschow et al., 2015).
2. Detox: Tight junctions; Coordination of Ph1 and Ph2 liver (NAC), micronutrients for detox, elimination, self-care (sauna, epsom salt baths) (Hussain et al., 2018; Khoshbaten et al, 2010).
3. Alkalinization: Alkaseltzer Gold, chlorella, minerals, salts (Horowitz, 2013).
4. Anti-inflammatories: NAC, JKW, Chinese Skullcap (Buhner, 2005; Fujita, 2005; Kang, 2018; Sloan Kettering, 2023; Uraz et al., 2013).

Jarish-Herxheimer Reaction

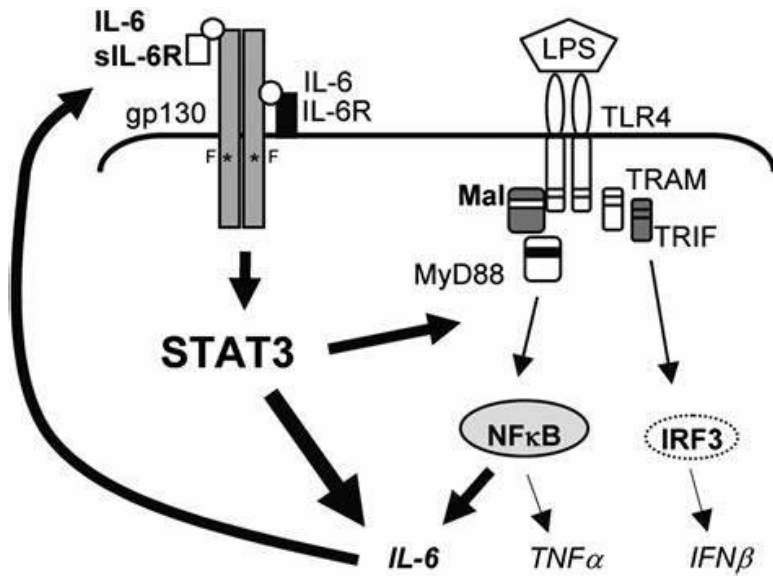
Borrelia spp.

- Component of outer membrane of cell wall of Gr-ng bacteria (LPS)
- Passively released during cell death, mechanical damage, lysis, growth and division (not to be confused with exotoxins actively released into body from the bacteria)
- Can circulate long after bacterial infection has resolved. **Relies on detox for removal.**
- Pyrogen even in picograms – in large amounts can cause shock and organ failure

Common sx:

- Diarrhea
- In the bloodstream (endotoxemia) can cause hypotension, reduced O₂, respiratory failure, severe can lead to organ damage and death

Biochemistry of Herx



- Innate immune response – mediated by Toll-like Receptor 4 (TLR4) in complex with MD2
- TLR4 stimulated pro-inflammatory cytokines (IL1, IL 6, IL 8, TNF α, Platelet activating factor then prostaglandins and leukotrienes) and NO from macrophages and endothelial cells
- Stimulate B cell differentiation proliferation, IgG and IgM secretion
- Activates complement and coagulation cascades – inflammation, vasodilation, chemotaxis of neutrophils, coagulation, bleeding and shock

Claire J. Greenhill, Stefan Rose-John, Rami Lissilaa, Walter Ferlin, Matthias Ernst, Paul J. Hertzog, Ashley Mansell, Brendan J. Jenkins; IL-6 Trans-Signaling Modulates TLR4-Dependent Inflammatory Responses via STAT3. *J Immunol* 15 January 2011; 186 (2): 1199–1208. <https://doi.org/10.4049/jimmunol.1002971>

Clinical Presentations

- Oftentimes, we see that the quicker killing, the higher the toxic load and the more severe the reaction
- Fluctuation in body temp (38-41 C) with flu like sx and sweating, symptom flare, physiological changes
- Syphilis usually worst 24 hours then clears within days. Lyme 48-72 hours and can last for weeks, more with impaired detox and increased permeability.
- Usually unreported because symptoms of herx are that of the infection itself....
- According to JB – “ for patients with CLD or late stage LD, the worst is around 4 weeks and is similar to serum sickness (leucopenia and increased liver enzymes)

Dhakal A, Sbar E. Jarisch-Herxheimer Reaction. [Updated 2023 Apr 24]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK557820/>

Herxheimer Reaction in Normal and Healthy Detoxification

	Jarisch-Herxheimer	Mild allergy/Intolerance	Anaphylaxis
Onset	24-72 hours after 1st dose of antibiotic	Minutes to days after starting medication	Minutes to hours after starting medication
Symptoms	Fever Chills Rigors Low blood pressure Headache Body pain Rapid heart rate Hyperventilation Rashes reappear Shock (rarely)	Mouth tingling Itchy throat/ears Stomach upset Nausea Diarrhea Constipation Body aches Sleep disturbance Ringing in the ears Wheezing	Swollen face Rapid heart rate Chest tightness Weak pulse Low blood pressure Airway restriction Rash, hives, blisters Nausea or vomiting Shock Fatal if not treated
Treatment	Anti-inflammatories, fluids, Detox	Anti-histamines, may need to stop medication if symptoms persist	Requires emergency treatment: Epinephrine, IV Benadryl, steroids.
Resolution	Days to weeks, may reoccur every 4 weeks	Several hours to few days	Several days to a week
Prevention	JH is a normal part of treating Lyme but should be closely monitored by a doctor who is trained in managing these cases	Avoid allergens/triggers	Avoid known allergens

LYME SCI: The dreaded Jarisch-Herxheimer reaction | BayAreaCannabis. Accessed 6/30/2023

Managing Herx – Acute Protocol

- **Binders**

- Herbal formula (containing smilax glabra, cleavers, molybdenum)
- MCP (Eliaz et al., 2019)
- Chlorella (Nakano et al., 2007)
- Bentonite clay, zeolite clay, activated charcoal (Schaumberger et al., 2014; Watts n.d.)

- **DETOX** – elimination, p1/p2 liver detox, self care

- **Stop the cytokine cascade**, specifically TNFa, IL6, IL8

- **Replenish minerals** to support biochemical reactions & minerals are alkalizing

- **Increase the body's protection against free radical damage** from resulting increase in endotoxins and inflammation

- **Horowitz' Protocol:** alkalize to combat acidic environment Lyme disease has created & improve methylation (Horowitz, 2013).

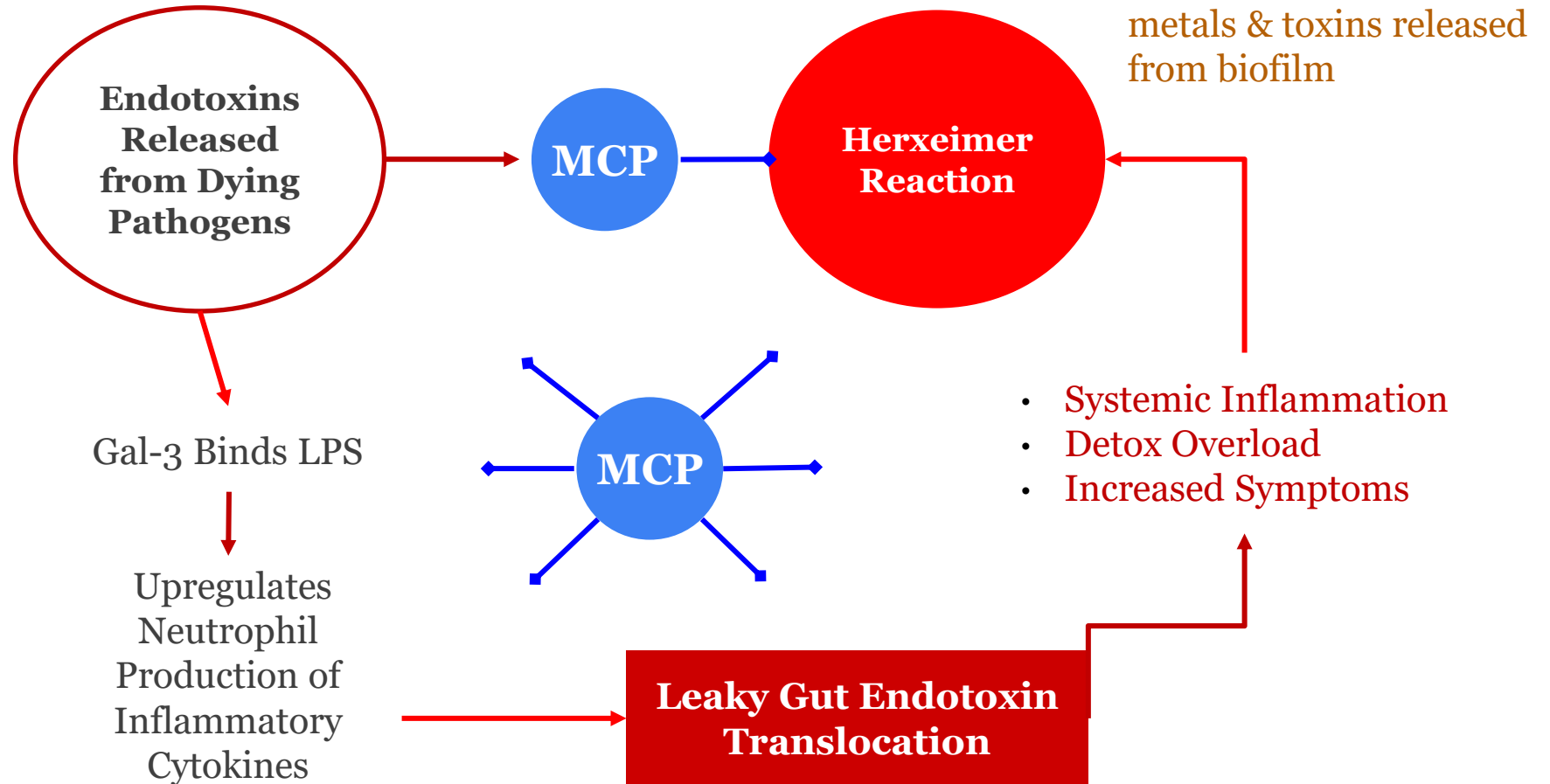
- 1500mg of liposomal glutathione
- Juice of 1 lemon
- 2 Alka-Seltzer Gold tablets
- 8 ounces of water

Horowitz, MD, Dr. Richard. "Lyme and Pain." *Why Can't I Get Better? Solving The Mystery of Lyme & Chronic Disease*. New York: St. Martin's, 2013. 430-31. Print.

As a Gal-3 & Toxin Binder: MCP Reduces Herxheimer Reactions

(Fermino, 2011)

MCP binds to Gal-3 to inhibit immune over-reactivity and inflammatory cytokine cascades



[Fermino ML, Polli CD, Toledo KA, Liu FT, Hsu DK, Roque-Barreira MC, Pereira-da-Silva G, Bernardes ES, Halbwachs-Mecarelli L. LPS-induced galectin-3 oligomerization results in enhancement of neutrophil activation. PLoS One. 2011;6\(10\):e26004.](#)

BLAST the Bugs: *Borrelia* spp.

- *Artemesia spp* / Sweet Annie (Feng, 2020)
- *Andrographis paniculata* (Feng, 2020)
- Teasel (Goc, 2016)
- *Houttuynia cordata* (Hayashi, 1995)
- Garlic (Kolb, 2020)
- Olive leaf extract (Borjan, 2020)
- *Uncaria tomentosa* / Cat's claw (Weiss, 2018)
- *Scutellaria baicalensis* / Chinese Skullcap (Feng, 2020)
- *Juglans nigra* / Black walnut (Feng, 2020)
- Grapefruit Seed Extract – Cyst and Round Bodies (Brorson, 2007)
- *Cryptolepis sanguinolenta* (Feng, 2020)
- *Polygonum cuspidatum* (Feng, 2020)

In vitro and in vivo growth inhibitory activities of cryptolepine hydrate against several Babesia and Theileria equi

Gaber El-Saber Batiha, Amanu Mandu Roehchiehu, Ihsan M. Alkazmi, Eman H. Nardwa

Naoaki Yokoyama, Iku

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Herb–Drug Interaction Potential of Anti-Borreliac Effective Extracts from Uncaria tomentosa (Samento) and Otopa parvifolia (Banderol) Assessed In Vitro

Johanna Weiss

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Abstract

Samento (extract from *Uncaria tomentosa*) demonstrated to have an inhibitory effect on the morphological forms of *B. burgdorferi* and *B. duncani*. The pharmacological safety of the extract was evaluated by possible characteristics of cytochrome P450 enzyme transporters by use of fluo and activation of pregnan assays. Organic anion tra (IC₅₀ = 0.65 ± 0.29%) we was inhibited about 40% expression of *CYP2J2*, *UGT*

effective for
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Botanical Medicines Cryptolepis sanguinolenta, Artemisia annua, Scutellaria baicalensis, Polygonum cuspidatum, and Alchornea cordifolia Demonstrated Activity Against Babesia duncani

Yumin Zhang,¹ Hector Alvarez-Manzo,¹ Jacob Leone,² Sunjya Schweig,³ and Ying Zhang^{4,*}

► Author information ► Article notes ► Copyright and License information ► PMC Disclaimer

Associated Data

► Supplementary Materials

► Data Availability Statement

Abstract

Human babesiosis is a CDC reportable disease in the United States and is recognized as a significant health risk in multiple parts of the world. The current treatment for human babesiosis is suboptimal due to treatment failures and unwanted side effects. Although *Babesia duncani* was first described

natural product ex 34 essential oils against *B. burgdorferi* culture found that not all essential oi top five essential oils (oregan concentration of 0.25% show persister drug daptomycin. In

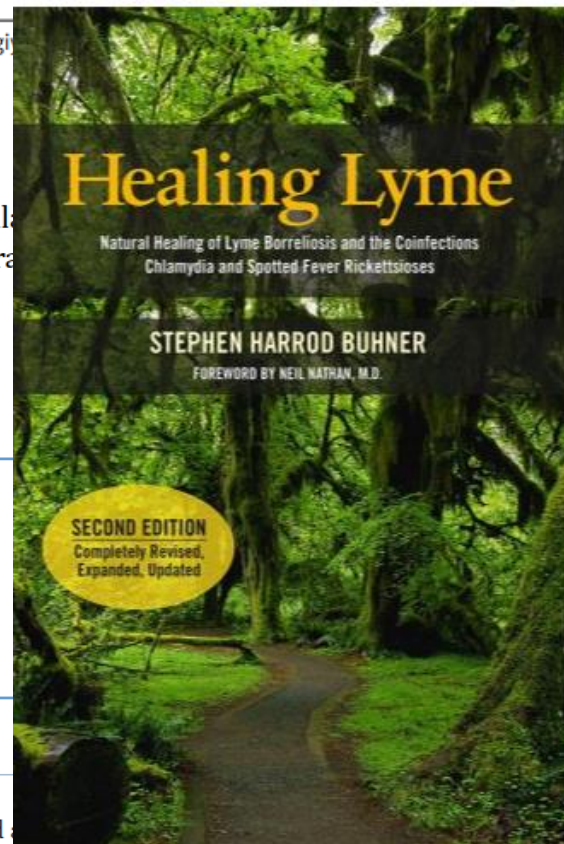
derived compou

Methods and F

We tested the ef morphological f latent rounded f

Borelis Pro phytomedicine for the complex treatment of Lyme borreliosis in children

yn², Sergi



Borrelia infected patients report signs and symptoms ranging from

activity

current treatments for Lyme disease, and offering new options to already existing therapeutic regimens.

Keywords: biofilm, *Borrelia* sp., cysts, micronutrients, phytochemicals, spirochetes

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h novel

0000069 ©

Metrics

ibiotics, which is why other bacteria *in vitro*.

was examined in the hopes

compound were utilized in

Moreover, the MIC for both formulas. Additionally, the

uch as these are required in

posites might offer new Here, two commercially nd LSF Broad-Spectrum efficiency in eliminating rphic forms of *B. burgdorferi* *in vitro*.

1 methods

n, culturing conditions and test compounds

ents were conducted with infectious, fluorescent *B. burgdorferi* in GCB726 with GFP, which was graciously provided by Georges Chaconas, University of Calgary, Canada [11]. Barbour-Stoenner-Kelly medium (BSK II) [12], without gelatin and supplemented with 6% heat inactivated rabbit serum (Sigma-Aldrich, St. Louis, USA) was used in the culturing of cells at +37 °C. Low-passage number cells

Recent Study on *Borrelia burgdorferi*

ORIGINAL RESEARCH article

Front. Med., 21 February 2020 | <https://doi.org/10.3389/fmed.2020.00006>

Evaluation of Natural and Botanical Medicines for Activity Against Growing and Non-growing Forms of *B. burgdorferi*

Jie Feng, Jacob Leone, Sunjya Schweig, Ying Zhang

“This study provides the first convincing evidence that some of the herbs used by patients, such as **Cryptolepis, black walnut, sweet wormwood, cat’s claw, and Japanese knotweed**, have potent activity against Lyme disease bacteria, especially the dormant persister forms, which are not killed by the current Lyme antibiotics,”

says study co-author Prof. Ying Zhang



My 7 Most Used Antimicrobials for *Borrelia spp.*

1. Japanese knotweed (*Polygonum Cuspidatum*)
2. Cats claw (*Uncaria tomentosa*)
3. Chinese Skullcap (*Scutellaria baicalensis*)
4. Sweet annie (*Artemisia annua*)
5. Cryptolepis (*Cryptolepis sanguinolenta*)
6. Houttuynia (*Houttuynia cordata*)
7. Black walnut (*Juglans nigra*)



Polygonum Cuspidatum Japanese knotweed

Anti-inflammatory

- Inhibition of the cellular immune system and inhibition of the formation of pro-inflammatory cytokines by emodin, resveratrol, citreorosein etc. (Buhner, 2005; Patocka, 2017; Guo, 2018)
- Inhibition of MMP-1, MMP -3 and MMP-9 expression by resveratrol and rhein (Buhner, 2005; Kang, 2018)
- Suppression of serotonin-induced swelling (Zhang, 2013)
- Inhibition of CRP and rheumatoid factor positive responses (Zhang, 2013)



Polygonum Cuspidatum

Japanese knotweed

Immunomodulant/Immunostimulant

- Normalizes immune response, ex. response to antigen signal, proliferative capacity, IL-2 production, lymphocyte antibody production and regulatory T cell expansion, in inflammatory and autoimmune conditions (Patocka, 2017; Espinoza, 2017)
- Enhances phagocytosis of macrophage and natural killer cell activities in leukemic mice (Chueh, 2015)

Neuroprotective

- Active on CNS due to ability to cross blood/brain barrier (Buhner, 2005)
- Protects against hypoxic-ischemic brain injury via upregulation of brain-derived neurotrophic factor (BDNF) and inhibition of cell adhesion molecules by polydatin (Patocka, 2017; Zhang, 2013)
- Protects against beta-amyloid-induced neurotoxicity and ischemic injury by emodin (Zhang, 2013)

Contraindications: pregnancy (Buhner, 2015)

Side Effects: abdominal pain, diarrhea, dry mouth, nausea, vomiting (Buhner, 2015)

Herb/Drug Interactions: blood-thinners (Buhner, 2015)



Uncaria tomentosa

Cat's Claw

Anti-inflammatory

- Inhibition of NF-kappaB (Batiha, 2020)

Antioxidant

- Inhibition of lipopolysaccharide-induced inducible nitric oxide synthase (iNOS) gene expression, nitrite formation, cell death and the activation of NF-kappaB (Batiha, 2020; Sandoval-Chacón, 1998)

Anti Spirochetal

- Effective against all morphological forms of *Borrelia burgdorferi*- spirochetes, round bodies, and biofilm-like colonies (Weiss, 2018)



Uncaria tomentosa

Cat's Claw

Cardioprotective

- Antiarrhythmic and negative chronotropic activity via direct effects on the action potential of cardiac muscle through inhibition of multiple ion channels by hirsutine and dihydrocorynantheine (Masumiya, 1999)
- Hypotensive effect on both systolic and diastolic blood pressures by gambirine (Mok, 1992)

Immunostimulant

- Stimulates proliferation of myeloid progenitors and normal resting B and T cell lymphocytes (Farias, 2011)
- Enhances IL-1 and IL-6 in lipopolysaccharide-stimulated macrophages (Lemaire, 1999)
- Increases natural killer cell CD57+ expression (Buhner, 2005)

Contraindications: immunosuppressive therapy, pregnancy or woman attempting to get pregnant (Buhner, 2005; Kuhn, 2008)

Side effects: constipation, diarrhea, digestive upset, mild lymphocytosis (Kuhn, 2008)

Herb/Drug Interactions: antihypertensives, blood thinners, immunosuppressants (Kuhn, 2008)



Scutellaria baicalensis

Chinese skullcap

Antibacterial/Anti Spirochetal

- Via destruction of bacterial nucleic acid formation, altering bacterial energy metabolism and inhibiting the formation of bacterial biofilms via baicalin and baicalein (Sloan Kettering, 2023)
- *In vitro* activity against log phase spirochetes, latent round bodies, and biofilm formations of *B. burgdorferi* and *B. garinii* via baicalein (Zhao, 2016; Liao, 2021)
- Baicalein also exhibits synergistic activity when paired with various antibiotics (Zhao, 2016; Yin, 2021; Feng, 2020; Goc, 2015)

Anti-inflammatory

- Inhibition of the production of inflammatory factors TNF- α , IL-1 β , Interleukin-6 (IL-6), Interleukin-17 (IL-17), matrix metalloprotein-9 (MMP-9), and regulation of NF- κ B signaling pathway via baicalin (Sloan Kettering, 2023; Fujita, 2005)
- Inhibition of interleukin-8 release and COX-2 synthesis and upregulation of the formation of heat shock protein 70 via baicalein (Sloan Kettering, 2023; Cai, 2016)

Neuroprotective

- Baicalin exhibits a variety of beneficial effects in the central nervous system (CNS) by promoting neural differentiation and inhibiting neuronal apoptosis (Wang, 2019; Dinda, 2017)
- In rat model of collagenase-induced intracerebral hemorrhage baicalin administration reduced brain edema, inhibited NF- κ B activation, suppressed MMP-9 expression and reduced the production of IL-1 β and IL-6, as well as BBB permeability (Wang, 2019; Tian, 2015)



Artemisia annua

Sweet Annie

Antibabesial/Antiplasmodial

- Inhibition of *in vitro* or *in vivo* growth of *B. gibsoni*, *B. equi*, *B. bigemina*, *B. bovis*, and *B. microti* by artemisinin and its derivatives most likely due to its ability to generate free radicals which can damage pathogen DNA and proteins (Zhang, 2021)
 - Artemisinin based compounds can reduce malarial parasitemia more rapidly than other known antimalarial drugs and are effective against all stages of *Plasmodium* spp (Zhang, 2021)
- **Effective in 95-100% of mice infected with malaria** (Septembre-Malaterre, 2020)

Antibacterial/Anti Spirochetal

- Inhibition of a number of both gram positive and gram negative bacteria (Septembre-Malaterre, 2020; Kim, 2015)
- Directly effective against the stationary phase of *B. burgdorferi* and more effective than the control antibiotics cefuroxime and doxycycline. (Buhner, 2005; Kim, 2015)
- Artemisia ketone is the oil component that has the greatest antimicrobial activity (Septembre-Malaterre, 2020)



Artemisia annua

Sweet Annie

Anti-inflammatory

- Suppression of pro-inflammatory cytokine production, including IL-1 β , IL-6, IL-10, and TNF- α (Kim, 2015)
- Suppression of NF- κ B, toll-like receptors (TLRs), signal transducer and activator of transcription (STAT) activity PI3K/protein kinase B (AKT) activity (Xia, 2020)

Antioxidant

- Mostly by hydrogen atom transfer rather than single-electron transfer (Septembre-Malaterre, 2020)
- Chrysoprenol D, a flavonoid, has been identified as the main constituent contributing to antioxidant activity (Septembre-Malaterre, 2020; Messaili, 2020)
- Diet containing the extract of *Artemisia annua* reduced serum levels of biomarkers for lipid peroxidation and DNA damage (Septembre-Malaterre, 2020; Kim, 2014)

Contraindications: pregnant and breastfeeding women (Kuhn, 2008; Buhner, 2005)

Side Effects: gastric upset, nausea, diarrhea, vomiting, dizziness and headache (Kuhn, 2008; Buhner, 2005)

Herb/Drug Interactions: azole antifungal agents and calcium channel blockers can negatively affect artemisinin absorption (Kuhn, 2008)



Cryptolepis sanguinolenta

Antibacterial/Anti Spirochetal

- DNA intercalation and topoisomerase II inhibition (Tempesta, 2010; Paulo, 1994; Cimanga, 1991)
- Activity against both Gram-positive and Gram-negative bacteria via cryptolepine (Tempesta, 2010; Paulo, 1994; Ansah, 2005)
- Directly effective against the stationary phase of *B. burgdorferi* and more effective than the control antibiotics cefuroxime and doxycycline (Feng, 2020)

Antimalarial/Antibabesial

- Inhibition of hemozoin polymerization (Tempesta, 2010; Onyeibor, 2005)
- Oral administration of water extract of *C. sanguinolenta* containing the cryptolepis alkaloids indicated efficacy comparable to chloroquine (Coronado, 2014)
- *B. duncani* treated with cryptolepine and quinine or *C. sanguinolenta* 90% ethanol extract could not regrow in subculture (Tempesta, 2010)

Anti-inflammatory

- Inhibition of nitric oxide production and DNA binding of NF- κ B following inflammatory stimuli via cryptolepine (Tempesta, 2010; Zhang, 2021)

Contraindications: pregnant women and women of reproductive age who want to conceive (Tempesta, 2010)

Side Effects: generally well tolerated, few side effects have been documented in humans (Feng, 2020)



Houttuynia cordata

Antibacterial

- Myrcene, an essential oil, has an antimicrobial activity and moreover enhances the activity of antibiotics (National Parks, 2023)
- Profound inhibition of bacterial biofilm formation (Yang, 2009; Řebíčková, 2020)
- Houttuynin (decanoyl acetaldehyde), a β -dicarbonyl compound, is reported as a major anti-bacterial constituent (Sekita, 2016; Sekita, 2016)

Anti-inflammatory

- Downregulation of TNF- α and IL-6 and inhibition of NF- κ B activation (Kumar, 2014; Duan, 2008)

Antioxidant

- Free radical scavenging activity of methanolic extract mainly due to catechin, procyanidin B (Sekita, 2016; Kim, 2007; Lee, 2013)



Juglans nigra

Black walnut

Antibacterial/Anti Spirochetal

- *In vitro* testing exhibited bacteriostatic activity against log phase spirochetes of *B. burgdorferi* and *B. garinii* and bactericidal activity against *Borrelia* round bodies (wildflower.org, 2017; Paudela, 2013)
- Activity against *Staphylococcus*, *Klebsiella pneumoniae*, *Pseudomonas aeruginosa*, *Escherichia coli*, *Bacillus subtilis* and *Proteus vulgaris* (Ho, 2018)
- Majority of antibacterial activity via juglone, Glansreginin A, azelaic acid, quercetin, and eriodictyol-7-*O*-glucoside (Feng, 2020; Goc, 2016)

Anti-inflammatory

- Via inhibition of proinflammatory cytokines, including TNF- α , IL-1 β , IL-6, IL-8, IL-10 and MCP-1 (Rathi, 2014)

Side effects: uncommon, nut allergies

Contraindications: Hashimotos

Lyme Disease *Sample* Herbal Protocol

,

MCP: 1 tsp TID

Withania somnifera: 1/2 tsp TID

Polygonum cuspidatum root: 1/4 tsp TID

Uncaria tomentosa: 1/4 tsp TID

Cryptolepis sanguinolenta: 1/2 tsp TID

Scutellaria baicalensis: 1/4- 1/2 tsp TID

Artemisia annua: 1/4 tsp TID

Juglans nigra: 1/4 tsp TID

GFSE: 600-1200 mg BID

Consider others depending on individual symptoms

For Effective Resolution or Remission of Lyme, You Must Understand....

The Infection

Understand how the infectious organism thrives in the body

The Terrain

Understand how the patient's circumstances are making the body hospitable to infection

The Treatment

Understand the MOAs of the medications, herbs, and nutraceuticals available to you

...then you can create an intelligent, effective treatment plan!

The background of the slide is a microscopic view of blood. It features numerous red blood cells, some of which are infected with Babesia parasites. The parasites appear as small, dark, ring-like structures within the red blood cells. A large, central red blood cell is prominently shown with a clear four-lobed structure, characteristic of a mature Babesia parasite. The overall color palette is a mix of reds, pinks, and light blues, with a semi-transparent dark overlay behind the text.

Halting Initial Infection And Healing Babesia

Persistence of Babesia

- In the blood vessels of many organs (esp. spleen and liver), babesia sequesters many forms of itself: merozoites, gametocytes, ookinetes, sporozoites (Chauvin, 2009)
- Even after successful antibiotic therapy (blood smear is clear), the disease can recur, usually within 2 weeks to a month (Ho, 2021)
 - From these sequestered locations, new sporozoites are released that infect new RBCs and the cycle starts all over again
- New cycle:
 - offspring has resistance to pharmaceuticals as it has learned the mechanism that had previously killed them through pleomorphism, or altered genetic structure and body shape (Chauvin, 2009)
 - can be asymptomatic for a while and then turn relapsing

Babesiosis – Areas of Invasion

- Can cause anemia (high percent of RBC infected) or petechiae from infected capillaries (Woolley, 2017)
- Areas of highest levels of infection:
 - RBC (Lobo, 2012)
 - Endothelial cells that line blood vessels (Wright, 1989)
 - Spleen – ultimately clears infection (Djokic, 2018)
 - **Red sage and red root protective of the spleen (Xiping, 2009)**
 - Liver (Nassar, 2017)

Nitric Oxide (NO)

- Under normal circumstances, RBC releases NO when a parasite attaches to RBC
- NO surrounds the cell and upon release, forms a toxic gas cloud that lasts for seconds to kill many bacteria and parasites
- Babesia releases a compound very similar to arginase – the enzyme that down regulates the production of NO by RBC (by breaking down arginine)
- This takes away the main RBC defense of babesia infection (Aguilar-Delfin, 2003)

Increasing NO production:

- **L-arginine** (Boger, 2014)

Cyclin-dependent kinases (CDK)

Once merozoite gets inside the RBC, it replicates by:

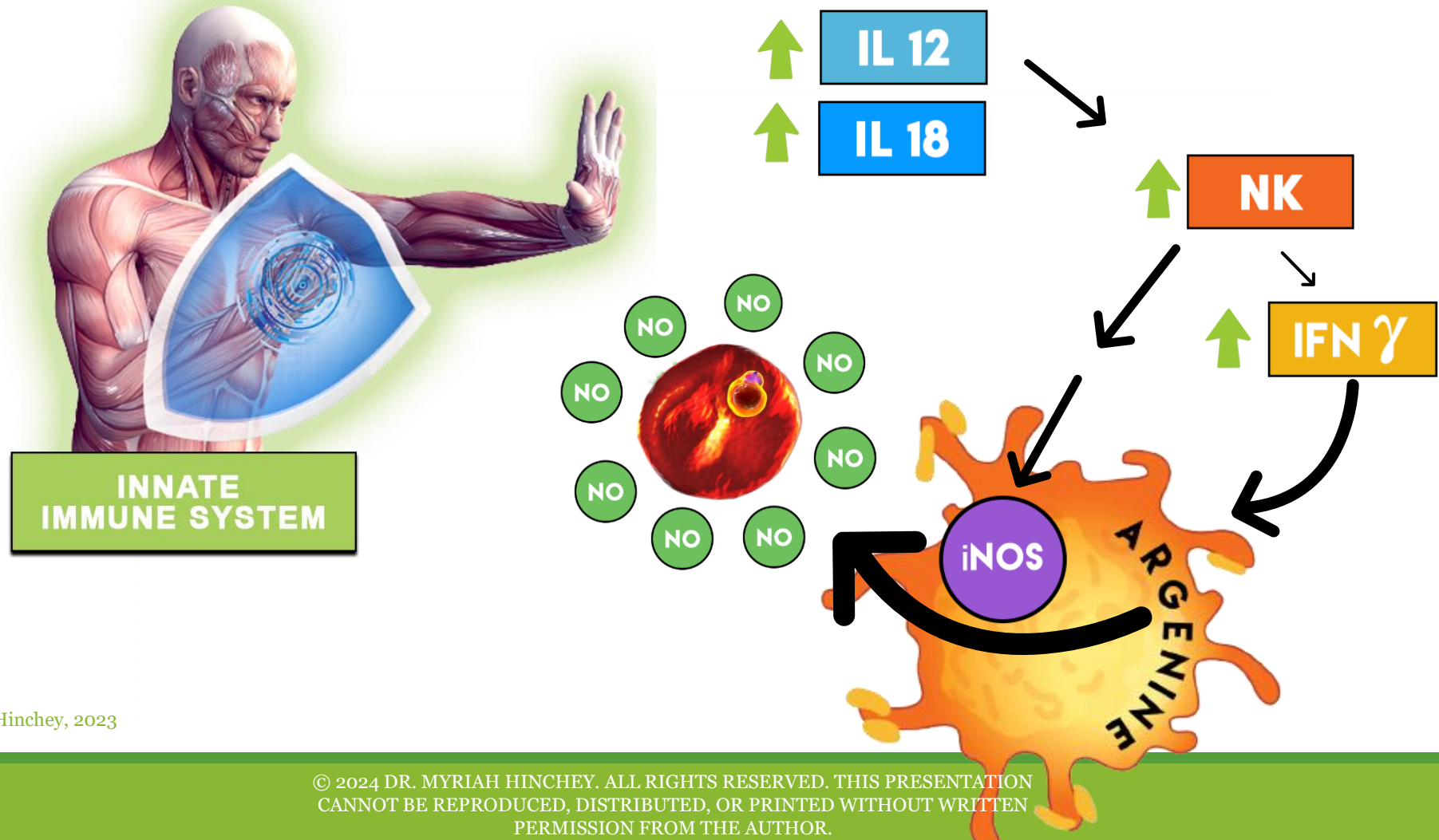
- creating a parasitophorous vacuole (PV) made from lipids
- PV is broken down in 10 mins, releasing the envacuoled merozoite into the interior of the RBC
- creates new nuclei divides via fission, 2-4 new babesia cells are created

Process is regulated by cyclin-dependent kinases (CDKs). Replication cannot occur without them.

CDK inhibitors:

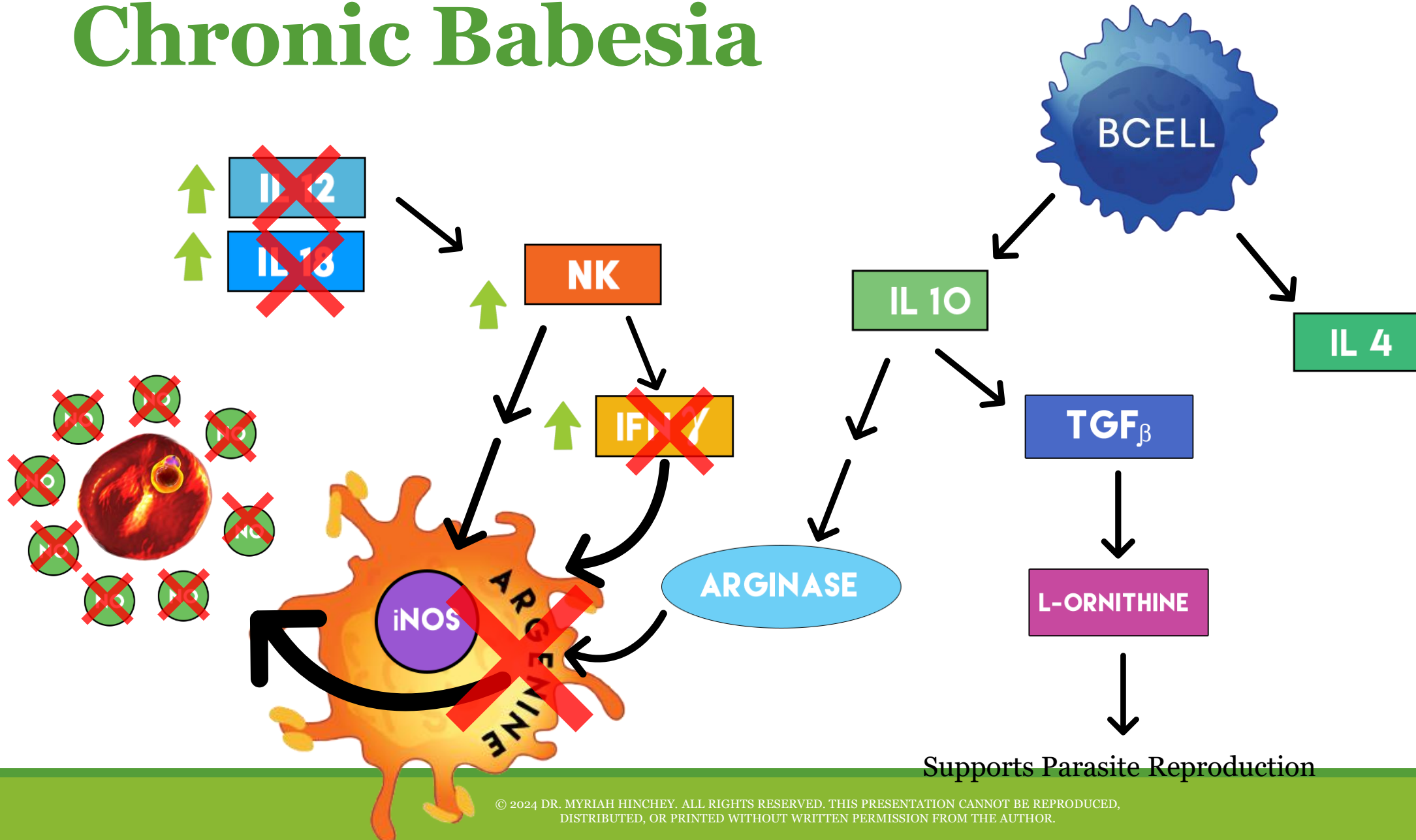
Licorice (Lee, 2013), **Artemisinin/Sweet Annie** (Gray, 2016), **Chinese skullcap** (Hsu, 2001), **Ginger** (Lin, 2012), **Peganum harmala** (Li, 2007), **Eurycoma longifolia** (Li, 2007), **Magnolia officinalis** (Lee, 2006), **Dunaliella salina** (Sheu, 2008)

Acute Babesia



Proprietary image created by Myriah Hinchey, 2023

Chronic Babesia



SUMMARY: Successful Resolution of Babesia

1. Spleen's IFN gamma production (Aguilar-Delfin, 2003)
2. Body's NO production, generated by L-arginine and IFN gamma (Stich, 1998 - although this was on *Babesia bovis*)
3. Increasing IL-12 (Aguilar-Delfin, 2003)
4. Regulation of IL-10 (Khan, 2019)
 - decrease in IL-10 stops the suppression of INF gamma and TNF alpha
 - increases production of NO from the macrophage and increases IL-12



Goals for Successful Resolution of Babesia

- I. Immune system/cytokine modulation
- II. Organ support and protection
- III. Anti-Babesial herbs

<https://montkush.com/6-benefits-and-uses-of-cbd-oil-plus-potential-side-effects/>

Immune Modulation: Th1 & Th2

Withania somnifera/Ashwagandha

- Counteracts the exact modulation of the immune system that **tick saliva** and **protozoa** initiate and maintain to keep infection going (Bani, 2006)

Astragalus membranaceus

- Inhibits several of the cytokines that cause Th2 dominance and contribute to inhibition of NO production (chen, 2014)

Immune Modulation: Decrease IL-10, IL-4 and TGF-beta

- IL-10 suppressors

- ***Glycyrrhiza glabra* - licorice** (Luo, 2015)
- ***Silybum* - milk thistle** (Wilasrusmee, 2002)
- ***Cannabis sativa*** (Al-Ghezi, 2019)
- ***Scutellaria baicalensis* - Chinese skullcap** (Bao, 2019)
- ***Artemisia spp*** (Kim, 2021)
- ***Withania somnifera* - Ashwagandha** (Saggam, 2021)

- IL-4 suppressors

- ***Astragalus*** (Cui, 2018)
- ***Glycyrrhiza*** (Richard, 2021)

- TGF-beta inhibitors

- ***Artemisia spp*** (Jung, 2023)
- ***Astragalus spp*** (Wei, 2020)
- ***Schisandra chinensis*** (Chen, 2017)
- ***Salvia miltiorrhiza*** (Wu, 2018)
- ***Scutellaria spp*** (Bokhari, 2015)


Immune Modulation, cont'd

Inhibit generation of arginase to increase

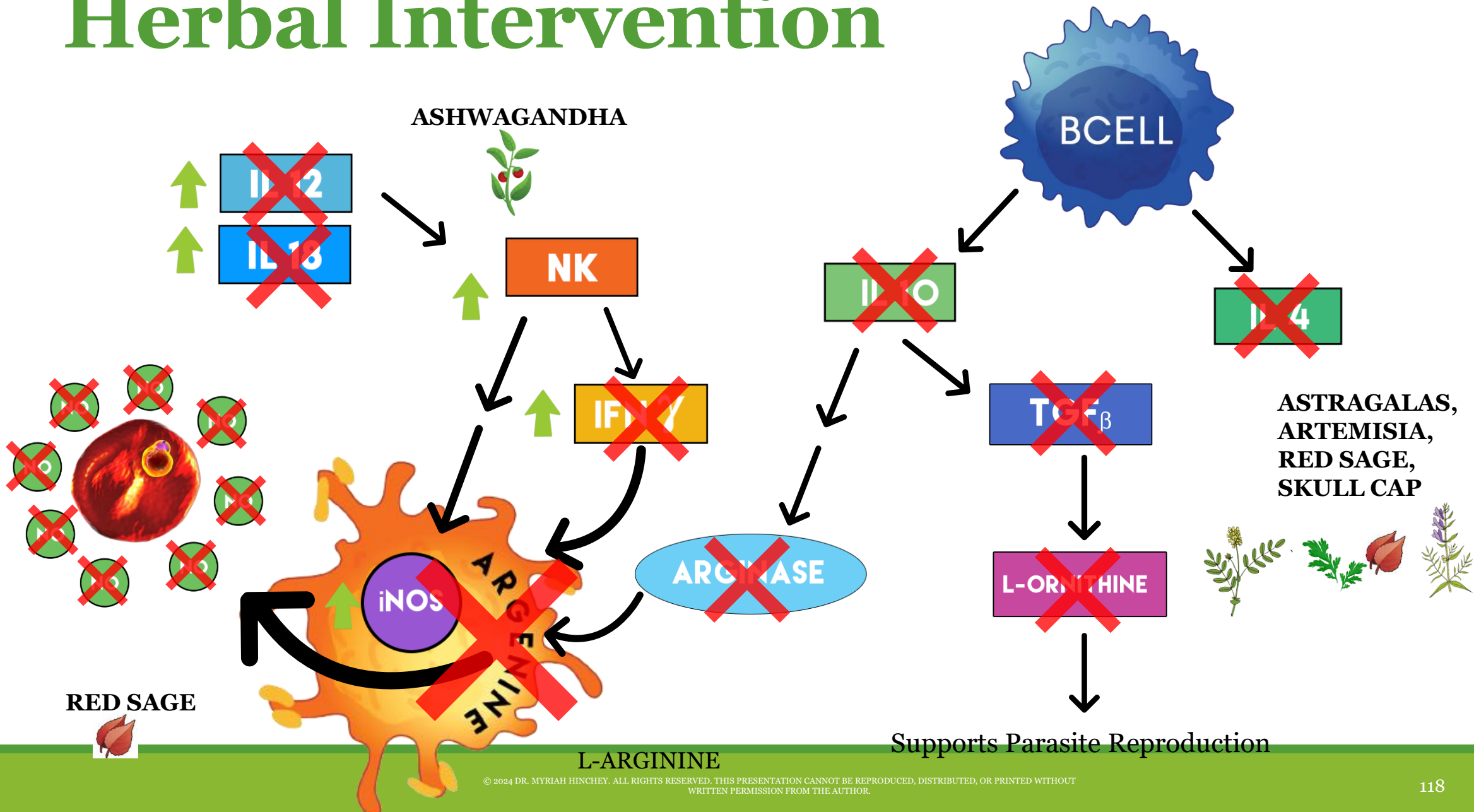
NO

- Arginase inhibitors
 - ***Panax ginseng*** (Shin, 2013)
 - ***Scutellaria baicalensis*** (Kim, 2013)
 - ***EGCG*** (dos Reis, 2013)

Increase IL-12, IL-18, INF- gamma, NO

- 
- Inhibition of IL-10 (above)
 - IL-12 stimulators
 - ***Eleutherococcus senticosus*** (Shin, 2013)
 - ***Astragalus spp*** (Lu, 2013)
 - INF-gamma stimulators
 - ***Astragalus*** (Lu, 2013)
 - ***Grapefruit seed extract*** (Abdelkawy, 2017)

Herbal Intervention



Organ Support: RBCs

- Inhibit CDK and block RBC invasion
 - **Ginger** (Elkady, 2012)
 - **Skullcap** (Guo, 2015)
 - **Artemisinin** (Goda, 2021)
 - **Magnolia** (Lee, 2004)
 - **Licorice** (Lee, 2009)
- Protect RBC and relive anemia by increasing RBC numbers
 - **Sida acuta** (Ugwuezumba, 2018)
- Protect and increase NO levels for healthy vascular function
 - **L-arginine** (Boger, 2014)
 - most abundant in grass fed red meat (1/5th oz steak = 6 grams L-arginine!), spinach, walnuts, almonds
- Upregulate NOS and NO
 - **Red sage** (Jang, 2003)

Organ Support, cont'd

- **Endothelial cells**
- Normalize endothelial function and activates CDK inhibitors
 - ***Bidens pilosa*** (Wu, 2007)
- **Spleen**
- Upregulate CDK inhibition
 - **Red sage - *Salvia miltiorrhiza*** (Jung, 2020)
- **Liver**
- Upregulate CDK inhibitors
 - **Milk thistle - *Silybum marianum*** (Hogan, 2007)

Kill the Microbes: *Babesia spp.*

- *Cryptolepis sanguinolenta* (Zhang, 2021)
- *Alchornia cordifolia* (Zhang, 2021)
- *Sida acuta* (Chumpol, 2018)
- *Bidens pilosa* (Geissburger, 1991)
- *Artemisia spp* (Zhang, 2021)

[Front Cell Infect Microbiol.](#) 2021; 11: 624745.

PMCID: PMC7982592

Published online 2021 Mar 8. doi: [10.3389/fcimb.2021.624745](https://doi.org/10.3389/fcimb.2021.624745)

PMID: [33763384](https://pubmed.ncbi.nlm.nih.gov/33763384/)

Botanical Medicines *Cryptolepis sanguinolenta*, *Artemisia annua*, *Scutellaria baicalensis*, *Polygonum cuspidatum*, and *Alchornea cordifolia* Demonstrate Inhibitory Activity Against *Babesia duncani*

[Yumin Zhang](#), ¹ [Hector Alvarez-Manzo](#), ¹ [Jacob Leone](#), ² [Sunjya Schweig](#), ³ and [Ying Zhang](#) ^{4, *}

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Table 1

Evaluation of a panel of 46 herbal medicines at 0.01% (v/v) for inhibitory activity against *B. duncani* after 3 days of incubation.

Product Names	Plants	Inhibition (%)
Chinese Skullcap (90% EE)	<i>Scutellaria baicalensis</i>	84
Cryptolepis (90% EE)	<i>Cryptolepis sanguinolenta</i>	80
Cryptolepis (60% EE)	<i>Cryptolepis sanguinolenta</i>	70
Chinese Skullcap (60% EE)	<i>Scutellaria baicalensis</i>	68
Japanese knotweed (60% EE)	<i>Polygonum cuspidatum</i>	59
Sweet wormwood (30% EE)	<i>Artemisia annua</i>	58
Alchornea	<i>Alchornea cordifolia</i>	54
Japanese knotweed (90% EE)	<i>Polygonum cuspidatum</i>	42
Andrographis (90% EE)	<i>Andrographis paniculata</i>	37
Andrographis (60% EE)	<i>Andrographis paniculata</i>	36
Sweet wormwood (60% EE)	<i>Artemisia annua</i>	35
Andrographis (30% EE)	<i>Andrographis paniculata</i>	34
Cistus	<i>Cistus incanus</i>	34

Zhang, Y., Leone, J., Schweig, S., & Zhang, Y. (2021). Botanical Medicines *Cryptolepis sanguinolenta*, *Artemisia annua*, *Scutellaria baicalensis*, *Polygonum cuspidatum*, and *Alchornea cordifolia* Demonstrate Inhibitory Activity Against *Babesia duncani*. *Frontiers in Cellular and Infection Microbiology*, 11, 624745. <https://doi.org/10.3389/fcimb.2021.624745>

Babesia

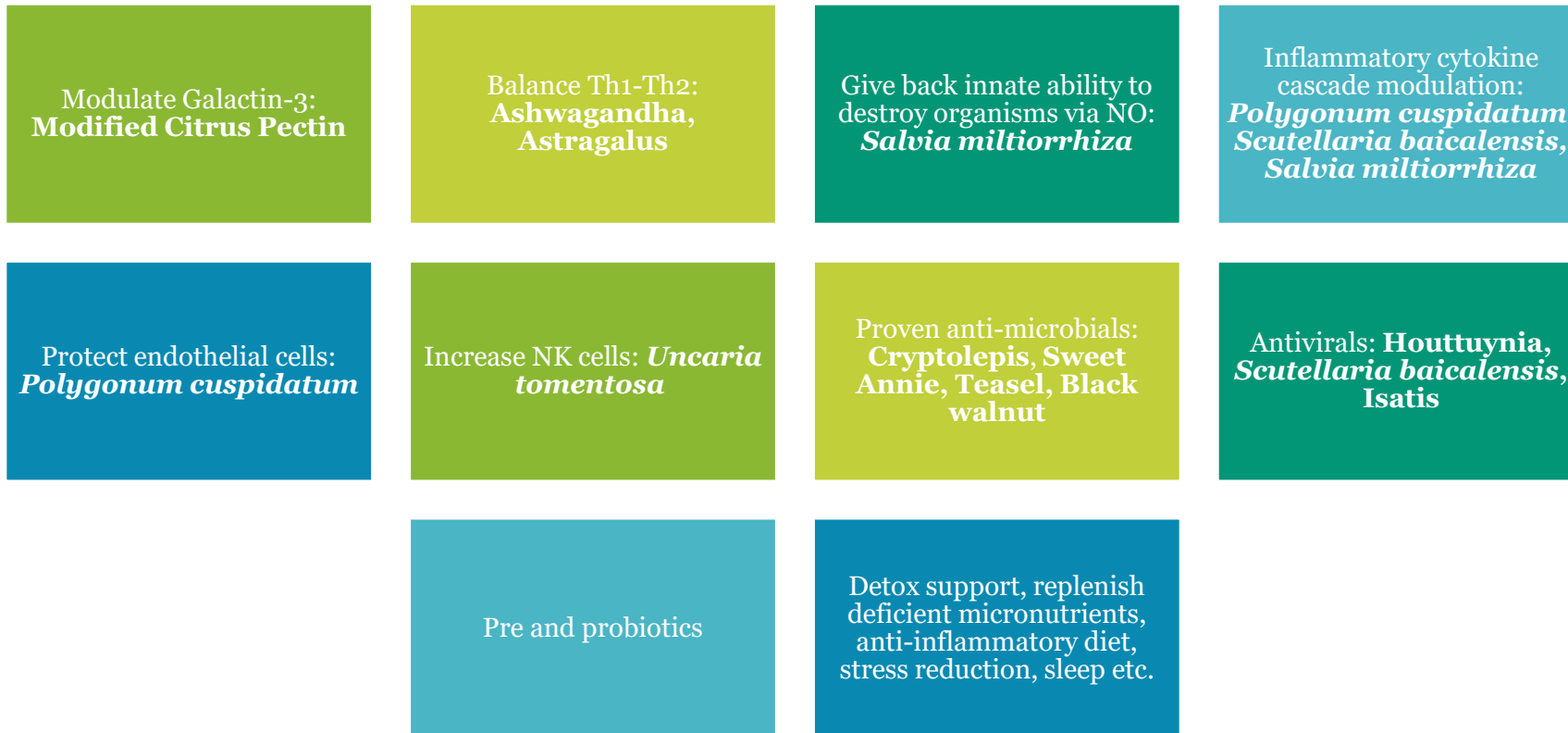
Sample

Herbal

Protocol

- ***Cryptolepis sanguinolenta***: 1/4-1/2 tsp tid
- ***Alchornea cordifolia***: 1/4 tsp tid
- ***Sida acuta***: 1/4 tsp tid
- ***Artemisia annua***: 1/4 tsp tid (or 200mg tid)
- ***Withania somnifera***: 1/4- 1/2 tsp tid
- ***Salvia miltiorrhiza***: 1/2 tsp tid
- **L-arginine**: 2000 mg tid
- ***Astragalus membranaceus***: 1/4- 1/2 tsp tid
- ***Silybum marianum***: 200 mg tid

Putting It All Together: Treatment for *Borrelia* spp. and *Babesia* spp.





Proprietary image created by Myriah Hinchey, 2023

Understand....

The Infection

Understand how the infectious organism thrives in the body

The Terrain

Understand how the patient's circumstances are making the body hospitable to infection

The Treatment

Understand the MOAs of the medications, herbs, and nutraceuticals available to you

... then you can create an intelligent, effective treatment plan!

Roadmap

Add Killers

Add in proven killers of virus, bacteria, parasites, mold, and fungus
Continue steps 1- 3.

Balance and rebuild

Add in herbs to shift cytokine cascade – balance T1- T2; increase NK cells; stop migration through CT, add binders & continue with steps 1-2.
Reminder of lifestyle (diet, sleep, stress, gratitude, movement)



Proprietary image created by Myriah Hinchey, 2023

Re-check, Wean, Remain

Once symptom free for 2 months, Re-check all labs that were abnormal. If normal – wean off protocol in the reverse order. Remain on the basic nutrients still needed for optimal health; retest food sensitivities and micronutrient levels.

Monitor Progress

Monitor progress every 8 weeks – looking for 25% improvement by 90 days on full treatment protocol – treat until patient has been sx free for 2 solid months. Have patient fill out check list at every apt and rate the severity and frequency of sx at each apt. Repeat abnormal labs as medically necessary or 6-9 months for objective progress

Eliminate & Replenish

Eliminate all food allergies and sensitivities, replace def nutrients, work on routes of elimination (lungs, skin, colon, kidneys), gut healing, probiotics, sleep, water, stress, positive thinking, gentle movement, sunlight, gratitude. Continue anti-inflammatory diet.

Test and Address Lifestyle

Test for: Food sensitivities, Mold, Fungal, Lyme co-infections, Virus, Nutrient Deficiencies, MTHFR, Hormones, Organ Function, Gut Function, Dysbiosis, Histamine, Inflammatory Markers, and Immune Markers. Start anti-inflammatory diet. Address Nutrition, sleep, stress, gratitude, movement

*Thank
You*

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Thursday 2:45pm – 3:45pm

**Naturopathic Treatment of Tick-Borne
Disease: A Deep Dive into the
Pathophysiology of Lyme Disease and
Babesia and the MOAs of Herbal
Intervention**

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Naturopathic Treatment of Tick-borne Disease:
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