Pilot Study of Pentacyclic Alkaloid-Chemotype of Uncaria tomentosa for the Treatment of Lyme Disease

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Principal Investigators

- William Lee Cowden, M.D.
- Luis Romero M.D., Ph.D.
- Joan Vandergriff, N.D. - Nutritional Consultant
- Hamid Moayad, D.O. - Lyme Literate Physician
- Svetlana Ivanova, M.D., Ph.D.

Report by Dr. William Lee Cowden, M.D.

- Cardiologist
- Internist
- Private Practice for 25 years
- Specializing in Integrative Medicine
- Co-Author of Alternative Medicine Definitive Guide to Cancer
- Co-Author of Longevity- An Alternative Medicine Definitive Guide

Pre Study Anecdotal Observations

- 58 patients referred from Hamid Moayad, D.O.
- 25 – 50% Overall Symptom Improvement over 2 – 3 months

Case Study

16 year old Male

- Flu- Jan. 2002
- Emotional stress
- 30 lb. weight loss
- CBC & Health Panel basically normal except SGOT= 95 and high CMV antibodies
- Aug. 30 2002- IGM= 1.8
- Jan. 13, 2003- Borrelia- IGM= 0.7

Summary of Pilot Study

- 28 patients started study
- 14 patients (control group) continued using conventional therapy during study and failed to improve. Some patients worsened.
- 14 patients (experimental group) received alternative treatment, 13 completed study (1 dropped out due to cancer surgery) and all improved subjectively and objectively.

Methods Used

- Evaluating Biological Terrain
- Refract Meter – Sugar
- pH Strips – Saliva and Urine
- Conductivity Meter – Mineral Congestion
- Kinesiological Analysis
- Iridology
- Dark field Microscopy
- Blood Type Diet

Multisystem Protocol for Lyme Disease

- Blood Type Diet
- Enzymes with meals
- Enzymes between meals
- Vitamins- Minerals
- TOA-Free Cat's Claw
- Laser Detoxification
- Light beam generator
- Skin Brushing
- Bath Detoxification
- Laughter
- Prayer
- Emotional Release

History of Lyme Disease

Lyme disease was first recognized in the United States in 1975, following a mysterious outbreak of juvenile rheumatoid arthritis near the community of Lyme, Connecticut. The rural location of the Lyme outbreak and the onset of illness during summer and early fall suggested that the transmission of the disease was by an arthropod vector.

In 1982, the etiologic agent of Lyme disease was discovered by Willy Burgdorfer. Burgdorfer isolated spirochetes belonging to the genus Borrelia from the mid-guts of Ixodes ticks. He showed that these spirochetes reacted with immune serum from patients that had been diagnosed with Lyme disease. Consequently, the lyme spirochete resembling the syphilis spirochete was given the name Borrelia burgdorferi.

Besides ticks, Lyme can be transmitted by fleas, mosquitoes, mites, human-to-human contact, blood transfusions, gnats and unpasteurized milk.

Number of Cases

The United States Center for Disease Control (CDC) reports that there have been less than 180,000 confirmed cases of Lyme disease since 1980. Nick Harris, Ph.D., Director of the International Lyme and Associated Diseases Society (ILADS), states "Lyme is grossly under-reported. In the U.S., we probably have about 200,000 cases per year."

Dan Kinderlehrer, M.D., stated on the *Today Show* (June 10, 2002) that the actual number of cases may be closer to 100 times more (18 million cases) than what the CDC reports.

Joanne Whitaker, M.D., who specializes in advanced testing methods for Lyme, suspects that the great majority of people in the U.S. are infected with Borrelia burgdorferi.

There are very few symptoms where one shouldn't consider Lyme, especially given that a quarter of the U.S. population may be affected. It is estimated that Lyme Disease may be a contributing factor in more than 50% of chronically ill people.

Frequently Misdiagnosed

Katrina Tang, M.D., HM.D., Medical Director of the Century Wel1ness Clinic in Reno, Nevada, states that Lyme Disease eludes many doctors because of its ability to mimic many other diseases. According to an informal study conducted by the American Lyme Disease Alliance (ALDA), most patients diagnosed with Chronic Fatigue Syndrome (CFS) are actually suffering from Lyme Disease. In a study of 31 patients diagnosed with CFS, 28 patients, or 90.3%, were found to be ill as a result of Lyme.

Dr. Paul Fink, past president of the American Psychiatric Association, has acknowledged that Lyme disease can contribute to every psychiatric disorder in the Diagnostic Symptoms Manual IV (DSM-IV). This manual is used to diagnose psychiatric conditions such as attention deficit disorder (ADD), antisocial personality, panic attacks, anorexia nervosa, autism and Aspergers syndrome (a form of autism).

Lyme Disease has often been misdiagnosed as various allergic conditions, Alzheimer's, Attention Deficit Disorder (ADD), Autism, Chronic Candidiasis, Chronic Fatigue Syndrome, Crohn's Disease, Epstein Barr, Fibromyalgia, Guillain-Barré Syndrome, Headaches (severe), Hypothyroidism, Irritable Bowel Syndrome, Juvenile Rheumatoid Arthritis, Lou Gehrig's Disease (ALS), Lupus, Opthalmolgical Disorders, Parkinson's Disease, Pseudo tumor Cerebra, Rheumatoid Arthritis, Temporomandibular Joint (TMJ), Trigeminal Neuralgia and Multiple Sclerosis. Additionally, Lyme Disease has been misdiagnosed as a neuro-psychiatric problem such as Bipolar Disorder and Schizophrenia.

Stages of Lyme Disease

- Stage I - Bull's eye rash (25%), flu-like symptoms (Antibiotics effective at this stage)
- Stage 2 - Muscle aches, fatigue, joint pain, " migratory arthritis", loss of appetite
- Stage 3 - Severe neurological symptoms, profound fatigue, memory loss, severe pain.

Stage One (Early Infection)

A distinctive, expanding red rash that usually develops at the site of the tick bite and is accompanied by flu-like symptoms often characterizes the early stage of Lyme Disease. Spirochetes can be isolated from the leading edge of the rash. However, it is important to remember that in 20-40% of the cases no rash is ever observed. Also, not all rashes that occur at the site of a tick bite are due to Lyme Disease (an allergic red reaction to tick saliva often occurs at the site of a tick bite even in the absence of spirochetes).

Stage Two (Dissemination Stage)

- Occurs days to weeks following infection.
- At this stage the spirochetes spread hematogenously to additional body tissues.
- One or more of the following symptoms and signs may be noted:
    - fatigue
    - chills and fever
    - headache
    - muscle and joint pain
    - swollen lymph nodes
    - secondary annular skin lesions

Stage Three (Persistent Infection)

Some symptoms and signs of Lyme Disease may not appear until weeks, months, or years after a tick bite or other exposure to Lyme.

Common clinical manifestations at this stage may include migratory pain to joints, tendons and muscles, cardiac involvement and neurological symptoms.

Arthritis is most likely to appear as brief bouts of pain and swelling, in one or more large joints, especially the knees.

Nervous system abnormalities can include numbness, pain, Bell's palsy (paralysis of the facial muscles, usually on one side), and meningitis (fever, stiff neck, and severe headache).

Microbial Co-Infections in Lyme Disease

- Borrelia
- Babesia
- Ehrlichia
- Bartonella
- Mycoplasma
- Viruses

Symptoms in 13 Pilot Study Participants

	Before Study	End of Study	Improvement %
Fatigue	13/13	12/13	92.3
Stomach Pain	10/13	10/13	100
Joint Pain	8/13	7/8	87.5
Memory Problems	9/13	8/9	88.9
Muscle Pain	7/13	7/7	100
Visual Disturbances	5/13	4/5	80
Emotional Instability	5/13	4/5	80
Peripheral Neuropathy	5/13	5/5	100
Insomnia	4/13	3/4	75

Herxheimer Reaction

The die-off of toxin-producing organisms in the body releases toxins which may cause a patient to feel temporarily worse before feeling better. This "healing crisis" was first identified by the German physician Karl Herxheimer and is known as the "Herxheimer Reaction".

Case Study 1 - J.M.

35 year old Caucasian male on disability with blood type A, bowel inflammation, carbohydrate intolerance, insomnia

Before Treatment:

- Weight loss from 155 to 98lbs. during course of 3 years
- Health Panel shows no abnormalities
- 50 specialists consulted (Including Mayo Clinic)
- Lyme specialist said no treatment would help.

After treatment:

- Insomnia completely overcome
- Joint pain - 50% improved
- Energy- 90% improved
- Renewed hope for the future
- Family and friends notice dramatic difference in patients overall well–being.

Case Study 2 - D.M.

50 year old Caucasian female with blood type O, Peripheral Neuropathy, pain in muscles and tissue

Before Treatment:
- Methadone Sulfate - 20 mg. 4-5 times/day
- Oxycontin - as needed
- Pain in legs and feet
- Constipation
- Sugar 4.0, Saliva pH 7.0, Urine 5.0, Conductivity 10

After Treatment:
- Norco, only one twice daily
- Pain reduction 90%
- Bowel movement twice daily
- Sugar 0.5, Saliva 6.5, urine 6.0-7.0, conductivity 6

Case Study 3 – M.G.

46 year old Caucasian female with blood type O, extreme fatigue, joint and muscle pain

Before Treatment:
- Major anxiety and depression
- 3-5 days without bowel movement
- Major emotional stress
- On disability because of joint pain

After Treatment:
- CBC Blood test normal
- Can do full day of work without problem
- No constipation
- Less brain fog
- Pain reduction- 50%
- Dealing with daily stresses well

M.G. "This is the first day in years that I have been able to get up out of bed and go about my normal activities."

Case Study 4 – C.F.

18 year old Caucasian female with Blood Type O, extreme weakness and fatigue, acute Pancretitis, Appendicitis, and anaphylactic food reactions

Before Treatment:

- Completely dependent on family
- Walked with walker
- Sick since age 3
- No social life

After Treatment:

- Takes care of herself
- Walks without walker
- Going on dates
- 50- 75% improvement

C.W., *"This study has made an incredible impact on my life, health and well-being. I came into this program on a walker and I was completely dependent on my family for everything."*

Impact of the Study – Patient's Perspective

T.H. *"I just wish all Lyme Diseases suffers were able to access this kind of treatment; Maybe…Someday"*
J.M. *"I've tried a few things at a time that had some limited benefits. I think what made this treatment work was that it simultaneously addressed all my problems and it was so comprehensive."*
K.U. "*I feel better than I have in 25 years."*
D.M. *"I am doing things that I haven't been able to do in years."*
T.G. *"It wasn't easy, but it was worth it."*