Lyme's disease and blood stem cells

Therapy with the stem cell-rich subsystem offers us a chance to now tackle in veterinary medicine and in the future human medicine, a new scourge of humanity still not considered seriously, Lyme disease and its related infections that put catastrophic pathological strategies into effect in order to be able to coexist with the host-s organism.

Borrelia, artificer of Lyme's disease, is a spirochete that after having established an acute symptomatology with fever and rash uses strategies to remain active in the body. It has been seen that many individuals chronically affected by this type of disease develop serious neurological, ophthalmic and autoimmune diseases over the years.

What do these bacteria do to survive?

"I am a Borrelia ... I am a Bartonella ..I. penetrate into an organism and go and position myself in the place less visited by the security system, the immune system. So I live well in the endothelium of every vessel and can colonize everything. Of course if I go into the central nervous system I destabilize the whole functioning of my host nicely because I act on the autonomous nervous system that enters into every human physiological process and the central nervous system's privileged immune system is also very permissive. However in order to survive I must at all costs inhibit this immune safety system that more than anything else makes my stay uncomfortable. From the imbalance that I create in the immune system I can start other pathologies such as autoimmune ones or even some type of cancer. I can also inhibit the elimination of heavy metals that make my host even weaker (the increase in heavy metals in ALS that has Borrelia as an accompanying cause is therefore a reason or a consequence of the disease?). I also reduce organic magnesium because I feed on it greedily and I eliminate vitamin D which has a beneficial effect on the whole organism. In fact my brothers and I are real "spoilers" that operate by creating protective covers and ideal habitats for ourselves."

According to the new vision of the disease linked to the informative state, these germs inhibit those attractors and turbulences suited to destroy them, initially increasing only the entropy limited to the infectious agent location, later this action is extended to the whole organism destabilizing it, the bacterium uses an intelligent strategy to keep itself alive and of course to keep the host alive, at least for a certain period of time.

When long cycles of antibiotics are employed there are two possibilities, the first is that the bacterium survives remaining camouflaged while continuing to maintain a partial entropic increase in the organism, the second is that, despite the bacterium being eliminated, the immune system's alterations remain with autoimmune diseases, these effects occur when entropy has increased significantly. With my experience in the veterinary field I think that both possibilities coexist.

One of the battles currently being done in human medicine is on the definite diagnosis, but are we sure that this should be the primary focus? In the sense that, if by chance we find that from the laboratory analysis there has been contact with the disease, we are often told that now the disease has passed and the pathologies present, neurological, autoimmune, ocular, etc.. are quite another thing. Therefore, even if we have the diagnosis in hand, moreover difficult, we remain without many interpreters. The doctors remain off-guard because these infections, which are more frequent than what is thought, cause clinical alterations that develop differently in each human being, each person shows different symptoms that undermine credibility in those who consider each disease a linear and separate event.

But when we meet informed doctors who are aware of the disease's seriousness and want to cure it, even their good will does not always lead to success .... let us try to understand by enlarging our knowledge about these bacteria. These pathogenic forms are different both in the localization and the gravity due to the co-infections, I do not mean only between borrelia and bartonella, or between virus and borrelia or between mycoplasma or fungus and borrelia, but between borrelia and borrelia and bartonelle and bartonelle. There are dozens of types of these pathogenic bacteria for humans and their coexistence can lead to forms that can become deadly in time.

It is true that Lyme's disease was discovered in the 1980's, but unfortunately for us these spirochetes had previously been studied as a potential biological weapon, in fact a work by the 1976 American Department of Defence, written by Jay Sanford, was titled "The Biology of Parasitic Spirochetes," and emphasized *" the well-known ability of Borrelia, especially the subtypes transmitted by ticks, in persevering in the brain and the eye, during the resulting remission from the arsenic or penicillin treatment, or even after apparent cure"* . These bacteria had the possibility of being used as a subtle biological weapon because they caused a disease very similar to a strong and protracted flu, accompanied by arthralgia, strong headache, confusion, exhaustion and memory and personality disorders. The disease has a strong tendency to become recurrent, to resist therapy with antibiotic back-up, to cause arthralgia, rhythm disorders and cardiac conduction and depressive or even psychosis syndromes. The history of Lyme disease and its discovery in the town of Old Lyme would be incomplete without considering the years that military research devoted to Borrelia bacteria and its possible association with biological weapons because these bacteria have the characteristics of damaging or decreasing entire populations' productivity at a low cost. It is incredible how military research has gone forward in that sense and medicine is still sceptical about the chronic pathogenicity of these bacteria.

The English writer Elena Cook reported that Japanese researchers who researched biological weapons inoculated Borrelie into live prisoners in Manchuria. After the war these Japanese "death scientists" received immunity from the charge of war crimes and were transferred to the United States where they continued their research. According to the American judicial officer John Loftus in the top secret American operation "Operation Paperclip", among the various experiments, they also conducted tests with ticks on Plum Island, which is located a few miles from the town of Old Lyme in Connecticut, where during the 1980's the epidemic cited for the first time as Borrelia, was verified and for which it took the name of Lyme disease. The directors of the Plum Island laboratory told Michael Carroll (author of the book Lab 257: The Disturbing Story of the Government's Secret Germ Laboratory) that they maintained colonies of the Amblyomma americanum tick, a well-known vector of Borrelia Lonestari, on Plum Island. Carroll reports eyewitness accounts claiming that animals infected with this disease were kept in open pens on Plum Island and also reported that in 1980, entomologist Dr. Richard Endris, cultivated about 200,000 ticks on Plum Island, collecting them from all over the world, even very far away, like Cameroon in Africa.

In 2005, the Associated Press reported that the American National Institute of Health (NIH) had inserted Lyme disease among the agents usable for bioterrorism, later the same NIH erased the Lyme disease from its list of biological weapons, citing a typing error.

In the USA, some veterinarians report diseases like Borrellosis and Bartonellosis as pandemics, even the veterinarian Brenda Bishop talks about many neurological diseases of the horse associated with these bacteria saying that what many veterinarians experience clinically is only the tip of an iceberg. Now if many types of ticks had been infected by a lot of these infectious agents at Plum Island, if an epidemic had occurred a few miles away in humans that rarely get bitten by a tick unlike animals that are almost inevitably bitten by these insects during their life, if we consider that some of these infections can also be transmitted by fleas and mosquitoes through saliva and transplacentally, if migratory birds can carry infected ticks all over the world, if, for biological warfare experiments, various types of borrelie and bartonelle have been concentrated in the same tick, if from the studies previous to the discovery of Lyme disease it turned out that these bacteria could potentially weaken entire populations, we come to the conclusion of being faced with a real epidemic that is almost ignored by doctors. But, as I said, even the informed doctors have at their disposal therapies with limited effects, in the sense that many patients who have been undergoing therapies for years with different types of antibiotics, herbs that destroy the bacteria's protective film, bio-photons at specific frequencies,

do not obtain the desired results. Even the simplest tests that can be done, those based on intercepting bacteria frequencies with bio-resonance, can be distorted by the phenomenon of bacteria mimicry and then must be repeated in a more specific way in the inflamed areas of that specific patient. Another point is the error that is made, for example, in the *distinction* between multiple sclerosis and an overlapping symptomatology produced by these bacterial pathologies. The pathology is the same, only that in one of the two a probable cause was found.

Now let us consider some scientific works and a few facts. There is this publication: "Immunologic Reactivity Against Borrelia burgdorferi in Patients With Motor Neuron Disease" by Halperin et al.[1], Archives of Neurology, May 1990, Volume 47, Number 5, pages 586-594 which states that at a first analysis 11 of 24 patients with ALS were positive for Lyme, but with more sophisticated analysis it reached 88% and because some infected individuals do not show positive results, it is highly probable that 100% of the reported cases were Lyme positive. This fact was considered a coincidence since it does not give value to Lyme forms considered no longer active. However considering that the American population is positive at Lyme for 0.85% the data should not be taken lightly. Certainly it should not be considered a coincidence.

Then there is the case of American veterans who for their work are more easily contaminated by ecto-parasites and in fact many of them are positive for Lyme disease. In veterans, the percentage of people with ALS is very high and if we consider that one of the manifestations of Lyme disease is depression and suicide, the fact that 7,300 veterans commit suicide every year poses a strong suspicion of a correlation. If we consider that these soldiers are vaccinated for many types of diseases due to the fact that they have to travel around the world and go to risk areas, the immune system's direction towards other infectious agents eliminates defences towards chronic infections like bartonella and borrelia which at that point proliferate and give the best of themselves.

Another interesting scientific work is "Seroprevalence of Bartonella henselae in patients awaiting heart transplant in Southern Italy." (Picascia et al.)[2], here is highlighted that out of 24 patients waiting for heart transplant, 21% were positive for bartonella, while a sample of 50 people from the same areas was completely negative.

As we have seen many serious pathologies can be related to these diseases. If we then think that these compromise our immune system, which is our internal sense organ that protects us from cancer, why exclude them as cancer causality? This in the sense that every type of causality that increases the organism’s entropy inevitably

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predisposes towards tumour and this vision could be the key to move us forward on the road to resolving this scourge. To be clearer I am stating that the tumour depends on whatever increases entropy and therefore these bacteria could also be one of the many causes.

But back to Borrelie and Bartonelle, the difficulty of diagnosis and therapy depends on the these bacteria's mimicry phenomenon, to be clearer I present an extract of the work of Paolo Maccalini, who graduated in Genetics and Molecular Biology with the work "Autoimmunity in Lyme disease" in 2017.

"The neurological consequences of Lyme disease include more or less severe cognitive deficits (which altogether take the name of Lyme encephalopathy) and various forms of myelopathy and/or peripheral neuropathies. Overall these disorders do not respond to the antibiotic treatment currently in use and it is not clear whether this is due to a persistence of the infectious agent, to nervous tissue damage or to infection induced immune pathologies. Below I propose my review of the (certainly incomplete) literature on autoimmunity in Lyme disease.

*In 1988, Sigal found that serum from Lyme patients with neurological symptoms showed IgM that bound itself to human axons. This type of cross reactivity was absent in the serum of Lyme patients without neurological symptoms. In 1993, Dai and coll. demonstrated that a monoclonal antibody (*H9724) *specific for the flagellum p-41 of Borrelia burgdorferi, cross-reacted with human axons. In particular, it was possible to identify the auto- antigen that turned out to be the* HSP60 *protein. In the same year it was verified that the serum of patients with Lyme disease that cross-reacted through the monoclonal antibody* H9724 *with human axons, was bound to the* HSP60 *protein. It was therefore understood that this fact played a causal role in Lyme disease peripheral neuropathy.*

*In the spinal fluid of European patients with neuro-borreliosis, a marked response was reported with increased IgM and IgG against ganglioside GM1 (*Weller, et al., 1992*). These auto- antibodies were interpreted as a response to nervous system damage produced by infection, or as auto-antibodies produced against the pathogen agent due to molecular mimicry (*García-Moncó, et al., 1993*). Anti-ganglioside antibodies are commonly associated with damage to the peripheral nervous system.*

*Anti-cardiolipin antibodies have been found in patients with Lyme disease, particularly those with neurological problems. The anti-cardiolipin antibodies react against central nervous system antigens (the phospholipids cephalin and sphingomyelin) (*Harris, EN, et al., 1984*) and therefore - theoretically - could be causally linked to cognitive disorders of Lyme encephalopathy.*

*In 2005, antibodies against the surface protein A (OspA) of B. burgdorferi resulted cross-reactive with brain, spinal cord and dorsal ganglia human neurons (*Alaedini, et al., 2005*). In 2010, antibodies against the central nervous system were detected in 41 of 83 (49.4%) Lyme patients with chronic symptoms, both seropositive and seronegative. Patient serum contained antibodies that attacked cortical pyramidal neurons and dorsal ganglion neurons (*Chandra, et al., 2010*). In 2013, it was observed that about half of patients with chronic Lyme disease symptoms and cognitive dysfunction had reactive antibodies against central nervous system tissues (*Jacek, et al., 2013*).*

Autoimmunity from auto-antibodies is only half the story, when it comes to autoimmunity, the other half is represented by auto-reactive T cells, in fact some studies suggest the presence of CD4 + T cells that attack the central nervous system, both in acute Lyme(Lünemann, et al., 2007*), and chronic Lyme (*Martin, et al., 1988*). So?*

Just as antibodies against an infectious agent may remain for years or decades after the infectious agent has been defeated, similarly auto-antibodies induced by error during the immune response to Lyme disease could last for a few years (or always) after the infectious agent has disappeared. It is difficult to say what role auto-antibodies and auto-reactive T cells have in Lyme disease, but it is plausible that they are responsible - at least in some cases - for the disease's chronic symptoms and for failure to respond to antibiotics. "

Surely this is pathological evidence of this disease, but also the ability of bacteria to change shape and become unreachable by antibiotics is an eventuality that must be taken into consideration. From my veterinary experience antibiotics have an important but not substantial role. In the sense that they must be given, but in cycles, waiting for the bacterium to reacquire the aggressive form. The continuous administration of antibiotics even for years could even be contraindicative because it stimulates the bacteria to sink into the labyrinth of the affected organs such as nervous and ophthalmic system stimulating the autoimmune effect. In my experience antibiotics must be used in cycles and together with the subsystem that stimulates and modulates the immune system. Returning to the concepts of modern physics, these bacteria increase entropy locally in order to survive, but over time increase all the organism's entropy leading to the development of very serious pathologies.

So far the idea has been to destroy bacteria permanently, as in tumours the goal is to destroy cancer cells by any means. But regarding the latter disease I refer to what Professor Maurizio Pianezza told me: *"cancer is like a lion, it should not be killed, but a cage must be built around it "* . In the sense that if we hurt it, it can become even

more dangerous. The we must adopt the same philosophy with these bacteria, that is, we have to hit them with the antibiotic when they show themselves and we must restore a state of low entropy allowing the immune system to reset itself.

For example in veterinary a pathology from spirochete (leptospira) with ocular localization reported in the horse is ERU, Equine Recurrent Uveitis. A pathology considered exclusively immune-mediated as post-infection, and treated with immune-suppressants that have a symptomatic effect and therefore only for a certain period. In this disease, the subsystem, used in the correct way, has instead an immune- modulatory and not immunosuppressive action, developing a therapeutic effect on causality and anatomically and functionally restoring what is still savable in the eye. Therefore, in pathologies from Borrelia and Bartonella, where we suspect that the germ survives and there is also an autoimmune reaction, antibiotic cycles together with the subsystem help to control the bacteria and the immune alterations that can be catastrophic because they are linked to increase in local entropy first and then after to generalized entropy, (of course my experience is only veterinary). Often, however, at the beginning of the treatment, there are serious readjustment inflammatory reactions that are not easy to keep under control in sick animals, and sometimes the battle lasts for years. To help you understand how these diseases could be catastrophic I will give you an example of a probable consequence of a decrease in localized entropy due to Borrelia. Many people suffering from Lyme disease in Friuli, Veneto and Trentino, where the Borrelias typology or association causes a very severe symptomatology, one of the most obvious symptoms is recurrent pain in an area under the ear/first cervical vertebra. Now on the occasion of the 10th international conference on head and neck tumour treatment, it emerged that in the Triveneto geographic area that includes the Veneto, Friuli Venezia Giulia and Trentino Alto Adige regions - the incidence of head and neck cancers is much higher than in other Italian regions. This can cause a "synthesizing" physician to strongly suspect that the entropy increase caused by these diseases in that area may be involved. On the other hand the increase in entropy, physiological in aging, assisted by these chronic forms can provoke pathologies in the part of the body that is individually more sensitive.

The therapeutic strategy, which in veterinary initiates with antibiotics, probiotics, immunostimulants and the subsystem, is very promising. In this context the blood stem cells have the requisites to change this pandemic: entropy reduction, the immune system’s re-modulation and the nervous system’s cells reactivation if still possible. Because of this, therapy should be started as soon as possible after diagnosis or strong suspicion. Of course not all the consequential pathologies to these bacteria

will be curable, but as of today I see this as the only way. At least it has been the way with best results in veterinary medicine.

I now want to report a disease that has increased exponentially in recent years just like Lyme disease and Bartonellosis, Autism.

"The Nobel Prize winner for medicine, Luc Montagnier, the first to identify the AIDS virus in 1983, had been working for a few years on neurodegenerative diseases such as Parkinson's, Alzheimer's and autism that could be of an infectious origin and according to him also be fought with antibiotic therapy. Autism in particular, according to a study conducted on 200 children, could be treated with good results also with antibiotic therapy.

Dr. Philip Raymond is part of the "Chronimed" working group, which brings together 15 doctors around Professor Luc Montagnier. This group works on the likely infectious causes of some chronic diseases including autism. Their work began after the establishment of infectious indications, both somatic (clinical symptoms) and serum (antibodies) in people with autism. According to P. Raymond, autism is multi-factorial. Granted that there are genetic causes of autism, toxic causes whose toxins have different origins: they can be produced by intracellular bacteria that invade the vascular wall and secrete vessel constricting and neurotoxic toxins, or they can also be caused by environmental factors (pesticides, heavy metals, etc.). All causalities that have a negative affect increasing entropy.

Their origin can also be from food: different food intolerances, favoured by chronic infections (intestinal dysbiosis leads to intestinal permeability) and above all gluten and casein intolerances, where results after the abolition are sometimes spectacular, especially in children with autism and associated digestive disorders.

These environmental and toxic infectious factors could explain, on one hand, the incredible explosion in the spread of autism in the last years, and on the other, the fact that the overwhelming majority of autism today is of a regressive type and no longer from birth as before. P. Raymond takes us back to an article by the American psychiatrist Robert C. Bransfield, who enumerates all the bacteria or viruses involved in autism spectrum disorders [3] including, among others, Borrelia, Chlamydia, Herpes, Mycoplasma, etc. In our analysis we often find positive serological data. Often these children with autism have many physical signs that reflect a chronic infectious state: recurrent fever, night sweats, cold extremities, chronic cough, chronic rhinitis, chronic conjunctivitis, pallor, circled eyes, eczema, chronic diarrhea ... According to the his personal experience, each of these symptoms is present in 22% to 56% of cases.

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P. Raymond notes that the treatment of these infections with staggered antibiotic cycles, (the same technique that I use in veterinary medicine) can often reduce the autism symptoms. However, he recognizes a failure rate of around 20%. In more detail, the results of a personal work recently presented in Bordeaux on 51 autistic patients, are as follows: for 51% of children treated improvement is rapid and constant from the first month of treatment. For 30% it is slower and can be cyclical. Finally, for 19%, treatment fails or is interrupted. These results are confirmed by other doctors who have implemented this type of treatment (in total over 120 children currently treated). During the first months of treatment, if the interruptions are too long, one observes a recurrence of the physical symptoms, also of the behavioural ones, which had disappeared. All these symptoms disappear again two days after resuming treatment!

Why do you not publish your results? What are the obstacles at present and how much would a double blind study cost?

This study is still recent and the group is working on publishing the results. Unfortunately, neuro-psychiatrists follow ancient methods without considering and following these treatments even in the presence of obvious symptoms. Other studies will be easier to do if there is collaboration with specialized hospital services. The "Chronimed" group would like pharmaceutical companies to be interested in this project. To date, the study protocols are under development and there could be significant results within 3 to 6 months at most. A more advanced study would cost between €200,000 and €300,000, and would therefore be potentially financeable by an institution.

Are there any publications on your study topic?

P. Raymond explains that the association between neuro-developmental disorders and infections has been studied for a long time. He cites international publications in this regard: a 1988 American study (Tanoué) showed that a child was more likely to develop regressive autism after hospitalization for pneumonia. Subsequently, in 1995, the Ciaranello study[4] (confirmed by the Wilkerson[5] study of 2002 and Atlodottir [6]in 2010) showed that pregnant women are at greater risk of giving birth to an autistic child if the mother was hospitalized in the second trimester of her pregnancy for pneumonia. Now, the bacteria studied by Professor Montagnier's group are precisely those responsible for pneumonia. Since 1989, Dr. Bottero had already published the remarkable reduction of symptoms in an autistic child suffering from Rickettsia

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infection, right from the first antibacterial treatments. Canadians and Americans have extensively demonstrated immune dysfunction for autism (V. Singh and El Dahr). Professor Garth Nicolson has frequently published studies on the relationship between autism and chronic infections, including studies showing that in 40% of the cases of autistic children in California, the Mycoplasma infection was present. Robert C. Bransfield has also published articles that establish the link between Borreliosis and autism.

What is your opinion about the theory of vaccination as a probable triggering cause of autistic symptoms in many children?

P. Raymond reminds us that a number of parents of autistic children (about 10 to 15%) described that their child's regression happened suddenly within hours or days after vaccination. Helen V. Ratajczak makes different assumptions about it. We can add a further hypothesis: the immune modulation induced by the vaccination would allow a previous latent infection to develop (notion of favourable ground) P. Raymond quotes a sentence that Louis Pasteur would have said at the end of his life: " Antoine Bechamp was right, the microbe is nothing, the terrain is everything ".

As you can see the relationship between neurodegenerative and infectious diseases is super-imposable to what I found in veterinary medicine, I had also intuitively suspected a certain relevance between Lyme and autism and had spoken to Dr. Franco Verzella president of the *Scientific Society for the Principle of Precaution and for Medicine based on the 4P* (SSPP) that deals a lot with autism.

Still on the subject of Autism, Professor Guido Buffoli, neuro-psychiatrist, asked me for an explanation of this disease and its symptoms on the basis of theoretical physics involving Borrelie, Bartonelle, vaccines and entropy.

" *Dear Marco, it seems to me one of the clearest and most organic articles amongst the last one that you have written, I would like you to describe to me a possible interaction between Borrelia and Autism in two different hypotheses: how strong pre-existing psychogenic traumas could favour the onset of the disease including the easiness of neurological bacteria to take root and why is there in the symptomatology of autistic closure an incontrovertible energetic commitment that the Autistic person sinks into in their existential manifestations that could contradict an increase in entropy. Thank you Guido "*

We hypothesized that one or more of these bacteria can live with the organism, for a young child the most probable way of contamination is trans-placental. The pathological manifestation of the bacterium is contained by the immune system which is our internal sense organ, and these are an element of the "very informed"

organism, that is, an essential tool for informative energy. The immune system is one of the keys of the "piano" that the "pianist", informative energy, uses to keep the body healthy. Now let us say that new virtual information is introduced with the vaccines that direct the immune system to take care of other things. Informative energy finds itself without those piano keys on which to play to contain the devastating Borrelie and Bartonelle actions on the nervous system. In this situation we assist in the activation of the turbulences and attractors tied to bacteria with information and purposes other than those of the organism, the result is a contrast between two informative energies with local increase of entropy. Of course it is not only the infectious agents that cause Autism , but every physical and psychic factor that creates destabilization and increases entropy can be the causality, the coexistence of more factors increases the probability of manifesting Autism.

The PNEI, Psycho-Neuro-Endocrine-Immune system, maintains its fundamental importance in every physiological and pathological phenomenon in this new vision and is assigned the role of "piano" on which the information that dictates the laws to the organism's " deterministic chaos " is played. The shortage of information makes the PNEI not very usable, but vice versa an alteration of the PNEI in all or one of its components does not permit correct information .

To answer Professor Buffoli's second question, in Autism there is a shortage of informative energy, while the chemical, electromagnetic and absolute energy continue to be present and can give a lot of strength to an autistic organism. In this context however they are energies that do not receive the informed purpose.

In the reactivation of chronic bacterial diseases we have put on trial the exasperated use of vaccines and for the same reason the protracted treatment with various types of antibiotics can also be counter-indicated. Vaccines and antibiotics are fundamental weapons that come to aid health, but because they are weapons they must be used with intelligence .

If we administer different antibiotic types to counteract Borrelie and Bartonelle for a long time period we inevitably destroy the gut microbiota , that is all the physiological intestinal flora that on one side serve for nutrient absorption and on the other to prevent pathogen germ proliferation and their introduction into the organism. There are many studies that give importance to an orchestrated intestinal flora because it has been seen, and Marco Corti is a supporter of this, that any healing cannot disregard a good intestinal flora. Now the explanation based on theoretical physics is the same as the previous one: if one introduces new infectious agents that penetrate into the organism due to microbiota imbalance (in this case in a real way, not virtual as in vaccines), the immune system is focused elsewhere and chronic infections can

impose their information producing entropy. Ultimately entropy is directly proportional to the pathological state and inversely proportional to information therefore anything that it produces causes illness. The less a therapy produces entropy the more the beneficial effects will be greater so the case is to make use of antibiotics and vaccines coherently.

I developed a futuristic therapy in veterinary care for Lyme and Bartonellosis disease with ozone and stem cells together with cycles of antibiotics repeated always more blandly and on this I presented the work " Experimental protocol in veterinary on Borrelliosis (Lyme Disease) and Bartonellosis, concomitant cause of many serious pathologies treated with antibiotics, oxygen/ozone therapy and autologous stem cells." At the World Conference on Ozone Therapy in Medicine, Dentistry and Veterinary congress in Ancona (Italy) - September 22nd -23rd -24th, 2017.

However I highlighted, together with other bacterial factors, also bartonella that often co-infects with Lyme. This bacterium has an endothelial location, produces neurotoxic toxins and inhibits heavy metal elimination.

Precisely because of this it results as being one of the most suspected factors predisposing autism. More than thirty kinds of Bartonelle have been found of which over 16 are pathological for humans. More than one of these infectious diseases suspected of falling within autism causality can be transmitted via the placenta, so can attack children, which explains why vaccinations should to be done by a doctor who does a 360°check of the child's health. To a child with symptoms that cause suspicion of a chronic infectious pathology the doctor should have serious scruples about exposing the child to a " generalized " vaccination program, no authority, neither a pharmaceutical industry , nor a government can take the place of pediatricians that are aware of their own responsibility . It is they that should decide to put off the vaccines to another moment or to do only those more necessary, etc ... (of course this is the thought of a veterinarian that has nothing to do with the obligatory human vaccines). Just last month I did a check-up on an important race horse that was dying, positive to Borrelia, that reacted to antibiotics to the subsystem and ozone . The horse had been racing internationally up to three months before, then it seemed burnt- out. I noted that 15 days before the collapse it had received in one day three types of vaccines that normally are staggered out. So you must vaccinate , but be aware of what one is doing. How many of us are affected by Borrelia and Bartonella ? More than we think because sick people with a good immune system show few symptoms or are asymptomatic. Fortunately in veterinary it was much simpler to carry out a more structured therapy where together with the administered antibiotic cycles like the Luc Montaigner group I could insert both the ozone's

antibacterial and energy action and the stem cells' regulating and regenerative action. To clarif , ozone has an energizing and antibacterial action if administered together with the antibiotic when a herbal therapy, that destroys the germs' protective network with which they defend themselves so they become inaccessible to antibiotics and antibodies, has also been given, one obtains a huge bacteria death with a severe clinical inflammatory symptomatology due to the " bacteria corpses " that are also released into the central nervous system. Cerebral lesions and the consequent neurological degenerations created by the bacteria can be improved if not healed by introducing pluripotent stem cells systemically with a new treatment based on physics modern concepts. Therefore the subsystem can be part of the therapeutic strategy provoking new situations. Let us look at a chronic case that despite repetitive antibiotics cycles, the taking of herbs that destroy the germs' protective network, ozone therapy and biophotons, is still highly compromised and manifests chronic fatigue, fibromyalgia, depression, insomnia and many other neurological forms. In this case the subsystem therapy can reactivate the silenced attractors and turbulences, inhibiting the specific entropy evolved from germs and provoke an immediate reactivation of the immune system that returns to being able to fight the bacteria creating a new battle field with bacteria deaths and immune system reactions. That is new pains and inflammation that are added to other therapeutic actions, but in horses and dogs can result in a decisive change, sometimes the only one. Therefore we find ourselves in front of symptomatic worsening that often, in other therapeutic contexts, is considered positive. Indeed some illnesses that resolve themselves by resorting to homeopathy and acupuncture before arriving at healing, show a worsening, called " homeopathic aggravation ". This is because new turbulences are introduced and hidden attractors are reactivated.