IMMUNE ASPECTS OF LYME DISEASE FAILURES

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Numerous patients have arrived at the Environmental Health Center – Dallas (EHC-D) with complaints that they have had the antibiotic treatment for Lyme disease for plus or minus two years and are getting worse.
They now cannot tolerate antibiotics, other medication, and have developed odor sensitivity.
They have now become intolerant to molds, foods, and other chemicals such as phenols, natural gas, alcohols, perfumes, formaldehyde, and numerous other odors.
Many have developed weight loss and malnutrition because they cannot tolerate many of the nutrients their physicians have suggested.
Some have developed electrical sensitivity in addition to mold, food, and chemical sensitivities.
We have found that using a regime of the following helps:

1. Massive avoidance of pollutants in air, food, and water
   - Less polluted water, i.e., spring or distilled and filtered water in glass bottles
   - Less polluted (organic) food and rotary diet
   - Less polluted living quarters and work areas
SPRING WATER BOTTLED IN GLASS
SPRING WATER - GLASS BOTTLES

FILTERED WATER

CERAMIC

STAINLESS STEEL CASE

DESTILLED WATER

CLEAN BATHING AND DRINKING WATER

CARBON CORE
BASED ON OUR DATA - 5,000 PATIENTS WELL ON JUST EATING ORGANIC FOOD

25,000 HAD ORGANIC FOODS AS A NECESSARY PART OF THEIR TREATMENT REGIMES
We have found that using a regime of the following helps (cont.):

2. Intradermal injection therapy by the Method of Lee for molds, foods, chemicals with preservative free antigens.
PROVOCATION AND NEUTRALIZATION SKIN TESTING
ANTIGEN THERAPY
We have found that using a regime of the following helps (cont.):

3. Nutrient supplementation –
   oral, injection and/or IV
NUTRITION (1)

ORAL AND PARENTERAL NUTRITION IS NECESSARY. THE FIRST LINE OF THERAPY IS
NUTRITION (2)

ALKALINIZATION

TO KEEP THE

DETOXIFICATION

SYSTEM ALKALINE.
NUTRITION (3)

AN ALKALINE pH IS OBTAINED BY THE ADMINISTRATION OF TRISALTS CONSISTING OF
NUTRITION (4)

SODIUM BICARBONATE,

POTASSIUM BICARBONATE

AND CALCIUM CARBONATE

IN A 3:2:1 RATIO.
NUTRITION (5)

ANY OF THE THREE CAN BE DROPPED IF NECESSARY DEPENDING ON THE PATIENT’S SENSITIVITY.
NUTRITION (6)

START WITH

ONE TEASPOONFUL

IN A GLASS OF WATER (240 ML)

FOLLOWED BY A GLASS OF WATER.
NUTRITION (7)

THEN, THIS CAN BE REPEATED SEVERAL TIMES UNTIL A REACTION IS OVER.
NUTRITION SUPPLEMENTATION AND REPLACEMENT IN ORDER TO ASSURE THAT THE NUTRIENT POOLS
NUTRITION (9)

ARE FULL FOR RAPID RESPONSE AND THE DEFICITS ARE CORRECTED FOR NORMAL DETOXIFICATION.
We have found that using a regime of the following helps (cont.):

4. Oxygen therapy – 2 continuous hours
   with cellophane reservoir and glass aerating bottle
LOW PHTHALATE TUBING, GLASS HUMIDIFIER, CERAMIC MASK AND CELLOPHANE NON-TOXIC BAG  1 – 800 – 428-2343
OXYGEN THERAPY WITH NON-TOXIC CERAMIC MASK AND BAG
We have found that using a regime of the following helps (cont.):

5. Immune modulators for T&B cell deficiency and gamma globulin deficiency
   a. ALF (Autogenous Lymphocytic Factor)
   b. Gamma globulin
We have found that using a regime of the following helps (cont.):

6. Physical therapy – sauna, massage, exercise under environmentally controlled conditions
MASSAGE
SAUNA HEATERS: INFRARED & STANDARD ELECTRIC
We have found that using a regime of the following helps (cont.):

7. Surgery – rare – too long colon or removal of infected or affected organs.
EMACIATED PATIENT

5 March 1992
COLON
BEFORE
SURGERY
COLON

AFTER

SURGERY
PATIENT AFTER SURGERY
Most of these patients do well and though wounded can be returned to society.
Our series of the first forty patients show that:

1. 35 developed a tolerance for molds, food, and chemicals.

2. 38 lost their electrical sensitivities.

3. 10 who needed antibiotics could then tolerate them.
Our series of the first forty patients show that (cont.):

5. 30 needed non antibiotics because of restoration of their immune integrity with reinstitution of the Phagocytic index indicating antibacterial killing capacity.

Our series of the first forty patients show that (cont.):

7. 2 patients continued to get worse.

8. One needed a partial colectomy to shorten colon and restore normal bowel function. Two needed cholecystectomies to instill normal GI function.
Our series of the first forty patients show that (cont.):

It is clear that environmental treatment was efficacious for these severely ill patients who had Lyme disease.
Conclusions:

1. Severely ill Lyme patients may need immune modulator.

2. Severely ill Lyme patients may need antigen injection therapy.

3. Severely ill Lyme patients may need oxygen therapy.