Why Lyme Disease Is Mankind's Biggest Health Problem

The answer to this question affects more than 80 per cent of the theory and practice of modern conventional medicine.

In the present report I shall confine myself only to the range of topics of the current Balkan Medical Week:

- 1. The metabolic syndrome;
- 2. The sexually transmitted diseases;
- 3. The degenerative diseases.

For these 10 minutes that I have at my disposal, I can present my developments and claims mainly in the form of theses and conclusions. The time is not enough for adducing arguments and analyzing but I am ready to answer any questions in detail during the discussion hour. At the same time I announce that I am looking for serious partners in order to conclude the studies on some of my theses, hypotheses and theories.

Firstly. About the Sexually Transmitted Diseases (STDs)

The Lyme infection is in fact the most widespread venereal disease and it is exactly the lack of understanding - and there are no limits to it - that constitutes one of the reasons for it being the largest-scale all-seasons epidemic on the planet.

This assertion should not surprise anyone because the Borrelia burgdorferi infection is not just transmitted by tick bites as accepted by conventional medicine but through more than 25 other routes as well: through sexual contact, mosquito bites, by birth (from mother to child), through blood transfusion, breastfeeding or the tears of the infected mother, etc.

Unlike chlamydiosis, where the non-infected sexual partner is infected for sure by the time of the fourth contact at the latest, the contraction of Lyme disease is guaranteed to happen not later than the second contact.

Secondly. About the Metabolic Syndrome

The time has come to understand that **this nosological unit must be abandoned** since no one can specify its etiology or name the prime cause for the symptoms and subsymptoms it encompasses: (a) obesity, (b) hypertension, (c) dyslipidemia, and (d) diabetes. In fact at the root of all biochemical processes that cause unexplained:

- 1. weight gain or loss;
- 2. hypertension, hypotension or fluctuating blood pressure;
- 3. **dyslipidemia** with all its varieties; and
- 4. diabetes type 1 and type 2

most frequently lie unrecognized infections and in the first place **unidentified Lyme infection**.

There is too much evidence but not enough time to present it here and now. In any case today's medical science is not able to explain clearly, specifically and convincingly what is the cause for any of these symptoms-syndromes or for their simultaneous presence in the patient who receives the "diagnosis" metabolic syndrome. Perhaps it is much more convenient, at least until the real origin of this condition is determined, to designate it - as some authors do - as **"Syndrome X"**.

Thirdly. About the Degenerative Diseases

It is difficult to even write the names of all the pseudo diagnoses that form part of this group and speed up the aging process. I say "pseudo" since they are not real, etiologically determined but just descriptive, inadequate, symptomatic diagnoses.

Naturally, such is also their treatment - symptomatic. The results are of course only temporary, non-persistent, unsatisfactory, palliative. I am talking about the most significant, widespread, **most fatal degenerative diseases, which are responsible for over 90% of the world mortality:** diabetes, asthma, arthritis, arthrosis, fibromyalgia, heart failure, atherosclerosis, arrhythmias, heart attack, stroke, Hashimoto's disease, schizophrenia, paranoia, chronic fatigue syndrome, Parkinson's, Alzheimer's, MS, most of the so-called autoimmune, skin, rare and some of the oncological, etc. "diseases". Add to them as well ALS (amyotrophic lateral sclerosis), tinnitus, systemic lupus erythematosus, scleroderma, anemias, allergies, myasthenia gravis, Crohn's disease, Peyronie's disease, lymphomas, etc. **For the time being this list includes 127 conditions.** All of them originate MAINLY from unrecognized infectious etiological factors and primarily **chronic Lyme disease (CLD).**

This has been proven through comprehensive diagnosing of more than 1000 patients from all over the world. One of the proofs for the correctness of the diagnosis is the healing effect that exceeds even the best achievements of the conventional antibiotic therapy in such cases. The treatment applied by me is also comprehensive: with licensed natural food supplements from the USA, India, Japan, Finland, South Africa and Bulgaria. The adverse side effects are absolutely out of the question.

The sensational therapeutic effects result completely logically and naturally from the etiological diagnosing, which precedes the etiological treatment.

I shall give only one example. The female patient R.I. (83) suffered from **obesity, hypertension, dyslipidemia, diabetes** (in short, metabolic syndrome), **Parkinson's** and other conditions diagnosed by her family doctor and highly qualified physicians. The drug therapies prescribed by them were applied for years with no success. After the patient got tested and diagnosed by my method, which includes an original **Symptomatic and Laboratory test**, **chronic Lyme disease** was identified.

After a 3-month treatment with natural food supplements following my protocol, the patient discontinued her diabetes, hypertension and Parkinson's medication. The results from her tests made in the "Lechitel" laboratory as well as by her previous treating doctors showed that the blood sugar, lipids and blood pressure are within the normal limits, and the walking stick she used to support herself because of the Parkinson's was left to us as a gift.

Conclusion.

The existing standard serological tests on which relies the conventional diagnosing of the Lyme borreliosis (ELISA, PCR and Western blot) manage to detect just 1 or 2% of the cases of chronic Lyme infection. In the spring of 2005 I developed a Comprehensive Method for Optimal Diagnosing of CLD. It is fast, inexpensive, convenient and many times more reliable compared to the standard serological tests.

As I already mentioned, this method consists of two diagnostic tests: the **Symptomatic Integral Test** and the **Laboratorial Indirect Test**.

I. What the **Symptomatic Integral Test (SIT)** is and how it is applied? It includes more than 150 clinical symptoms that can be linked to **the Lyme infection - Borrelia burgdorferi**. The test is filled in by the patient.

- More than **40 symptoms** checked can designate severe, advanced chronic Lyme disease (CLD).
- More than 30 symptoms checked indicate conclusive, proven CLD.
- **20-30 symptoms** point to a high probability for CLD.

- The single specific symptom of Lyme disease recognized by orthodox medicine **erythema chronicum migrans** plays only a subsidiary, complementary role in my Symptomatic Integral Test.
- I work instead with about 15 highly informative, not to say specific, symptoms. These along with my rich clinical experience with tens of thousands of patients allowed me to diagnose correctly CLD in more than 50 cases based on just 2 to 4 symptoms!

II. What the Laboratorial Indirect Test (LIT) is and how it is applied?

It includes seemingly routine, familiar, trivial indicators: full blood count, full lipid panel, blood sugar, potassium, calcium, sodium, uric acid, CRP, urine, etc.

The essence of this test of mine lies in **the new interpretation** of the lab results.

Where all the results are within the reference range or just slightly above the norm and where even the most experienced therapists do not see a reason for concern, I can see a definite CLD diagnosis. **4 to 5 such indicators are enough for me, and with 10 indicators we already talk about severe CLD.**

The combining of the Laboratorial and the Symptomatic test gives **more than 90% reliability to this diagnostic method**, which definitely goes beyond the scope of a single diagnosis - Lyme borreliosis.

More details and specifics about the two tests will be given in a publication, which is expected to appear by the end of 2006.

As has been known for centuries, **those who diagnose well, treat well**. September 3rd, 2006

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