INFLAMMATION THERAPY

A NEW TREATMENT FOR CHRONIC DISEASE

What is Inflammation Therapy?
Inflammation Therapy is a treatment for chronic disease involving a combination of lifestyle factors and medications designed to enable the immune system to fight the disease.

Who developed Inflammation Therapy?
Inflammation Therapy is an update of a treatment protocol developed by a team of researchers in 2001 to treat sarcoidosis. It has since been adapted and modified by medical practitioners.

What causes chronic disease?
Inflammation Therapy is based on the theory that numerous diseases involving immune system dysfunction, such as sarcoidosis, Lyme, chronic fatigue syndrome (ME), fibromyalgia, lupus, rheumatoid arthritis and many others, are caused by cell wall deficient (CWD) bacteria of various species, also known as L-forms. For over a century the presence of these L-forms has been documented, and many researchers have speculated that they could be the cause of chronic disease.

These bacterial forms appear to hide safely inside the white blood cells of the body's immune system, the very cells which are meant to kill them.

Throughout our lives, we build up a collection of bacteria of various species, until the immune system is so weakened by them that we develop symptoms of one chronic illness or another, or, later in life, symptoms we associate with aging, such as Parkinson's disease and Alzheimer's.

Lifestyle factors undoubtedly play a part in helping or hindering the immune system in its lifelong battle against the invaders.

In an exciting development, some conditions thought to be lifelong and incurable are responding to Inflammation Therapy, such as hypertension, hypothyroidism, osteoarthritis and diabetes.

How is diagnosis made?
Detection of inflammation is accomplished with two basic blood tests, the D-metabolites (vitamin D): 1,25-D and 25-D. Symptoms and other test results may also be indications.

What lifestyle changes are needed for Inflammation Therapy?
An essential part of Inflammation Therapy is avoidance of foods and supplements containing vitamin D, to maintain 25-D at a level that won't inhibit immune system function.

Many patients, to varying degrees, need to avoid exposure to sunlight and bright lights, to maintain tolerable symptoms.

What drugs are used?
The key part of the therapy is the regular use of the Angiotensin Receptor Blocker olmesartan medoxomil (‘Benicar’/’Olmetec’). Then carefully selected low-dose antibiotics are added gradually in a pulsed schedule.

Who supervises the treatment?
The patient’s medical practitioner prescribes the drugs and monitors progress. Guidance and support from Registered Nurses experienced with Inflammation Therapy are available on the Internet from a non-profit service at www.ChronicIllnessRecovery.org for a reasonable fee (reduced in cases of need).

What side-effects are there?
As the bacteria die they release their toxins into the bloodstream, causing a temporary worsening of symptoms that can last anywhere between seconds and days. This is known as the Jarisch-Herxheimer reaction and is not a true side-effect, but a sign that the treatment is working. If symptoms become too strong the medications can be adjusted.

How long does the treatment last?
The length of treatment varies according to the bacterial load. Some recover quickly but some take a few years to experience significant symptom resolution. Some continue treatment indefinitely to control inflammation and prevent relapse.

Why not use higher doses of antibiotics to shorten the treatment?
Higher doses of antibiotics may cause a stronger Herxheimer reaction as the bacteria die; low doses keep this reaction under control. Also, it appears that some species of bacteria are weakened by lower levels of antibiotics. High doses of some antibiotics may suppress the immune system.

How much does it cost?
The medications, prescribed by the patient's doctor, are relatively inexpensive. Special sunglasses, regular routine lab work and clinic visits are required.

How successful is this treatment?
Doctors report successfully treating patients with Inflammation Therapy where other treatments have failed. We believe there are several thousand patients on Inflammation Therapy worldwide. The anecdotal recovery reports are encouraging, however, as with any treatment, not all patients see the desired improvements.

If Inflammation Therapy is so good why is it not being used more widely?
New treatments, especially those involving a new understanding of the cause of disease, take a long time to become part of general practice. Also, it’s more difficult to obtain acceptance of Inflammation Therapy because its efficacy and safety cannot easily be demonstrated with double-blind clinical trials.

For further information, visit www.ChronicIllnessRecovery.org