

Peter Alex

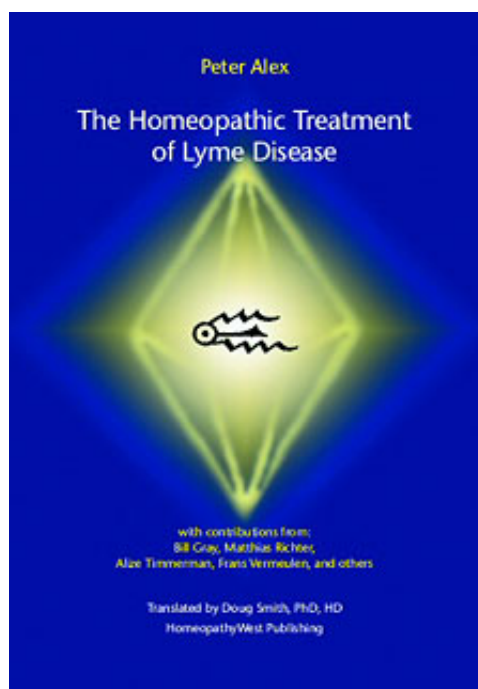
The Homeopathic Treatment of Lyme Disease

Extrait du livre

[The Homeopathic Treatment of Lyme Disease](#)

de [Peter Alex](#)

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What is Lyme Disease?

At the beginning of the 70's an unusual number of cases of juvenile rheumatoid arthritis were reported from the region around Old Lyme, Connecticut. From this town was derived the English name of the disease. Many of those affected said that they had noticed a skin outbreak before the joint pains set in, and a portion of these recalled tick bites in the past — in the very place where the skin lesions later made their appearance. In the beginning the disease manifested prominently in the late summer, during the period when ticks were normally at their maximum. Earlier reports of a skin disease that ran a similar course, called acrodermatitis, are available from the 19th Century.

The bacterium infesting the ticks was named *Borrelia burgdorferi* after Dr. Willy Burgdorfer, the researcher who isolated the spirochete in 1981. This gave rise to its present name, borreliosis.² Subsequently cases began turning up all around the world with the exception of Australia. Even arctic birds carried the borrelia pathogen.

Borrelia burgdorferi, the genospecies found in the USA, is associated chiefly with the arthritic form of the disease, termed "Lyme arthritis." Prevalent at more northerly latitudes, *B. afzelli* is thought responsible for the progression into acrodermatitis chronica atrophicans. *B. garinii*, the strain which appears in western Europe, is associated with a particularly severe neurological progression. However, the zones of contagion overlap.

Initially, the warmer regions of southern Germany were the more heavily infected, since ticks below a temperature of 10 C. are barely active, and most will freeze during the winter. Some biologists have claimed that the less severe winter weather of the past years is a cause for the explosive increase of borrelia-infected ticks.

In the meantime the contagion has since spread to all of Germany. This is verified by an official enumeration of recent infections state by state, which (without considering the considerable number of unreported or false negative cases) may lie around 250,000 instances per year. The region around Kraichgau in North Baden is most heavily affected, with

²Translators note. In this text with rare exception borreliosis is rendered as *Lyme disease*, the former disease-term being unfamiliar to English-speaking readers.

Hassler et al. Unding fully 17% of the population infected. Regarding the official count, a statistical artifact arises in the fact that after the initial skin manifestations, the condition often continues untreated on a subclinical basis, only to break out under immunodeficient conditions months or years later with aggravated symptomatology.

In her monograph on the subject, Fust warned in strong terms about the possibility of tick bites in the winter months. That is the season when people gather Christmas boughs in which living ticks may have taken up residence. The general reaction to this and similar warnings was one of denial. Indeed, the epidemiological concern with Lyme disease suffered a setback, such that in the majority of German states there was no official Obligation to report the disease until mid-2002. Anyone who came down with an exotic infectious disease, after (say) a ten-year sojourn in the tropics, was obliged to report to the health authorities, but not so for those who had fallen prey to the epidemic Lyme phenomenon.

People shouldn't count on their physician or naturopath to know more about Lyme disease than they do themselves. Even today, twenty years after the identification of the *Borrelia* spirochete and more than thirty years after the first modern description of the disease, it often happens that patients may consult a doctor who is completely uninformed about the disease. Unfortunately, such encounters still occur with some frequency.

For those who have been recently bitten, blood tests are taken to identify antibodies, while at the same time antibiotic therapy is initiated. After two weeks a further antibody test is made and — this proving negative — another success for antibiotics is announced. Of course this is pure humbug. Even in lay magazines it is plain to read that antibodies appear at the earliest four weeks and even later following a tick-bite. This means that any money spent either for the test or for the antibiotic treatment (let alone the damage to health) is simply thrown out the window.

During the summer of 2001, at a clinic specialized in neurology it could still happen that a sick person with clear indications of neuroborreliosis (see Case 10) could spend six weeks there, undergoing every conceivable (and expensive!) examination, without anyone thinking to perform a comparatively simple test for Lyme antibodies.

Since the Lyme spirochete (as with many other infectious diseases)

confers no immunity after a bout with the disease, a person can be newly infected with the microbe on each further exposure.

The transmission route of the infected tick leads from small rodents or ungulates (hence the American name, *deer tick*), through grass-stalks and bushes, etc., to which the ticks adhere. It finally reaches humans either directly or via the rambling of a dog or other domesticate. To be sure, among humans exposed skin surfaces make access easier for the ticks (see also the discussion of Prevention), but they also succeed amongst thickly haired animals, where they can find, as in the teat area, a place to make a puncture.

The notion, previously widespread, that ticks drop from above onto their victims, has now been discarded. In no field study have ticks been found higher than one meter above the ground. In their most active mode the creatures crawl from below to above. Ticks prefer thin, hairless places on the skin, which are hard to reach by affected humans or animals. When a suitable animal presents itself to the parasite, they are led via chemical and thermic pathways to these sites.

In Germany as well as North America people ordinarily speak of "tick bites." More accurately the tick actually stings its victim. Ticks have no teeth, but rather pierce the skin like a mosquito. While sucking blood the tick buries its sucking apparatus so firmly in the skin that any careless pulling or scratching will more likely tear off the body, while leaving the head behind (in this connection see also Prevention Using Homeopathy below.) As with most blood-sucking parasites, ticks inject an anti-coagulant enzyme into the puncture site, allowing them to suck for an extended period (if undisturbed, the tick's feast can last for 1-2 days.)

Laboratory research in the USA has established that it takes 48 hours at the earliest for the borrelia bacteria to transfer from the tick to the host organism. In my experience none of those affected observed such a long period of infestation. More than one-third of the patients seen in my practice are quite sure that they were never bitten by a tick at all. On account of these conflicting Claims, I am of the opinion that among humans the time-span from the tick bite to the transference of bacteria is either shorter than in the laboratory, or else there are pathways of transmission other than by tick puncture. The latter conjecture gains support from

observations that a Lyme-type erythema migrans can appear at the site of a mosquito bite (Melhom 2000). Other observers contend that the tiny millimeter-long tick larvae, whose bite is rarely noticed, could be the cause for infections that are not apparently due to ticks.

Since mosquitoes in our latitudes are also known to carry other epidemic diseases (for example, myxomatosis amongst rabbits), the suspicion arises that they also have their part to play in spreading Lyme disease. It is to be hoped that this might be researched from the epidemiological side. (Of course, to look for Lyme disease in a swarm of mosquitoes would not be a labour of love!)

Yet to be researched is the role of cat fleas as a disease vector.

For the time being we may assume on a conjectural basis that Lyme disease has something to do with our modern lifestyle, with some sort of imbalance in our social, emotional, physical, or mental hygiene, which makes it so easy in turn for these minuscule beings to attach themselves to us and then infest our System. Every disease, every epidemic has its correspondences on other planes, which is, so to speak, a collective message or signal to the affected group that something is not right. What that might be exactly requires further research, conducted - as Susan Sontag would urge — in a spirit of compassion rather than censure. I invite interested colleagues to work together to that end. An essential step towards understanding this phenomenon could be to prove the *Borreliosis* nosode as well as the chief vector, the *Ixodes ricinus* tick, in homeopathic potency.

Further, we have the interesting observation by Edward Whitmont, that — at least in the USA until the mid-90s — the Lyme zone is to be found encircling the conurbations. Urban as well as industrial centres, together with extensive unsettled regions, show no evidence of Lyme infestation. On this matter Whitmont's theory was that humans in their striving to live in nature — without, however, actually allying with her (reckless suburbanization has caused immense damage to the biotopes that had previously been unaffected) — unleashed this disturbance in the balance of nature. Unfortunately our colleague died before he had the opportunity to substantiate his theory.

The accelerating destruction through heedless sprawl (paving-over of open spaces, channeling or diverting rivers, clear-cutting of forests,

destruction of animal habitats) left a surviving biotope that served as a sensitive indicator — and one that swung in our disfavour. Not by chance does the initial expression of Lyme disease take the form of circular skin outbreaks! As *above so below*: the fundamental hermetic law cannot be more clearly expressed. As it goes with nature as a whole, so it goes with each and every one of us. We mustn't forget that those of us who want to go live in the woods, who want to live on the outskirts of the city or beyond, do so because they love nature. They want to hear frogs croaking and bluebirds singing, and to watch how the fox and the hare say goodnight. But they also want to roll smoothly into the garage with the second car, answer their mobile phone on the terrace, and have a supermarket nearby, where a mango costs less than a dollar. All of this is obviously too much for our environment. That too-muchness we know in homeopathic terms as sycosis. Many Lyme patients manifest sycotic Symptoms, as the case descriptions in Part 3 will make clear. Possibly in this way we draw closer to the root of all evil than we would like.

The natural balance threatens to tip, analogous to one of the head Symptoms of Lyme disease in its neurological form. There one finds a tremendous reeling vertigo, such as appears in only a few other diseases.

Synergistic Factors in the Origin of Lyme Disease

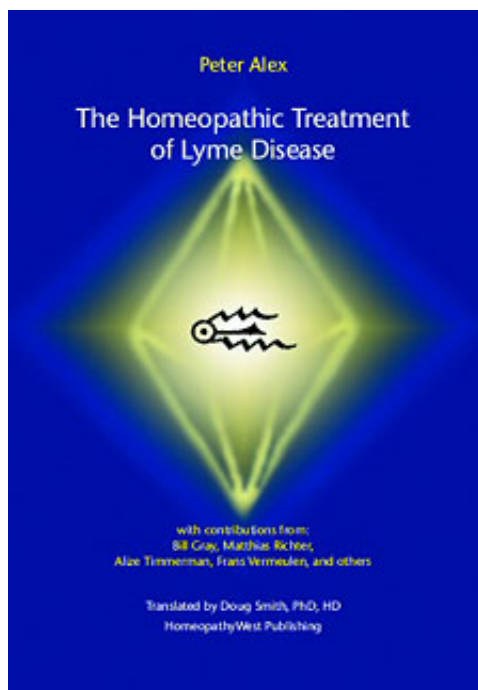
Several instances of Lyme disease, which resisted a successful resolution for some time, provided significant insights that I would like to bring to the attention of the reader, in order to establish whether other patients or therapists have had similar experiences.

In four neurological cases of Lyme disease I have ascertained that the affected person, right at the point when the pains began, used a mobile phone employing pulsed high-frequency transmissions. Either that, or directly in or near their home a transmitter such as this had been put into Service. The patients found themselves in neurological treatment for months or years with no benefit. In no case was neuro-borreliosis diagnosed, before I initiated the research, so that it cannot be said what came first: the electromagnetic field pollution, or the Lyme infection. In those cases where the patients installed a telephone with above-ground equipment, the homeopathic treatment brought about a sudden improvement (see Case 12.)

We are afforded an astonishing parallel here between, on the one hand, the typical close-meshed web of the mobile phone network creating neuro-pathogenic wave-patterns in our environment; and, on the other, the demonstrated efficacy of homeopathically-prepared spider poisons among Lyme patients. Pointing in the same direction is the fact that the chief vector of *Ixodes ricinus* happens to be a spider.

Several cases point to a link between Lyme disease and vaccination. An American microbiologist has recently isolated a botulin-like toxin as a metabolic product of the borrelia bacterium. Botulin toxin is better known as the metabolic product of *Clostridium botulinum*, a spore-forming bacterium; it is moreover the strongest bacterial poison known to man. Another bacterium of the same genus, *Clostridium tetani*, plays an accompanying (not causative) role in tetanus. As we know, tetanus vaccine, which is administered with increasing frequency by allopathic medicine, is involved as a causal agent in the origin of chronic neurological diseases. The connection with multiple sclerosis has been frequently demonstrated. In a case from my own practice a young woman became ill with multiple sclerosis shortly after receiving a second tetanus shot. As we know, many

neurological cases of Lyme disease are misdiagnosed by specialists as multiple sclerosis. It would thus be desirable to establish which of these factors exerts an influence. But here we need more accurate observations using a consistent recording format.



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