Protomyxzoa rheumatica

Clinical observations and experience
Ann F Corson MD
May 2, 2012
Protomyxzoa rheumatica

- This is a prodigious biofilm former that is incredibly difficult to eradicate
- Creates a hypercoagulable state
- When attacked it creates massive Herxheimer reactions with a tremendous increase in inflammatory cytokines and a worsening of hypercoagulability
- Found in my patients from western Canada, England, France and all over US
Protomyxzoa rheumatica

• Signs and Symptoms
  – Cold hands and feet, often clammy
  – Poor to “pathetic” capillary refill, skin color changes – pale, dusky, hyperemic (red), purple, mottled
  – HA, pain behind/in eyes
  – Scalp sores
  – Sinus congestion, PND, teeth pain
  – Palpitations
  – SOB, air hunger, dry cough, episodic and periodic
  – Abdominal pain, nausea, IBS
Protomyxzoa rheumatica

• Signs and Symptoms
  – Bladder pain/dysfunction, interstitial cystitis
  – Joint and muscle pain, weakness, twitches
  – Profound fatigue, complete loss of aerobic exercise tolerance
  – Sweats (night/day), chills, flushes, dizziness
  – Insomnia, profound brain fog, poor balance
  – Anxiety, panic, OCD, irritability, agitation, impulsivity, ADD, emotionality
  – Hypercoagulability
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**Protomyxzoa (FL1953) PCR**

Protomyxzoa (FL1953) by PCR **DETECTED**

DETECTED - DNA sequence specific for Protomyxzoa (FL1953) was found at detectable levels in the patient sample utilizing a PCR based assay. A "DETECTED" result should be considered in conjunction with clinical presentation and additional diagnostic tests prior to establishing a diagnosis.
Notes: Many (21 or greater organisms per total fields observed) coccobacilli in rings adherent to erythrocytes - indicated by yellow arrow(s). This is suggestive of Hemobartonella(1), Hemoplasma(2), or Protozoan(3). Hypochromic erythrocytes observed.

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Flourescent & Enrichment Stains (Advanced Stain Test)

Notes: DETECTED (SUBSTANTIAL) - A substantial level of biofilm community-like structures and/or organisms were observed using a fluorescent DNA staining technology (1-4) or Giemsa using enrichment via centrifugation (5). The magnification is listed on the image above.
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**Notes:** Visible structures suspect of protozoan embedded in biofilm communities, indicated by red arrow. Many (21 or greater organisms per total fields observed) coccobacilli adherent to erythrocytes - indicated by yellow arrow(s). This is suggestive of epierythrocytic bacteria.[1,2]. Substantial biofilm community-like structures and/or organisms were observed.
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**Notes:** Visible structures suspect of protozoan embedded in biofilm communities, indicated by red arrow. Many (21 or greater organisms per total fields observed) coccobacilli adherent to erythrocytes - indicated by yellow arrow(s). This is suggestive of epierythrocytic bacteria(1,2). Substantial biofilm community-like structures and/or organisms were observed.
Protomyxzoa rheumatica

• Approach to treatment
  – Eliminate dietary fats – McDougall diet
    • Some patients may still need restorative fats
  – Anti-parasitic agents – three or four at same time
    • Alinia, Artemisinin, Albenza, Ivermectin
    • Bab-2, A-Bab, Cryptolepsis, A-Bart, Coptis chinensis
    • Cumanda
    • Sometimes macrolide antibiotic
  – Biofilm disruptors
    • Enzymes – fibrinolytic, proteolytic and others
Protomyxzoa rheumatica

• Enzymes:
  – Bolouke - lumbrokinase
  – Nattokinase (36 mg gelcap from ARG most efficacious!)
  – Serrapeptase
  – Interfase Plus
  – Interfase
  – Plant Enzyme Digestive Formula
  – Digestzymes
  – Wobenzyme
  – Intestazyme
  – Marcozymes
  – Others…..
Protomyxzoa rheumatica

- Restorative fats - controversial
  - Omega 3, omega 3/6/9, phosphatidyl choline, phosphatidyl serine, glycerophosphocholine, PhosSerineDHA
  - Needed in severely debilitated patients, children

- Nutrients
  - Trace minerals
  - Methylation support
  - Detox support for kidneys, liver/GB, lymphatics
Protomyxzoa rheumatica

• Most common treatment regime (all used concurrently):
  – Alinia 500 mg BID 2-5 days on 2-7 days off pulsed up to 10 times OR Artemisinin 100 – 500 mg BID pulsed same way (often alternate both sequentially)
  – Bab-2 from Beyond Balance is helpful in about 80-85% cases starting as low as 5 gtts daily working up to as high as 50 ggts TID. A-Bab or A-Bart (Byron White Formulas) are helpful is about 15-20% cases.
  – *Coptis chinensis* (I use Golden Thread Supreme from Supreme Nutrition) 500mg dosed from one QD to two BID with food
  – Cumanda (Nutramedix)10-20 gtts daily, often at bedtime
Protomyxzoa rheumatica

• Most common treatment regime all used concurrently:
  – Enzymes: ALWAYS need fibrinolytics, either lumbrokinase or nattokinase as well as broad classes of enzymes, most commonly use Serrapeptase, Plant Enzyme Digestive Formula (DFH), Interfase Plus.
Protomyxzoa rheumatica

• Herx to treatment:
  – Massive body pain, HA, brain fog, anxiety, paranoia, rage, impulsivity, hallucinations, irritability, twitching, fatigue, joint pains, myalgias, LE pain, teeth pain, sinus congestion/pressure, abdominal pain, diarrhea or constipation, left upper quadrant pain, bladder pain/irritability, incontinence, sleep disturbance, worsening of hypercoagulability
  – Often need to resolve by increasing or changing enzymes and drainage, sometimes dramatically for few days, and holding killers until symptoms resolve
  – For some very chronic patients, able to make dramatic shifts in decades old symptoms by killing this organism!
Notes: Few (5-10 organisms per total fields observed) coccobacilli adherent to erythrocytes - indicated by yellow arrow(s). This is suggestive of Hemobartonella(1) or Hemoplasma(2). Few biofilm community-like structures and/or organisms were observed. Many erythrocytes with Basophilic Stippling observed, see attached photo.
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Special Stains (Stained Blood Film Test)

**Notes:**
Visible structures suspect of protozoan embedded in biofilm communities, indicated by red arrow.

Many (21 or greater organisms per total fields observed) coccobacilli adherent to erythrocytes - indicated by yellow arrow(s). This is suggestive of epierythrocytic bacteria(1,2). Substantial biofilm community-like structures and/or organisms were observed.
Notes: Visible structures suspect of protozoan embedded in biofilm communities, indicated by red arrow. Moderate (11-20 organisms per total fields observed) coccobacilli adherent to erythrocytes - indicated by yellow arrow(s). This is suggestive of epierythrocytic bacteria(1,2). Few biofilm community-like structures and/or organisms were observed.
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• Case presentation: 36 y/o female treated with Bab-2, Coptis chinensis and pulsed artemisinin
  – Herxheimer consisted of exhaustion, word finding and memory problems, getting lost driving in familiar place, couldn’t process information (when asked a question, knew she had been asked but couldn’t gather thoughts to respond), irritability, achiness, unsteady balance, insomnia
  – Symptoms lasted three weeks
  – Then, huge improvement in chronic headaches, clear cognition, all dysesthesias disappeared, was no longer stiff upon awakening in morning, much reduced anxiety, much improved aerobic exercise tolerance, good energy and restorative sleep