

Yet another ethically-challenged passage from [Dr. John Koo](#) 's latest paper - <http://nielsmayer.com/kookoo-for-psychotropics.pdf>

"A peculiar finding is that patients have been reported to have recovered through the use of antibiotics (14). These antibiotics may have worked because of the placebo effect or their antiinflammatory action. However, unless there is evidence of a secondary infection, it is not advisable to prescribe antibiotics to these patients. When antibiotics elicit positive results, patients may become increasingly convinced that their condition is the result of an infectious microbe, and use this as further evidence of infestation."

The reference #14: [Harvey WT. Morgellons disease. J Am Acad Dermatol 2007;56: 705-706](#) .  
CAN YOU SAY LYME DISEASE, DR. KOOKOO??

The paper mentions all sorts of off-the wall etiologies in it's feeble brushoff of a "DOP rule-out" prior to going off half-cocked in the land of quack psychodermatology:

"Strongyloides stercoralis, Cryptococcus neoformans, and various other bacteria, although there has not been published information on a positive confirmatory test."

Meanwhile the [NIH says Morgellons Disease](#) is "An unexplained illness which is characterized by skin manifestations including non-healing lesions, itching, and the appearance of fibers. There appears to be a strong association with [LYME DISEASE](#) ."

Koo and company are clearly a bunch of clowns. They really should have their medical licenses revoked for perpetrating such a massive medical fraud. They should be put in jail **for life** for the suicides and suffering caused by their lies.

Not once in this paper do these idiots actually act as if they have ethics and report the full story - which is that Doctors like Stricker and Savely (and other LLMDs) are prescribing antibiotics because their patients garner a formal "Lyme Disease" diagnosis based on ILADS guidelines which include both clinical and serological diagnoses, based on non-corrupt full-band testing provided by companies like <http://igenex.com> or [centralfloridaresearch.com](http://centralfloridaresearch.com) ; Koo and company references [the first Stricker/Savely/Leitao paper which suggests a strong association between Morgellons and Lyme Disease](#) and then completely ignores the disease in disingenuously the antibiotic treatment provided by these doctors. Lyme is not mentioned once in this latest piece of medical fraud from Dr. Koo as he **cherry-picks the facts needed to fit the fraud of DOP**. Neither Lyme or Chlamydia Pneumoniae qualify as "various other bacteria" - to ignore them is medical and academic fraud, especially because a DOP diagnosis is a diagnosis of exclusion. Both Lyme and Cpn well-qualify as a rule-out for any psychological condition as they are directly linked to numerous neuropathies and encephalopathies.

From a legal standpoint, it is specifically through the Lyme Diagnosis combined with California Law based on Assembly Bill 592 that allows LLMD's like Stricker to prescribe extended courses of antibiotics legally for these Morgellons patients (perhaps Dr. Koo is jealous he can only offer quackery and a chemical lobotomy in response to an infectious disease?):

Physician protection bill passed 2005. AB 592 expands the existing alternative/complimentary safe harbor to include Lyme disease. If a medical practice does not result in death or serious bodily harm, a physician shall not be subject to disciplinary action for providing complimentary or alternative medicine practice, including the practice of Lyme disease. To qualify for this "safe harbor", the physician must have performed a good faith prior medical exam of the patient, obtained informed consent from the patient, and given the patient information regarding conventional treatment as well as the CV of the treating physician.

Medical Board of California: Physicians who treat Lyme disease longer term are now authorized to review Lyme disease cases. This will ensure that physicians who treat Lyme disease long term will not be subject to medical board actions. Mandatory lab reporting: Lyme disease is now laboratory reportable. The DOH will call physicians to confirm that the cases meet the CDC definition for surveillance purposes before including these cases in their surveillance numbers.

Had Dr. Koo and company not been looking to get kickbacks from big-pharma for their psychotropic-pushing, they'd have employed some ethics and also investigated what Dr. Harvey of reference #14 was treating for, instead of indirectly maligning his character and practice, claiming he's treating for diseases that aren't there and getting a "placebo effect" from the antibiotics. All these liars and charlatans had to do is look at <http://morgellons.org/faq.htm> to answer the question of "what's being treated"

"Most Morgellons patients, if found positive for Chlamydia pneumoniae, a Babesia species or a Borrelia species pathogenic to humans and given appropriate antibiotics long enough, resolve most symptoms. Research and clinical experience are still too early, and numbers treated too few as yet,

to know whether present treatment success will mean total, once-and-for-all cure. Many Morgellons patients are improving significantly."

The "antibiotics act as an antiinflammatory" is a complete cop-out. Those idiots that wrote the paper, and especially Dr. Koo need to read this paper on [Lyme Disease](#) and this site on [Chlamydia Pneumoniae](#) before they utter another word of idiocy. I was wondering where I ran across this specious concept used to keep patients from getting better while ensuring a lifetime of income for the pharmaceutical company and the doctors providing their quack psychodermatological services. Then I realized it was in quack psychotropics-central: <http://morgellonswatch.com/2007/11/09/why-do-antibiotics-help-with-morgellons/> I've already replied to the specious "antibiotics as placebo affect" argument given by Lyme-denialists like Dr. Koo and Morgellonswatch:

1. # Niels on 13 Nov 2007 at 5:11 pm

mellissa J - there is hope...

in July 2006 my CD57 values from "labcorp" were 33 in August 2007, they were 48<. The numerical increase and a noticeable increase in health was due to combination antibiotics my LLMD prescribed long-term for treating Lyme disease.

Now that I'm on hi-dose doxycycline and rifampin, and after doing flagyl for about 5 mos continuously, the CD57 numbers "feel" even higher still ... and I'll find out when i test again in 2008... the IDSA and the CDC are lying when they say Lyme is "hard to catch, easy to cure." Many tens of thousands of patients opine otherwise, and no, it's not post-lyme syndrome, or any of that poppycock... at least the idiots making the recommendations of death for lyme at the IDSA are getting sued by the Attorney General....

A lot of lies about Lyme are being printed here, and alongside bias against morgellons patients, there exists an equal and wrongheaded bias against chronic Lyme as well... This has been going on in the press and the Internet for decades, for example the incorrect assertions regarding licensing at Igenex that have been repeated by people here... even though they've been proven false.... Yet the New York Times hasn't printed a retraction despite complaints.

here's something I've been writing up about Lyme for y'all:

Since we're talking lyme and some here are parroting the IDSA recommendations on Lyme that are guaranteed to leave all chronic Lyme and morgellons patients untreated. Perhaps a better understanding of "the most controversial disease in the history of medicine" is needed before jumping to conclusions.

Please note the following article from your IDSA brethren recently published in the New England Journal of Medicine <http://content.nejm.org/cgi/reprint/357/14/1422.pdf> "A Critical Appraisal of 'Chronic Lyme Disease'"

ILADS response is that this is medical and scientific fraud: [http://ilads.org/press\\_10\\_07.html](http://ilads.org/press_10_07.html) - "ILADS Members Question Motives of New England Journal of Medicine Article on Lyme Disease: Treatment Article in New England Journal of Medicine Fails to Disclose Conflicts of Interest of Overlapping Panel Members"

This is just another instance of the ILADS vs IDSA fight - [http://en.wikipedia.org/wiki/Lyme\\_disease\\_controversy](http://en.wikipedia.org/wiki/Lyme_disease_controversy) - directly related to the antitrust suit against the IDSA, launched by the Connecticut Attorney General ( <http://www.the-scientist.com/news/home/49605/> <http://www.the-scientist.com/news/home/49605/> [http://www.lymenews.org/b\\_Courant\\_-\\_Lyme\\_disease\\_guidelines\\_focus\\_of\\_antitrust\\_probe.pdf](http://www.lymenews.org/b_Courant_-_Lyme_disease_guidelines_focus_of_antitrust_probe.pdf) [http://www.lymenews.org/b\\_Courant\\_-\\_Lyme\\_disease\\_guidelines\\_focus\\_of\\_antitrust\\_probe.pdf](http://www.lymenews.org/b_Courant_-_Lyme_disease_guidelines_focus_of_antitrust_probe.pdf) ). The following letter to John Corzine (Chairman Health and Human Services Committee) outlines the serious issues with IDSA's approach to Lyme disease: [http://ilads.org/press\\_09\\_07.html](http://ilads.org/press_09_07.html)

Lyme Literate Medical Doctors (LLMDs) exist and can do business; government chiefs are "on alert" to Lyme disease; laws are being passed, even in California, which grant people access to ILADS diagnostic and treatment guidelines as "medically viable." ( [http://info.sen.ca.gov/pub/07-08/bill/sen/sb\\_0751-0800/sb\\_772\\_bill\\_20070223\\_introduced.pdf](http://info.sen.ca.gov/pub/07-08/bill/sen/sb_0751-0800/sb_772_bill_20070223_introduced.pdf) )

In contrast to the IDSA recommendations and the recent NEJM article, ILADS offers an opposing opinion in Expert Review of Anti-infective Therapy, October 2007, Vol. 5, No. 5,

Pages 759-762. "Lyme disease: a turning point" by Raphael B Stricker and Lorraine Johnson - <http://www.future-drugs.com/doi/pdf/10.1586/14787210.5.5.759> <http://www.future-drugs.com/doi/pdf/10.1586/14787210.5.5.759> - summarizes "The lesson here is that the medical community should keep an open mind regarding treatment options for

Lyme disease and not jump to conclusions based on a solitary study with poor generalizability."

Another article by Stricker gives more detail on the significant scientific and medical "evidence" ignored by the NEJM and IDSA authors in their fraudulent yet supposedly "evidence based" conclusions. "Counterpoint: Long-Term Antibiotic Therapy Improves Persistent Symptoms Associated with Lyme Disease", Clinical Infectious Diseases, volume 45

(2007), pages 149-157 [http://ilads.org/files/publications\\_stricker\\_06\\_2007.pdf](http://ilads.org/files/publications_stricker_06_2007.pdf)

Please explain how blanket statements like "one month of antibiotics" is sufficient based on all the research into borrelia summarized in the article, and purposefully ignored by the IDSA in making their recommendations??

The reason is simple: The NEJM article is written by the same criminals that did the IDSA recommendations, after ignoring most of the research that contradicts their HMO/insurance-inspired viewpoint to ignore "chronic Lyme" and ignore all the research (thousands of articles) that indicate borrelia have a persistent form (cyst) and an L-form (intracellular,... bacteria strips off it's cell wall and lives inside other cells). and natural genetic variation over-time in borrelial outer surface protein to evade immune detection. The IDSA says "Lyme is hard to catch, easy to cure." ILADS says the opposite.

Once again and par-for-the-course with the IDSA and CDC - the NEJM article trumpets scientific fraud: they claim, one month of antibiotics is all that is justified for Lyme treatment, and anything after that is "post Lyme syndrome" which should be treated with psychotropics. They've setup a testing process that'll generate 100% guaranteed false-negative tests for anybody infected outside of the east coast (different borrelial genetics in different regions... there's over 300 variants worldwide but the tests they give only check for one or two). There's published articles indicating that birds are carrying these ticks to places they shouldn't be, and spreading the disease into the animal, then human population.

Most importantly, the authors of the article are being sued for antitrust by the Connecticut Attorney General. yet, they don't disclose this in their "disclosure", which is also fraudulent.

It's the fraud from IDSA and the Lyme bioweapon coverup folks (including some of the authors of the NEJM article) that is preventing many people from getting diagnosed or treated for both Lyme and Morgellons... HMO's like Kaiser are very happy for the IDSA guidelines because it allows them to ignore patents... it's the reason why anybody with Lyme and Morgellons will not be able to get insurance to cover treatment and forces people to go to Lyme specialists - none of them are getting better on the IDSA plan, and many of them are getting significantly worse... including paralysis and death.

Some of these deaths are by suicide by those medically abandoned by the very agencies (the CDC ultimately) that are entrusted with the public health. This is of course the chosen "final solution" that you lot have for us morgellons sufferers as well ( <http://lymebusters.proboards39.com/index.cgi> <http://lymebusters.proboards39.com/index.cgi?board=support&action=display&thread=1194068968&page=1#1194558231> ), now that it's been deemed ethical to treat Lyme patients with equal contempt - to make us get heinously fat&diabetic because the medication forced on us is the bluntest of psychotropic medicines... or to refuse treatment entirely making a morgellons patients life like that of a Tuskegee syphilis victim ( [http://en.wikipedia.org/wiki/Tuskegee\\_Study\\_of\\_Untreated\\_Syphilis\\_in\\_the\\_Negro\\_Male](http://en.wikipedia.org/wiki/Tuskegee_Study_of_Untreated_Syphilis_in_the_Negro_Male) ) ... it's a cruel choice to only give patients the choice of a blunt tool like a chemical lobotomy, or to die from non-treatment (very slowly and pathetically). Thanks, but I think I'll stick with the totally safe and totally curative doxycycline my LLMD prescribed and/or the "combined antibiotic protocol" from <http://cpnhelp.org> . Such doctors are the third way out, forcing people to pay not only for insurance, but also out of pocket for "non approved" treatment like Lyme disease.

Once again, Morgellonswatch, please note that Morgellons is a combination of infectious conditions or immune deficiency allowing onset of opportunistic parasitic infections. All morgellons patients apparently test positive for chronic/recurrent form of chlamydia pneumoniae and many test positive for borrelia, HHV-6, elevated EBV-titers, and mycoplasmas. That's 5-rule-outs before any DOP diagnosis right there. Which is related to the impossibility of getting these tests from an HMO. It's easy to give out pills that'll eventually force the person to disable out of work and not be able to afford the insurance (passing the buck to the federal govt). It's much harder to treat for a disease, and be accountable for that treatment as the person attempts to stay employed in a job that can secure the insurance needed to pay for the treatment.

In a world where doctors weren't lazy "guideline followers", once evidence of infection is made clear through laboratory tests, traditional "evidence-based" medicine techniques are used to guide practitioners through treatment options. Thus, treatment of morgellons is a "shotgun" of antiparasitics/antungal/antibiotic/antiviral because the initial tick-bite (or blackfly?) is itself a soup of infectious hitchhikers ... [http://www.ncbi.nlm.nih.gov/sites/entrez?cmd=Retrieve&db=pubmed&dopt=AbstractPlus&list\\_uids=17401487](http://www.ncbi.nlm.nih.gov/sites/entrez?cmd=Retrieve&db=pubmed&dopt=AbstractPlus&list_uids=17401487) :

"Due to etiological and laboratory particularities it is named LD-like syndrome or LD imitator syndrome. The condition is considered to be a zoonosis transmitted by ticks of the genus Amblyomma, possibly caused by interaction of multiple fastidious microorganisms originating a protean clinical picture, including neurological, osteoarticular and erythema migrans-like lesions. When peripheral blood of patients with LD-like syndrome is viewed under a dark-field microscope, mobile uncultivable spirochete-like bacteria are observed. [ ...] revealed spirochetes not belonging to the genera Borrelia, Leptospira or Treponema. Surprisingly, co-infection with microorganisms

resembling Mycoplasma and Chlamydia was observed on one occasion by electron microscopy analysis. We discuss here the possible existence of a new tick-borne disease in Brazil imitating LD, except for a higher frequency of recurrence episodes observed along prolonged clinical follow-up."

And why does it bother you lot so, that we're even given a choice between

<http://en.wikipedia.org/wiki/Pimozide#Side-effects> and [http://en.wikipedia.org/wiki/Doxycycline#Cautions\\_and\\_side\\_effects](http://en.wikipedia.org/wiki/Doxycycline#Cautions_and_side_effects)

Shouldn't we allow the free flow of information and let the people and market decide? What's the point of amateurs "debunking" something that even our top scientists are baffled by?

2. # [Niels](#) on 26 Nov 2007 at 3:12 am

This is why antibiotics help with Morgellons .. how do you plan on denying the Fallon study, along with your quixotic denialism of Lyme, Morgellons, parasites, etc.

[http://www.ilads.org/files/Columbia\\_Study\\_Press\\_Release.pdf](http://www.ilads.org/files/Columbia_Study_Press_Release.pdf)

Columbia University Medical Center Leads First Placebo-Controlled Study of Cognitive Impairment Due to Chronic Lyme Disease Findings Show Severe Physical Dysfunction Among Patients & Benefit of Repeat IV Antibiotic Therapy to Provide Long-Term Symptom Relief NEW YORK - Findings from the first placebo-controlled study of chronic cognitive impairment after treated Lyme disease (also known as chronic Lyme encephalopathy) demonstrate that patients report moderate cognitive impairment, physical dysfunction comparable to patients with congestive heart failure, and fatigue comparable to patients with multiple sclerosis. In the study, repeated intravenous (IV) antibiotic therapy was shown to be effective in treating cognitive dysfunction and the debilitating pain, fatigue and physical dysfunction associated with this disease. The study, titled "A Randomized, Placebo-Controlled Trial of Repeated IV Antibiotic Therapy for Lyme Encephalopathy," will be published on-line by the journal Neurology on Oct. 10, 2007. The study was led by Principal Investigator Brian Fallon, M.D., M.P.H., director of the recently established Lyme and Tick-borne Disease Research Center at Columbia University Medical Center ( [http://www.cumc.columbia.edu/news/press\\_releases/fallon\\_lyme\\_center.html](http://www.cumc.columbia.edu/news/press_releases/fallon_lyme_center.html) ). The research was conducted jointly at the Columbia University Medical Center and New York State Psychiatric Institute and was funded by the National Institute of Neurological Disorders and Stroke (NINDS). "These findings replicate results from a prior placebo-controlled trial of post-Lyme fatigue, which found positive treatment results from repeated antibiotic therapy. They also replicate the degree of physical impairment results demonstrated in another prior study of chronic Lyme disease," said Dr. Fallon (\*see citations below). "The door should be left open for physicians to prescribe medications as warranted, after a careful discussion with the patient of the potential risks and benefits." Dr. Fallon and his research team identified patients with cognitive problems that developed after being diagnosed with Lyme disease and which persisted or relapsed despite prior treatment, in order to determine whether patients who have already received the "standard" course of antibiotic treatment (three weeks of IV antibiotic therapy), would benefit from an additional 10 weeks of antibiotic therapy. They also set out to determine whether patients relapse when taken off antibiotics or whether the alleviation of symptoms is sustained or enhanced with time.

3. # [Niels](#) on 28 Nov 2007 at 6:06 am

Re:"You believe there is a bacterial connection, but the bacteria overcome the antibiotics"

Yes, it's called antibiotic resistance. This potentially includes Borrelia transferring genetic-codes to resistance to other bacteria w/o requiring reproduction. And quorum sensing to allow bacteria to save themselves from damaging environments through signalling and sequestration.

Mutations and adaptations of Borrelia to antibiotics:

Galbraith KM, Ng AC, Eggers BJ, Kuchel CR, Eggers CH, Samuels

DS. parC mutations in fluoroquinolone-resistant Borrelia burgdorferi.

Antimicrob Agents Chemother 2005; 49:4354-7.

Criswell D, Tobiasson VL, Lodmell JS, Samuels DS. Mutations conferring aminoglycoside and spectinomycin resistance in Borrelia burgdorferi.

Antimicrob Agents Chemother 2006; 50:445-52.

and there's absolutely no reason why Morgellons isn't actually just a different variant of Lyme. Here's what one variant from Brazil looks like, which also documents presence of Mycoplasma, Chlamydia and an "unknown spirochete" that produces Lyme-like symptoms which recur more frequently and appear to be impossible to eradicate. They state that antibiotics help with flare-ups but that flareups continue to happen with this disease because of the persistent, chronic nature of the infection and Lyme's multiple defenses of antigenic variation, sequestration, immune disabling, and secreted factors.

<http://www.scielo.br/pdf/bjmb/nahead/6497.pdf>

there's a lot of people are just beginning to understand now about these bacteria ... only a fool would claim any of the idiocies produced by the IDSA - that one month of antibiotics is all Lyme patients

should ever have... that there are no mechanisms of persistence in borrelia to cause chronic lyme etc. Medical guidelines made strictly from ignorance and exclusionary practices.