

The Autoimmunity Research Foundation

2ND CONFERENCE, JUNE 17-28 2006 AT LAX HILTON



“Recovering from Chronic Disease — Sarcoidosis, Autoimmunity, AIDS and Cancers” 2006 Recovery Panel

MS. FENTER: Well, we've spent a lot of time focusing up to now on the Herxheimer reaction that you get on the Marshall Protocol and describe that in some detail, so now I'm sure that everyone who hasn't heard this before wants to know what does recovery feel like, how do you know you're recovering if you're going through all these Herxheimer reaction. So we've arranged to have a panel today who can share some of their case histories, their own stories.

First of all, I want to tell you we have correlated some of the information from our web site and identified those who are recovering on the MP by diagnosis and this is from the—what you see on the screen is the information that Dr. Marshall presented last month at the conference he went to at the Karolinska Institute in Sweden. And what you see here is that you see two numbers. The first number is the number in the cohort who had that diagnosis. And the second number following that is the number who are recovering. And this is significant because we're not talking about people who are having a reaction to the therapy, people who are exhibiting a Herxheimer, but we're talking about people who are identified as recovering. And so this is just to me, is astonishing information to know that we have people with all of these diagnoses who are recovering on a single therapy. Although it's a complicated and combined therapy, it's obvious that this is working on several different diseases.

You might ask how does the Marshall Protocol define endpoint. Well, the first thing is we're talking about a resolution of illness, a return to family life and the workforce, and this really is the ultimate recovery because that's what everybody wants. They don't want just symptom resolution or palliative therapy that's going to help you now and then to deal with, cope with, the symptoms. We're also talking about blood markers, lab tests that have returned to normal, improvements in imaging and other tests such as lymph nodes shrink back to normal size.

Well, what happens on the Marshall Protocol? We have to tell you it's a slow course of recovery of health, not just how patients felt before they were diagnosed, a few months before they were diagnosed, or a year before they were diagnosed. We're talking about a state of health that has been unfamiliar to people who've had chronic disease

for many years, perhaps subclinically, but when we are going through recovery, I mean, overwhelmingly the patients talk about this is a recovery back to where I felt years ago, and I thought I would just go back to the way I was before I was diagnosed.

We often need to discuss how therapeutic successes are usually defined for these types of diseases, and that usually involves stabilization of the imaging; in other words, your imaging is no longer getting worse.

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It's also improvement of subjective symptoms is usually what identifies like I no longer have pain whenever I walk, or those kinds of things that the patient can report. Also, they measure decreases in different disease degree or extent of the diseases, any other diagnostic tests do that.

The problem with these historic endpoints is that they may be just short-term observation endpoints and not the patient in not following them over the long-term to see if they begin to decline after the therapy. You know, exactly how long does it go; is it three years or one year or just did they follow them for three months or six months? These previous reviews generally ignore systemic symptoms of the disease and that's one thing that's particularly frustrating. For instance, the example with sarcoidosis, if they're only looking at the lungs and they're telling the patient they're in remission and they're continuing to have all the other body symptoms of sarcoidosis, the generalized fatigue and aching and pain, brain fog, and neurological

symptoms, then it's frustrating to the patient to be told they're in remission.

There is a new concession also that remission lasts a lifetime. And we know from the access study that remission is expected, and we know from general literature that it may be ten years or twelve years. And I've talked to some of you who are in attendance today that may have had a time in your disease where you could be comfortable managing the symptoms and yet maybe ten years later it hits you hard and it had been there all along. The relapses can be pretty quick and debilitating.

What we're talking about with the Marshall Protocol is recovery even though previous treatments may have failed. That's because the Marshall Protocol is based on an understanding of the pathogenesis of the disease and treating the origin of the disease. So recovery using the Marshall Protocol is possible, even when other treatments have been unsuccessful, because it's the first time the cause of the disease is being addressed.

Well, the journey to recovery comes on slowly, as we said. And initially the recovery is as imperceptible as the onset of the disease itself. If you think back to how long the patient has been ill and they're describing how long they've had the symptoms, once they're in recovery they realize that they've been sick longer than even they had previously thought. As they go through the Herxheimer and experiencing those symptoms again and realize conclusively that the symptoms they thought were probably related to their disease are because they know because they're having the Herxheimer symptoms. They're all those same symptoms. Gradually, then this improvement becomes distinguishable and it grows. It's a cumulative thing. So over months and years, even though you're still having the Herxheimer reaction, the patient is still getting better. And eventually the patient reaches a higher level of functioning and health than ever before.

So today we've decided that the best thing would be for you to hear from some patients themselves, some real people to tell their real stories, and they have worked very hard to polish up their stories for you because I think they've all told me they could talk about this for days and we didn't have the time to do that.

So our panel members today are Susan Andorn, Freddie Ash, Ival Meyer, Carole Morgan, Alayne, and Jane Taylor—six people. And we're going to hear first from Susan Andorn.



MS. ANDORN: To give a little introduction of myself, I've been chronically ill since I probably, and Trevor agrees with me, I had to take the Asian flu vaccine in 1957, when I was a research microbiologist for Sterling Drug Company. I went into anaphylaxis shock. Six months later I had the Asian flu, and six months later I was married and it's been a downhill slimy slope for all that time. I was diagnosed with Lyme disease, and I'm basically one of the Lymies that came here. And I've had a clinical diagnosis of Lyme, Bartonella, Babesia, Mycoplasma, Chlamydia, rheumatoid arthritis, and finally cutaneous Sarc. And then you can throw a few other things into that whole mix.

In 1987, I thought I had Rocky Mountain Spotted Fever. At that point Lyme disease had not even been recognized, but I went on antibiotics. I now realize the experience I had was a Herxheimer and I thought it was a reaction and the doctor took me off.

Two years later in 1989, I had the classic bull's eye. Doc told me Lyme doesn't exist.

I'm from Southeastern Pennsylvania, a highly endemic area, and they deny that it exists to this day. After six weeks on Penicillin and two weeks on prednisone when I was totally wired and I cut that out.

At that point my husband had moved overseas with his position and I stayed in the United States. I continued to get worse. I was seeing — after he came back — my family doctor could no longer take care of me, so he sent me to an infectious disease specialist in Philadelphia. And he put me on IV Rocephin.

I had one horrible experience with that, because they were air shipping the drug to me overnight air, and in the middle of July one batch came unrefrigerated. He told me to take it. Each day I took it because I was on it round-the-clock. I experienced further decline in my health.

I called the drug company. "You need to take Benadryl. People have reactions." Well, I'm a microbiologist by training. I said, I can't, you know, this doesn't fly. So I turned around and I finally called the doctor. The doctor had never been called. This is the kind of nonsense that goes on. And I said, I'm stopping this.

You can't.

I said, you heard me. I said, I've stopped it.

My BP had gone 210/110, and I was running my own business and still trying to keep going. And ten minutes later they called me and said, "Oh, somebody else has had a bad reaction. Stop it."

This doc finally gave up, sent me to the top cardiologist in the state of Pennsylvania who said,

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well, we don't have Lyme but I know what it is because there's an epidemic going on in Sweden. He finally gave up. He had me on every blood pressure medication there was. I hallucinated one night and I said that's it. If my time's up, my time is up. No more of this garbage. He then sent me to a shrink, long white ponytail.

He had a problem. He was a cardiologist who then converted to psychiatry. I finally walked out of there. My husband almost killed us because I said I'm now in charge of my health. I'm continuing to go downhill.

The local docs, they laughed. I was so arthritic at that point I had a tough time going. They tried to say I had fifth disease. I had incontinence. The doc laughed in my face. I wanted to turn around and slap him. I think every one of you have had that experience, the ignorance of the medical profession. I had constant migraines. I had such severe pain in my neck. I became dyslexic, reversed the digits in the thousands column in my business checking account. That isn't fun. You know what happens when that happens? You start bouncing checks. So I had to go to the bank and make arrangements for them to handle situations if I did that again.

I wanted to have a neck brace because I couldn't hold my head up. I would walk into walls. I couldn't think start. Brain fog, unbelievable. I wouldn't give up my business because I knew that was the only thing that would keep me going. And fortunately with me, being my own businessman, I could set my own pace.

Well, the local doc sent me to the Mayo Clinic. That

was another piece of cake. Fibromyalgia you have. You don't have Lyme, it doesn't exist.

Yet, I had a positive PCR of the spinal fluid which almost doesn't even happen. The problem was I've had it so long that the ELISA was always negative. Finally, I couldn't hang on any longer. My husband contacted the Lyme Foundation, had to write a letter explaining, and finally got the names of four doctors, three of which would not see me because I did not have a positive ELISA.

The present doc I have I took the MP to a little over two years ago, and I've been on the MP now twenty-five months. She's put a lot of her patients on the protocol, but I had an experience where she was reluctant. She would script the Benicar at 20mg a day while I had read the SarcInfo site. I came across the MP through Lyme Net. I was lurking there praying that God either take me because I could not live this life any longer. At this point my husband has walked out on me and I had to support myself. My mother was dying with the same thing, and I said either find me a cure or take me, God. I came across Dr. Scott Taylor.

A DVM was talking about Lyme Net. And he has written about Lyme, had Lyme—from Iowa. And I said, oh my God, we've got a cure instead of another Band-Aid. But I had problems getting around on the SarcInfo site and the MP site wasn't up yet. Went to my doc, blabbed away. Hadn't printed out anything because this was just so overwhelming. And she looked in her Merck manual. Okay. Well, because your BP is through the roof, it roller coasted, thirty points higher in my right arm than my left arm everyday, every time it's taken. So she scripted it, gave me six refills and she said we'll see how you do. Well, she knew my background as a microbiologist.

I hate to say it, folks, but I went through six refills in the one month, e-mailed her and said, okay, doc, confession time. Please don't shoot me, please don't drop me. This is the answer for all your patients. And she is absolutely flabbergasted at my recovery. I'm now in Phase 3, and I can't really describe to you what wellness feels like. It's slow. It happens.

I have spread the word. I have probably six docs that I am pushing in my area as customers. I've stayed in the business because they saw me at death's door. They now have seen me where I am now. This is the only game in town, absolutely.

VDR Nuclear Receptor Competence is the Key to Recovery from Chronic Inflammatory and Autoimmune Disease

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The VDR [Vitamin D] Nuclear Receptor is at the heart of the human innate immunity, responsible for TLR2, TLR4, CAMP, TACO and IL2 expression. [1] During Th1 immune challenge, the VDR is activated by the endogenous secosteroid 1,25dihydroxyvitamin-D. We have previously described how intraphagocytic bacterial pathogens are responsible for much chronic inflammatory disease, [2,3] and our phase 2 study results have confirmed this pathogenesis. In order to induce recovery from chronic inflammatory disease, it is necessary to restore VDR function by removing all exogenous sources of the secosteroid we call 'Vitamin-D,' and dampen down over-exuberant VDR activity, for example with the ARB Olmesartan. [1] This enables the immune system to recognize the pathogens.

RESULTS: To date we have demonstrated recovery from Hashimoto's Thyroiditis, Rheumatoid Arthritis, Sarcoidosis, and an assortment of chronic inflammatory diagnoses. This breakthrough is the result of a collaboration between molecular scientists and a disparate group of innovative physicians, facilitated by the Internet. However, the widespread application of this pathogenic understanding will require meticulous translation of the molecular science into conventional clinical precepts.

See: <http://autoimmunityresearch.org/karolinska-handout.pdf>



1. Marshall TG: Molecular genomics offers new insight into the exact mechanism of action of common drugs-ARBs, Statins, and Corticosteroids. FDA CDER Visiting Professor presentation, FDA Biosciences Library, Accession QH447.M27 2006.
2. Marshall TG, Marshall FE: Sarcoidosis succumbs to antibiotics-implications for autoimmune disease. *Autoimmunity Reviews*,2004;3(4):295-3001.
3. Marshall TG, Fenter B,Marshall FE: Antibacterial Therapy Induces REmission in Sarcoidosis. *Herald MKDTS* 2004g; Volume.III:Release.1.1 The Journal of the Interregional Clinical-Diagnostic Center, Kazan, in Russian Translation. ISSN:1726-6149.

MS. FENTER: Freddie, would you tell us your story.

MR. ASH: I'll try.

MS. FENTER: Okay.

MR. ASH: This is all new to me to talk to a group like this. I usually talk to a handful.

My name is Freddie Ash, but most of you know me as Fred in West Virginia. I first went to my doctor with my problems in August of 1972, but it wasn't until August of 1982, that I got my diagnosis of sarcoidosis from a lymph node biopsy.

To tell you a little bit about my recovery is my doctor let me start the Benicar in June of 2004. And at that time I had to go see the lung specialist every three months. And after I was on the—one day when I went in to see the nurse practitioner, she did an X-ray and she told me my lungs had improved so much I didn't have to come back for six months.

So when I went back for my six-month checkup after the Chicago conference last year, I saw the lung doctor and the X-ray had improved—my lungs had improved so much that he said I didn't have to come back for one year. And I told him it was the Benicar and he said, what? I said the Benicar fights the inflammation and reduces the swelling in all the organs and glands. And also at that time my blood pressure had gotten to 120/58. My temp was 96.9 at that time and my temps usually run 92 to 96. My

breathing test, the one you blow into the little tube, was up to five hundred and thirty which was up from four hundred and ninety the time before. My oxygen level was showing 99, and I had been on oxygen for two years at night. And so later in October of that year they came out to check my oxygen tank and they said your oxygen tank is not even working.

So I said maybe I don't need oxygen anymore. So they sent out a machine to check my oxygen at night and a few days later they called me and told me that I didn't need oxygen at night anymore. So I haven't had oxygen since November the 9th of last year. The Marshall Protocol working for me again.

In January of 2005, I went to the local doctor to get my pacemaker checked. And I've been in atrial fib since October of 2001, after having four bypasses done in March of 2001.

When they checked my pacemaker they said I had been in atrial fib ninety-three percent of the time and they wanted to see me again in three months. So when I went back for my three-month checkup, they said you've been in atrial fib ninety-seven percent of the time. So in the meantime my doctor lets me go on the full protocol. And the Cleveland Clinic calls every three months to check my pacemaker over the phone. So after I got on the full Marshall Protocol, when Cleveland called I asked them if they could see atrial fib and they said no. So the next three months

they checked it again. And I asked them if they see atrial fib this time and they said no. So I was all excited.

When I went back to my family doctor I told him I wanted an EKG run to see if he could see atrial fib. And he said, no, he didn't see atrial fib. So again the Marshall Protocol was working for me because we did away with all my blood thinners. I haven't had blood thinners for over a year now.

The EKG—let's see. I've been on the Marshall Protocol and I've stopped five heart medicines: Coreg, the Accupril, the Plavix, the Coumadin, and the aspirin. And I take one pill, the Benicar for that to replace all those. But the insurance companies don't understand all that. They don't want to pay for the Benicar. They'd rather pay for the other medicines.

So I want to end by just saying that I tried the prednisone treatment too and that put me in a mental hospital for three weeks before they decided it was the prednisone that was causing all of it. So I haven't taken prednisone for a good while now. And also I refused chemo. They tried to give me chemo when I first got diagnosed and then prednisone didn't work so they wanted to try chemo. I told them I already knew one lady who had tried chemo and it didn't do nothing for her, except make her lay on the couch sick all the time. So that kind've summarizes my story.

The Marshall Protocol keeps on working for me.

MS. FENTER: Now we're going to hear from Ival.

MR. MEYER: Hi. Can you-all hear me?

Okay. My name is Ival Meyer. I was diagnosed with rheumatoid arthritis in 2001, with symptoms and a rheumatoid factor of fifty-six.

I started down the usual path of going to rheumatologists where I was first introduced to low-dose prednisone which worked great for about eight months. After eight months, my arthritis came back twice as bad. I went on a second round of low-dose prednisone which did absolutely nothing. My rheumatologist suggested immunosuppressant drugs which could prevent joint damage like Methotrexate and Enbrel. Before starting the immunosuppressant drugs, my doctor gave me a shot of prednisone and it was just like you said, I went insane.

The feeling of being insane was the best way to describe that day. Nothing on the Marshall Protocol has ever been as bad as that day of insanity. That is when I decided to take charge of my disease. What I found by doing a research on my disease was depressing. The side effects of immunosuppressant drugs were totally unacceptable to me. Some of the side effects are multiple sclerosis, lymphoma, and you're susceptible to tuberculous and other infections. This is the good part here. The diseases that run in my family are a carbon copy. My oldest sister has multiple sclerosis. One of my grandmothers died from lymphoma. And my father is a tuberculosis carrier. That is why I chose this path of treatment.

In my research I found many scientists that believe these illnesses were caused by a chronic infection. The Road Back Protocol, developed in the '70s and still popular today, uses pulsed antibiotics for treatment of rheumatoid arthritis. Sounded good and better than the alternative, so that's where I started first. During that time it became obvious to me that this was some kind of infection. My results were good on the Road Back. It slowed it down, but it never really could get you to a remission or a cure.

During further research, I found the Marshall Protocol on the Internet and they were going to have a conference in Chicago on autoimmune disease. The best decision I ever made was going to that conference. This is when I truly learned about my disease.

The hardest thing about starting the protocol was finding a doctor. After six tries and about an inch thick of paperwork I finally found one that would help.

The first two weeks on Benicar definitely helped on

reducing the inflammation in my joints and muscles. Within the first three months, I was able to stop all the NSAIDs. For the past six months I've needed nothing but the Marshall Protocol medications. The problem with starting the antibiotics is it does not make you feel too good.

It was rough at the beginning. You have to be ready for a long hard year of being dedicated for your recovery. When I started the antibiotics my joints were still one of my main problems, but I started getting a

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lot of symptoms like the other autoimmune diseases. I will not go into detail of all the Herxs I've had, but I've had just about every one of them to some degree. I definitely had a lot of subclinical inflammation. Some days I would have lung Herxs so bad you would think I had sarcoidosis. Yet, I've never had anything show up in my chest x-rays.

One of the most important things in my recovery is the Marshall Protocol web page. Whenever I started questioning myself is this the right path to travel, I would read the posts and all the scientific evidence to regain my confidence.

Your recovery is very slow, a lot slower than you would like, but you cannot change the science behind your disease. One day I would be worried about my hips or my feet hurting, and then I would notice my hands haven't hurt in a week. My ankles are no longer swollen. You just slowly continue to improve. My improvements consist of skin, muscle, eyes, brain fog, IBS, neuropathy, lower back pain, Raynaud's syndrome. All of my joints have healed or improved dramatically. My rheumatoid factor which started out at fifty-six is now down to sixteen. I'll bet it will eventually go to zero.

I caught my disease very early, and I'm very lucky to have found the Marshall Protocol.

I'm not going to get up here and tell you that I've had deformed hands and they're now straight. My feet show signs of arthritis, but they do not hurt anymore. I can get up in the morning and walk across my tile floor with no problem. That's something I thought I would never be able to say again. I used to walk like an 80-year-old man. Now most of the time I feel like I'm eighteen. From what I have witnessed on this protocol I know this can take me to a full recovery.

The fourteen months that I have been on the Marshall Protocol has taken me from not being able to work and planning on going on disability to rejoining the workforce by the end of this year. It has not been easy. It will probably be the hardest thing you will ever do in your life.

Everybody has to make up their own mind if this is right for them. For me the decision was easy. A lifetime of treating the disease and getting worse or believing in new science and a possible cure. I started on this with an open mind and determination to find out if this was true. I can honestly say everything that the Marshall Protocol has predicted in my case has been true. I'm well pleased with my recovery. At forty-seven I now have a future of living a normal life without the pain and the deformation of rheumatoid arthritis.

Trevor Marshall's research and understanding of these autoimmune diseases has definitely opened the door for fascinating new treatment. I would like to thank him for sharing his knowledge with me which has allowed me to be in the first group of people ever to walk through that door. Thank you.

MS. FENTER: Thank you, Ival.



2002



2003



2005

Ms Morgan:

These are examples of my acquired facial puffiness through the last few years.

Sept. 2002 — Facial edema

Sept. 2003 — Three months prior to toxicity, notice eyes.

October 2005 — Beginning Marshall Protocol Phase 3 with symptoms resolving

Carole, would you tell your story.

MS. MORGAN: Okay. Thank you.

I was diagnosed following a mediastinoscopy in February of 2004, although I had a lifetime of medical issues. As a child I had kidney inflammation, chronic tonsillitis, sinus problems, and extreme behind-the-knee pain.

As an adult in 1974, I had a normal delivery of our son after late term swelling and elevated blood pressure.

In 1975, my first of many lumpectomies was performed. I sought medical care for escalating back pain, stiffness, and numbness. In my early 30s, I had back surgery and a pituitary tumor removed. Thyroid nodules, a goiter, cardiac problems emerged. My spleen became enlarged, as well as lymph nodes in my groin and neck. Sudden rashes appeared with sickness and weight loss. Swelling in my toes and feet made it difficult to walk and I suffered extreme exhaustion and breathlessness. I slept for days and tested positive for mono.

In my mid 30s, I was on a beta blocker for increased PVCs and tachycardia. I developed more back problems and received the diagnosis of myofascial pain syndrome with a ticket to rehab. I had lesions on my palms biopsied, took prescriptions for gastritis and gastroduodenitis. I developed transient loss of vision. I was diagnosed with mitrovalve prolapse and migraines became my common headache.

I began Synthroid in 1989, and abnormal tissue was found in my colon. The next year began a series of returning cervical polyps, the removal of my gall bladder, and a TMJ diagnosis. I sought care for cervical and lumbar sprains and scoliosis.

In my early 40s, heel pain began and elevated blood pressure became a concern. I've faced months of urinary tract infections, strep in my bladder, yeast infections, vertigo, and continued cardiac issues. In 1995, I was referred to a cardiologist. Prolonged back spasms and pain with decreased mobility led to a positive ANA test for lupus.

Within the last ten years more symptoms arose. Swelling of the salivary glands, substantial hair loss, and breaking of my fingernails just above the cuticle. Fibroids, excessive bleeding and pain led to a hysterectomy. Recurring colon polyps precancerous by 1999, and breast cysts required close monitoring. Leg pain, teeth sensitivity, tendinitis, bursitis, and what felt like fluttering in my brain were added to my

previous escalating complaints. It became normal to have an abnormal EKG. By the time I had turned fifty I had been examined, monitored, and tested by a multitude of specialists all the way to the Mayo Clinic.

By 2003, I was plagued with a recurring chest rash and intense all-over-body itching, and fractures in my teeth. I agreed to two crowns and then the preparation revealed severe absorption in my jaw and the need for a root canal. I had osteoporosis. Years of overall edema had grown worse with

“I immediately stopped all supplements, including Vitamin D, and my steady diet of fish and eggs.”

cellulitis of my nose and swollen eyelids. Near the end of that year, swelling and pain in my legs were becoming unbearable, and I was losing the ability to freely move my legs.

To make a long story short, my lifetime accumulation of coping skills was no match for the battle I was facing. Sarcoidosis. Upon finding Sarclnfo.com and the list of hypervitaminosis D symptoms, I knew I had found the answers I've been searching for a lifetime.

I immediately stopped all supplements, including Vitamin D, and my steady diet of fish and eggs. With the blessing of my internist, I began Benicar. Simply with Benicar and avoiding D, I was able to bend my knees to an improved angle and attempt to climb the stairs with less pain. Within three months of ramping to Phase 1 of Benicar and minocycline, my CT scan indicated a slight decrease in the lymph node size. By six months, just one month into Phase 2, there was a significant improvement throughout my chest with resolution of infiltrates. My blood markers were also improved, and my physician was no longer skeptical about the protocol.

Further improvements. At six months I no longer had nosebleeds from nasal sores, nor chronic headaches or migraines. I no longer had swelling, bloating, or general muscle and joint pain, except for behind my

knees. My heart symptoms had been nearly eliminated and my thyroid function was improving. My hair had stopped falling out and my blood pressure had gone from 180+/115 to normal to high normal.

My lifetime sinus problems disappeared and my sense of smell returned. I no longer have rashes or even severe reactions to insect bites. My bouts with loss of vision had been eliminated and my blurred vision was improving. My teeth were not as sensitive and I was regaining my balance. The metallic taste had disappeared and I was finally able to swallow normally. All this at six months.

As I speak today, after twenty-eight months on the Marshall Protocol, my symptoms appear to be Herx-related and all tolerable.

All my blood markers and scans are normal. My thyroid medication has been reduced now to less than half at 61.25. My annual vision test this month was better than last year's. And my recent EKG has even improved. I've also learned from an echocardiogram just within the last few days that I have no left ventricular hypertrophy.

In addition to earlier mentioned benchmark, I no longer have previous prolonged issues, past fatigue, throat pressure, and insomnia seem to be Herx-related and minimal.

I've regained stamina, strength, and thought processes. It's wonderful to be able to lift and carry knowing that I will not suffer from back spasms or pain. I can climb upon ladders and chairs now with confidence for an improved agility and balance. I can finally kneel and sit on my feet to garden or to get into the bottom of my closets. It took me a year and a half on the protocol to do that. I no longer have to be on guard when I speak, saying words having nothing to do with the context of the conversation. I can turn my head and not lose my vision. I can see clear images instead of guessing.

I can take Benicar or an Advil for a Herx-related headache and know that it will not escalate into a migraine that even Morphine could not dampen. I feel less tissue swelling and I see my muscles becoming more toned and defined. And I can feel the presence in my chest, neck, and arms of normal blood pressure. I am living proof that the Marshall Protocol is the only answer to being a Th1 survivor and I am forever indebted to Dr. Marshall.

Thank you.

MS. FENTER: Okay, Alayne.

MS. ALAYNE: Hi. My name is Alayne. I'm known as Alayne on the MP site, as well as by many other people, so I'll stick with Alayne.

I've been getting sick for about twenty-five years now, probably longer but even noticeable aspects of the illness started about twenty-five years ago. And I was just diagnosed with chronic fatigue immune dysfunction syndrome exactly a year ago, as well as with fibromyalgia. And I've now been on the Marshall Protocol for seven months. I'm in Phase 2 right now.

It all started with respiratory problems. I had chronic, chronic bronchitis and pneumonia. And then later I basically became open prey to any kind of intestinal flus or bugs that were going around, as well as any other kind of bugs. And unlike other people who would heal or recover within a week or two, it would take me weeks and months to get over anything I caught. And I went from being sick about six months out of the year to eventually eleven months out of the year. I would have good days that were mixed in there. That's when I would do the dishes and the laundry, but that was about it.

I had my first immobilizing episode about six years ago when I suddenly couldn't do anything. I literally lost my mind. I couldn't — I had no word recall. Short-term memory was gone. If you can remember the movie *Momento*, my nickname was *Momento Girl* because I literally couldn't remember anything longer than thirty seconds. And I had Post-its everywhere. When people would tell me what I would need to do and I would stick them up and that's how I lived.

I couldn't read above an elementary school level. I had no energy and I basically sat and stared at a wall for a good eight months. I was eventually diagnosed with a brain disorder which we now know is a misdiagnosis, and I was put on different brain meds. I reacted adversely to pretty much everything that they gave me and ended up with psychoses that landed me in a mental institution for two months. It took me about a year and a half to get to a point of semifunctioning, but I've remained physically ill all the time and I couldn't understand why because this was all supposed to be brain-related, you know, depression or whatnot.

I finally just thought I really needed to work again. I needed to work. I really wanted to work, so I decided I would start teaching.

And obviously I had wanted to do something that was a little bit less stressful than my former work and it was obvious to me that later on that I had not regained my sense of reality, because teaching is not stress-free.

And what was really funny though was that parents of the kids at Christmastime would give me rejuvenating teas, vitamins, health drinks, fleece blankets for the

cold LA winters — because I would come in looking like this everyday.

And I basically held out, in a matter of words, I did hold out but then started crashing again about a year and a half ago. It followed a severe intestinal flu. And within a couple of months I just grew incredibly weak. I had difficulty walking any kind of distance. I had daily fevers, migraines, brain fog. My cognitive skills went out the window again. I couldn't add numbers, reading. Insomnia again worsened. Painful joints and muscles, night sweats, cardiac things started, skipped beats. And I had also turned hyper-thyroid and was low in four other hormones so I had to start hormone replacement therapy.

By then I had already stopped teaching classes, but I was trying to tutor some because when you're sick all the time you want to — you hold on to anything you can to remain part of society. But it would take me five days literally to recover from two hours of tutoring. I would come home and I was in bed for four days and then I'd be able to walk around a little bit for a day, and then I'd go and teach for another two hours. And I remember the last time I was tutoring. I sat there and I realized I couldn't understand the lesson that I was teaching. It was my own lesson. And my arm was shaking because the piece of paper I was holding in my hand was so heavy. After that I became almost completely bed bound. And I also lost a lot of weight. My diet hadn't changed. I'm five foot ten and I dropped to a hundred and twelve pounds. Jack's my guy, the photographer here. He thought I was going to die, and we were both just terrified.

But I had a diagnosis, you know. Big whee yoo. I had a diagnosis and I could be treated with plenty of supplements and hormones. Quite honestly, that euphoria lasted about a week because I found out that there was no cure for CFS and I just kept getting worse, even with these supplements, you know, that they kept jamming down my throat and injections.

I frantically researched scientific papers online and don't ask me with my cognitive skills. I have no idea how I did it to this day. But I finally concluded that a pathogen was responsible for my illness, and I ultimately came to the conclusion that it was bacteria, although I thought it was because of my fifteen root canals. I was wrong, but I didn't know where to go from there until one day I chanced upon the MP and within thirty minutes I knew that that was the missing puzzle piece.

Two weeks later my windows were covered by dark sheets and blankets. D foods were tossed. My NOLRs glasses arrived. And seven weeks later I was able to start the full protocol in November last year after I found a good doctor. And within two days, two days of avoiding sunlight my migraines stopped and I haven't had one since. Two weeks later my daily fevers, joint pain, and shortness of breath eased. And then the full MP. My thyroid went back to normal

within two weeks and I could walk again. I could walk again after two weeks.

My brain function started returning. Cognitive skills started returning after a couple of months. Because when I started the MP I still really couldn't read, but then I started reading easier books, not the ones with the half naked man and the swooning women on the front, you know, stuff like that, but I'm reading college level again. I can add numbers in my head. I can work out math equations and I used to teach math. My vocabulary recall is back. Short-term memory, concentration, I mean they have improved beyond what I had thought capable. Now within four months of full MP my other hormones, progesterone, testosterone, DHTA —, all normal, so I've been able to stop. After that time I was able to stop all HRT.

Well — and women you're probably more interested in this — my menstrual cycles are even for the first time since I can remember and I don't get those horrible, horrible cramps that a lot of women get.

After five and a half months I was actually able to fly home to my folks and help out with an emergency. If you remember, I was not walking. It used to kill me. I also started to gain my weight back. I'm up to a hundred and thirty pounds now and I can actually fit some clothes which is quite remarkable.

And I no longer need reading glasses. My vision has improved. I can read really small print all on my own. I can hold paper up to here, read it normally, and my distance vision is like it was at least fifteen, twenty years ago. Funny stuff. I had torn a rotator cuff that had never fully healed and Herxed on the MP and I now have full range of motion and absolutely no pain in that shoulder. I have a damaged right eardrum from an accident twenty years ago that gave me a great deal of pain. That is fully healed on the MP. And there's so many more things that have changed, that have improved, and I'm probably about ten minutes over so I'm not going to mention that, but the bottom line to all of this is that I always had hope that something would give. I mean, that hope was there, but I now have a solution. I have a solution now. But I get a little better each day. And Jack sees it, my family sees it, fellow MPers see it, and I see it, but the thing is that I can also feel it.

To be actually healthy, I mean to be healthy was up until now was something beyond my comprehension, but I feel the stirrings of health. And like others say, the MP is not for the faint of heart. It takes a lot of guts. It takes an ability to adapt. It takes a lot of determination and it takes time. But it's a road and that is far more than I have been offered since the twenty-five years I've been getting sick. Actually, it really beats the heck out of lying there in bed in pain and wondering if I will actually get up again. And now I know that I always will.

Thank you.



Ms. Taylor-Aoki:
And as you can see
from this picture here
I became the insect
of Kafka's
Metamorphosis.

MS. TAYLOR-AOKI: Good morning. I'm Jane Taylor Aoki. I'm a New Zealander resident in Tokyo. I've been there twenty years.

I was diagnosed with sarcoidosis in 1997, although I had episodes of paralysis going back for sixteen years that I somehow had forgotten about. And when I received the diagnosis, my father, who is a pathologist, remarked that TB, leprosy, sarcoidosis, and other granulomatous diseases all looked similar under the microscope so it's quick conceivable that sarcoidosis also has an infectious etiology and that insight has remained my guiding light over the years.

My initial symptoms were fatigue, shortness of breath, swollen lymph nodes, painful joints, symptoms of which I'm sure many people are familiar.

During 1999, I experienced a great decline in neurological function. I had balance problems, clumsiness, muscular weakness, vertigo, and a host of other bizarre and challenging symptoms. And eventually I became so weak that I couldn't actually work a keypad at an ATM one day and at that point I thought I better go and see somebody.

So I was admitted to the hospital where I was kept for five weeks, was diagnosed with neurosarcoidosis and polyneuropathy, and I had inflammation around C6 in the spinal cord which caused severe muscular weakness and spastic paralysis which really meant that all four of my limbs were virtually useless to me. I was lying in the hospital unable to move from the neck down. I also had a muscle waning phenomenon which is my term, which was really clinically indistinguishable from myasthenia gravis. So I'd start trying to read a book and within five minutes my arm would just be flopping at my side. As you can see from this photograph, I had left-sided facial palsy endostosis.

Anyway, I refused methylprednisolone. I was given fifty grams of oral prednisolone and kept on varying dosages of that drug for three years. Prognosis for sarcoidosis of the spinal cord at that time was nicely put that seventy percent of patients deteriorated. So what I did was I made arrangements with my lawyers in anticipation that I would also slowly deteriorate, lose cognitive function, and probably not see my children go to high school. I was really sad about it.

Life on prednisolone was a nightmare roller coaster of exacerbations, short-lived partial remissions. I was forced to use elbow crutches or a cane to walk, and every step I made was a conscious effort. But actually I was more crippled by fatigue and cognitive dysfunction. I withdrew completely and seldom left the house and the toll on my family was immense. And as you can see from this picture here I became the insect of Kafka's Metamorphosis.

*“Prognosis for Sarcoidosis
of the spinal cord
at that time was
nicely put that 70% of
patients deteriorated.”*

Anyway, in 2002, I had a three-month short remission after a course of antibiotics and I decided to pursue this further because it seemed to me there was some connection between the antibiotic therapy and the etiology of sarcoidosis, and I was fortunate to find Sarclnfo, and that I can only describe as a eureka moment. It changed the course of my life.

I was also lucky to be under the care of a wise and very innovative physician. I had the D tests done. I had the D ratio four to one. I showed my doctor the papers. I took the D ratio results along and said, okay, it's four to one, where are the other three coming from? So he said, okay, what do you need, and prescribed the antibiotics and the angiotensin receptor blocker.

Now after starting antibiotic therapy I read just basically all the information I could get my hands on. What I did was I kept a drugs-versus-symptoms log and a database of all my diagnostic test results and I charted the results to show, not absolute results but trends which actually ultimately proved invaluable. I took photographs of my symptoms.

Unfortunately, nobody ever had the heart to take photographs or videos of me dragging my legs on crutches. I would recommend anybody who is considering the protocol to keep these sorts of records and to take photographs as unpleasant as they may seem. My daughter describes this as gross. You know, you're not taking that with you, are you?

Actually, they're very helpful, very helpful in managing your disease, managing your physician sometimes and when you look back you think, good heavens, is that what I was like? Anyway, I've had some pretty amazing Herxs, one which had me after two hours I went to sleep, woke up unable to move from the neck down and my kids had to roll and drag me out of bed like a stranded whale and into a chair.

The good part was that it was a public holiday because if it hadn't, I'm sure I would have been put in the hospital and put back on steroid therapy. And as it transpired, as it transpires with all Herx reactions, as if in some bizarre miracle, symptoms began to resolve after about seven or eight hours later in the day. But those who have severe Herxheimer responses and the Chicken Little syndrome, actually, Herxheimers do come to pass.

For nearly three years I had a very rocky time indeed, an endless and incoherent parade of old and new symptoms in what seemed to be no real change. And I'm ashamed to say that late in 2004, I lost confidence and I discontinued the protocol. And within three months my ACE and other markers soared.

(Okay. Up. All right. Oops. Wrong way. Thank you.)

You can just see the black line is prednisone accurately marked, I think. See, my ACE went down, looked fantastic. And, of course, after I discontinued it the ACE started to go up. And even when I started Marshall Protocol Phase 1, it continued to go up. Phase 2, it started to go down and you can see with the red line that's where I gave up and looked what happened. It just went up vertically. I ended up with more problems than I started off with.

Anyway, at this stage the disease began to progress relentlessly in a new and insidious direction. I developed portal hypertension, edema, and cardiac problems.

2006 Autoimmunity Research Foundation Presentations, Conferences & Publications

* Marshall TG: Are statins analogs of vitamin D?. Correspondence to Grimes, DS. The Lancet 2006; 368:1234doi:10.1016/S0140-6736(06)69509-3
<http://www.thelancet.com/journals/lancet/article/PIIS0140673606695093/fulltext>

* Marshall TG: A New Approach to Treating Intraphagocytic CWD Bacterial Pathogens in Sarcoidosis, CFS, Lyme and other Inflammatory Diseases. American Academy of Environmental Medicine; 2006, Plenary Sessions Syllabus, 41st Annual Meeting AAEM 2006 Annual Meeting - Faculty Presentation, Oct 27, 2006
http://autoimmunityresearch.org/aaem_2006.ram
(Real player .ram download or DVDs available, see <http://www.marshallprotocol.com/forum11/7628.html>)

*Autoimmunity Research LAX Conference June 17/18, 2006

* Marshall TG: VDR Nuclear Receptor Competence is the Key to Recovery from Chronic Inflammatory and Autoimmune Disease. Abstract presentation, Days of molecular medicine, 2006. Days of Molecular Medicine 2006, Stockholm, May 24-27, 2006
<http://autoimmunityresearch.org/karolinska-handout.pdf>
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* Marshall TG: Molecular genomics offers new insight into the exact mechanism of action of common drugs - ARBs, Statins, and Corticosteroids. FDA CDER Visiting Professor presentation, FDA Biosciences Library, Accession QH447.M27 2006
FDA CDER 'Visiting Professor' Presentation, March 7, 2006
Copy available: <http://autoimmunityresearch.org/fda-visiting-professor-7mar06.ram>
(Real player is required to view the ram presentation and/or DVDs available. <http://www.marshallprotocol.com/forum39/5827.html>)

* Marshall TG, Lee RE, Marshall FE: Common angiotensin receptor blockers may directly modulate the immune system via VDR, PPAR and CCR2b. Theor Biol Med Model. 2006 Jan 10;3(1):1. Available from URL <http://www.tbiomed.com/content/3/1/1>

* Waterhouse JC, Marshall TG, Fenter B, Mangin M, Blaney G: High levels of active 1,25-dihydroxyvitamin D despite low levels of the 25-hydroxyvitamin D precursor - Implications of dysregulated vitamin D for diagnosis and treatment of Chronic Disease. In Vitamin D: New Research. Volume 1. Edited by: Stoltz VD. New York : Nova Science Publishers; 2006. ISBN: 1-60021-000-7 Info from Publishers website

(Okay, I'm sorry. That was my leukocyte count.)

You can see noncompliance had gone up beautifully. It was actually very low. It was just under seven hundred. Noncompliance reversed immediately. Same thing with my percentage lymphocytes count. You can say there was noncompliance. The black is prednisone again. No improvement. MP Phase 1, started to improve.

Makes you wonder why I gave up. Well, it was the Hexxing. And also just for your interest the dotted line at the end there is the result of the antibiotic that Trevor warned me wouldn't work and I took it and look what happened.

So anyway, looking back on my charts and the correlation between the MP Phase 2 combination and the marked increase in my lymphocyte count, at the encouragement of my doctor I went back on the protocol and four days after starting Benicar again—okay. Short-term memory problems. See, I had pretty severe edema in my leg, my ankle. Four days later that's what my foot looked like.

So anyway, over the next year I continued the protocol and all my markers actually began to reverse. And after six months I noticed occasionally a brief sensation of one of my legs straightening. In fact, it was five years since I've been able to stand up straight or had a straight leg. They were both so spastic and I had forgotten what it felt like. And after a while I began to notice maybe it was happening in the other leg too. The sensation would only last maybe a few hours. Occasionally, it would last only a few

moments and I'd feel really cheated when it went away, but it gave me hope that eventually my legs were going to get better.

And my mind also began to clear too.

Having been unable to read or write, certainly unable to write more than a few lines without great difficulties for nearly two years, I began to take an interest in reading and writing again. My progress just continued and continued until by March this year we'd go to the station and my daughter would get on the escalator and I would say I'm racing you to the top and I did that, go up a hundred steps without stopping.

I played some tennis this new year, and I began to play the piano again after eleven years. Before my hands were so spastic I couldn't even span an octave and I didn't know where my hands were on the piano. And I look forward to perhaps eventually being able to play the violin again. You need really fine motor movement for that and I haven't got that back yet. But anyway, I'm probably not there yet.

I had a brief relapse out of the blue three weeks ago and found myself in a wheelchair again, but for once with the help of Benicar my recovery was rapid and any impairment has been quite residual this time. So there is some residual inflammation that has potential to wreak havoc, but I'm really confident it will be eradicated in time.

My chest X-ray (wait a sec here, it's all now). That's 1999 when I was diagnosed. (These haven't come

through very clear.) June 2006. If you look very closely, most of the cobwebs have gone. I didn't actually know that a proper good X-ray didn't have spider webs all over it. Leucopenia, thrombocytopenia, and anemia, they're all resolving. My ACE is coming down. Neurological function is returning inconsistently.

Has it been an easy road? No. It's been long, terrifying, mystifying, fascinating, debilitating, but more recently exhilarating. I've literally gotten my life back. I'm going to see my girls go to high school and hope in time I'll be able to return to my professional work. And what would I say got me through this time? I'd say firstly, science. Secondly, science.

This is the reduction to mathematical reason that Trevor was talking about yesterday. It works. It's real. Secondly, determination to be a well person again. And, thirdly, the support of my family physician and the untiring MP staff.

To Trevor Marshall, without your intelligence, vision, and philanthropy, I doubt that I would have been here today and I'm deeply grateful. Thank you so much.

MS. FENTER: Thank you, all the panel members. The next session of our conference is our honored guest speaker. So we'll take a minute here for our panel to dismiss and then we'll be back.

