

JRFoutin's Interpretation of the
MP TOOL KIT

HERXING:
TO GET WELL,
YOUR IMMUNE SYSTEM
MUST KILL THE BACTERIA
(You must herx, but keep it tolerable!)

v20060309

Not all pain is herxing
and some pain is just not necessary

Don't suffer needlessly.

Work to preserve your immune system, and physical, mental and emotional strength for herxing with a proper framework and foundation:

PHYSICAL:

NO D foods -- both natural sources or additives
Restrict light exposure
Use **whole food yogurt** or probiotics (digestive aid)
No toxins or exposure to toxins
Optimal temperature, not too hot (or too cold)
Adequate, regular sleep (**rest & naps, too**)
Tolerable food, not ignoring food intolerances
Regular meals and snacks (low carb) rather than skipping meals, overeating, high fat, high carb
Optimal hydration, not too much or too little
Moderate movement, mild stretching and avoiding end of spectrum total inactivity or steroid rich extreme exercise & excessive activity (take it easy!)

EMOTIONAL/MENTAL:

A positive attitude and educated understanding of herx and the MP replaces fear, uncertainty, doubt, misinformation and overlooking important warnings
Restrict light exposure
Reduce stress wherever possible
(+/- varies) Social contacts--phone, PM, email, face
(+/- varies) Ambient sound, radio, TV, music etc.



JRFoutin's interpretation of the MP Toolkit is based on personal observations of herxing and readings from the MP Your Herx toolkit may vary. When in doubt, ask an MP moderator and discuss options with your doctor!-JRF

— SAFE & EFFICIENT MP MEDICATIONS GOAL —			
MED DETAIL	REDUCE HERX / INEFFICIENCY RISK	IDEAL HERX	INCREASE HERX/TOO EFFICIENT RISK
Minocycline	frequent mino (more often than QOD ideal)	optimal QOD, per guidelines (possible extended pulse for some, or to "finish" a level)	inadequate mino when immune system turned on
Benicar	More than 40mg q6h: q4h or "as needed" to mediate herx	optimal Benicar 40mg q6h (Possible q8h option)	minimum or less than MP minimum 20mg q6h Benicar dose
Timing for stepping up dose levels	no increase or too slow (non-herx symptom or other non-herx event)	optimal dose increase pace (learn when to increase ABx dose in PhI)	increasing ABx dosage too quickly

HERX CONTROL WITH MP MED VARIATIONS : If the framework/foundation for healing is not broken (implied: no sense depending totally on just MP medication variations if foundation is broken), and If herxing lasts longer than 24H or remains intolerable, manage (until earliest return to the ideal) by changing ABx dose and/or dosing frequency using one or more BENICAR and MINOCYCLINE tools:



BENICAR

1. FLY SWATTER: One time only inbetween Benicar dose of 20mg (or even one extra 40mg).
2. SUN WRENCH: 40mg q4h just before & up to 12 hours after any unavoidable sun exposure.
3. HERX BLOCKADE: 40mg q4h until intolerable herx wanes (+/- mino adjustment assist).

MINOCYCLINE

1. FLY SWATTER: One time only inbetween mino dose of 25mg (or 50mg if you have been on higher doses) to dampen the herx symptom/s.
2. SHIFT INTO REVERSE: Maintain regular dosing frequency, but decrease mino dose for a while — as low as 25mg may be helpful (or decrease all ABx in later Phases). Increase again as tolerable.
3. HAMMER & NAIL GUN (with logic): Increase the frequency of low mino dose (25mg or 50mg) to q24h, even q12h or q6h. Continue this until you feel you are stable enough to extend the dosing out gradually to the optimal QOD (every other day) dosing specified for the MP, without pushing to intolerable symptoms.
Logic: Meg Mangin R.N. explains why this works: "Minocycline's antibacterial action weakens the intracellular bacteria only when the tissue level of minocycline is falling (decaying) between doses... Maintaining a constant level of minocycline in the tissues doesn't weaken the bacteria." **A constant level of Minocycline is used for an anti-inflammatory effect, not an antibacterial effect.** (http://www.marshallprotocol.com/view_topic.php?id=4819&forum_id=32)

4. CUTTING SAW (with risks): Stop mino or stop antibiotics for a while or extend QOD (every other day) dosing out to 3 days, or longer (see 3 day dosing).
Risks: However, for some, the immune system may stay 'turned on' with too low dose mino or with no

mino, (or without PhII antibiotic). Often it is better to continue MP meds as per other toolkit options to mediate inflammation and Herx.

Notes: "The MP antibiotics weaken the bacteria, allowing the immune system to kill them. But the same antibiotics that block the ability of the bacterial ribosome to create proteins, and thus weaken them, also have a modulatory effect on the immune system itself.--Trevor Marshall, PhD (http://www.marshallprotocol.com/view_topic.php?id=4819&forum_id=32)

Minocycline is a 30S bacterial ribosomal inhibitor, (http://cmr.asm.org/cgi/content/full/13/4/615#SEC3_4_7) so it preferentially inhibits protein synthesis of these bacterial pathogens. However, it can also inhibit mammalian protein synthesis to a degree, which we generally don't want to do... this can suppress the immune system and other important functions. So, we want just enough inhibition to block the pathogens ability to synthesize proteins without significantly inhibiting our own ability to synthesize proteins.

–High dose, frequent dosed minocycline acts as a palliative, mild NSAID in inflammatory diseases.

–Low dose, pulsed minocycline weakens intracellular bacteria and is especially effective when a Benicar blockade is in place. (MP ideal.)

–Low dose, frequently dosed minocycline can act as an NSAID to relieve an intolerable Herx reaction.

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"Trevor Marshall, PhD, wrote: "There is no point in pushing your body too hard, and you might do damage to it. You will not be slowing your healing by keeping Herxing tolerable. Tolerable Herxing is essential for safety and efficacy of the MP."

(<http://www.marshallprotocol.com/forum32/1412.html>)



**NON-MED HERX PAIN CONTROL
FOR LOW LEVEL EMOTIONAL
DISCOMFORT OR PHYSICAL PAIN**

These do not alter the chemistry of herxing, but can help you avoid overcorrecting with MP medications or becoming dependent on any meds to manage pain:

1. Take a nap, or take a break that allows you to change body position. (Crashing a full day here and there is not a problem. More than one day in a row and it might be time to consider another tool.)
2. Focus on something else (crafts, favorite books/reading materials, TV/movies, games/puzzles etc.).
3. Use Search tool on [marshallprotocol.com](http://www.marshallprotocol.com) website to see what others are doing for a similar herx.
4. Do something fun with favorite person/people, or politely ask to be alone. (Sometimes one or other needed.)
5. Turn background music or radio ON—or—OFF. (Sometimes one or other needed.)
6. Tens Unit, gentle massage cushion/chair or similar.



EMERGENCY

Most will never have an emergency on the MP but you should always be prepared. For when all else fails, intolerable herx, or a rare surprise heart herx suspected:

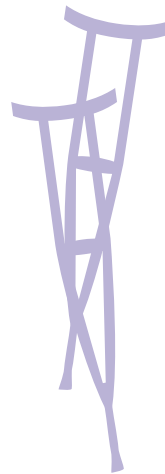
1. Cardiac Herx instructions

Print and post it now where ANYONE can find this information if needed:
<http://www.marshallprotocol.com/forum32/1420.html>

2. Urgent posts — <http://www.marshallprotocol.com/forum23/>

3. Call Your Doctor

Doctor (not you or your family) should also be prepared to phone Trevor Marshall PhD if doctor feels it is necessary. Professional's forum is great for Doctors!



Rx & OTC CRUTCHES

Use only until you can get off the crutch.

Some enter MP less infected than others and may not need crutches, or may only need crutches sporadically during treatment. Some enter MP severely ill or they have been seriously ill for decades and they may require crutches to help bridge their tolerance to "minimum" tolerable herxing. These crutches may include:

- Palliative support meds (SOB, nasal congestion, NSAIDs)
- Anxiety meds
- Sleep meds
- Co-infection or co-condition meds (Aussie Barb's Thyroxine example)
- Quercetin (<http://www.marshallprotocol.com/forum32/1502.html>)
Quercetin is synergistic with the NF-kappaB-calming actions of Benicar. It appears to have a slight inhibitory effect on the ability of the immune system to kill the bacteria. During the initial phase of the MP it does not reduce the Herxheimer reaction and sometimes makes it worse. Quercetin use should be explored by those who need to reduce intolerable Herxheimer symptoms, especially neurological, but it should be discontinued when Herx symptom palliation is no longer needed.

Warning: Do not take any meds that conflict with MP meds.
