From a Source of Profound Insight Comes Hope
A Master's Update on the Treatment of Lyme Disease

by Scott Forsgren

Stephen Harrod Buhner was a keynote speaker at the "Lyme and Other Chronic Infections as the Underlying Cause of Chronic Illness" conference hosted by Dr. Dietrich Klinghardt MD, PhD in Bellevue, Washington in late 2009. It was the second time I had the opportunity to hear Buhner share his many profound insights on the topic of Lyme disease treatment.

I was struck by his presence - a presence of calm, a presence of connectedness to the earth and to Mother Nature, and a presence of concern and compassion for those whose lives have been impacted by chronic illness. There is something very real about Stephen Buhner, and his desire to help those who have been impacted by Lyme disease is readily apparent.

Profound Insights on Lyme Disease

In 2005, Stephen Buhner wrote "Healing Lyme: Natural Healing and Prevention of Lyme Borreliosis and Its Coinfections". The book was one of the first works to outline a holistic approach for the treatment of Lyme disease primarily using herbal remedies. Since that time, many have used the "Buhner Protocol" as a key component in their attempts to recover from chronic Lyme disease.

At the conference, Buhner stated that "people try to get rid of disease, but we need to understand the disease and how it thinks. Why has it emerged? Why does the person have it?" He believes that it is important to understand why the disease has taken the shape that it has in a particular person. He does not believe that Lyme disease responds well to "reductionistic" or simplistic approaches.
He acknowledges that there are diseases that do respond to simpler treatment protocols, but he noted that "we've gotten rid of most of the simpler ones and are dealing with something else now". The Lyme spirochete is both intelligent and sophisticated. It has been around for at least 100 million years. It has been around longer than we have. "We are outmanned and outgunned," he said.

Buhner looks at Lyme disease as an "ecological disease". First, he believes that Lyme is the result of ecological disturbance to the planet. Second, the expression of the disease depends on each person's unique interior ecology. Lyme adapts itself to each person's terrain. Many of the most troublesome, emerging diseases are the result of ecological change. Sooner or later, we will be forced to reevaluate Western healing approaches. He stated, "We need to understand what we are dealing with and at this point in time, we don't." We cannot view Lyme disease as just another disease. We have to begin to develop a more complex perspective in order to be more effective in treating the disease.

Though man does not want to accept an important truth, it is well known that the human population density is too high. Ecosystems correct population imbalances in order to maintain ecological integrity. He believes that we must "give up human exceptionalism". We can no longer act as if we are exempt from the ecological impacts of our actions.

An erroneous belief in human exceptionalism has been the major shaping force behind the practice of medicine in the United States. To effectively respond to a disease such as Lyme disease, human exceptionalism has to be abandoned. We are only one species of many in an ecological matrix. We are bound by ecological factors of four billion years in duration. We are not outside of these influences. Once this is understood, a whole range of treatment options opens up that cannot be seen otherwise.

Once human exceptionalism is abandoned, the rationale for a war on disease disappears. The current concepts of disease treatment have emerged from the idea that people are somehow outside of nature. There is an erroneous belief that people can control nature through the use of science and technology. Buhner stated, "We are at the end of this way of thinking. Everybody knows it; everybody feels it. The scary thing is what do we do? The old system is breaking down more and more". He pointed out that we have "erected a pharmaceutical world around the human species and that wall has kept some of the wild chaos of the universe at bay for about sixty years, but as with pesticides and crops, each year the pharmaceutical barrier has to be raised higher to keep the universe out. More and more cracks are appearing all the time. Lyme is one of them. Within our lifetime, that wall will fail." He stated that epidemiologists have been predicting this for some time and that it is well-known that our time is limited. Different approaches to disease are required but as human beings, we will postpone these as long as possible.

The military model of treating disease presents another significant problem. Buhner expressed that the disease organisms are much older than we are and thus, he does not attempt to eradicate or kill them. Most medical approaches in the United States use a top-down approach which emerged from military history. A top-down approach is being used to say what is and what is not a "legitimate treatment". Lyme cannot respond to this type of an approach as it adapts itself both to the host's body and to the ecosystems in which it appears. He noted that treatment approaches in Wisconsin need to be slightly different from treatment approaches in Connecticut and again from those in California. The people that live in each unique area know best how to treat the disease and each approach has to be different for each person with the disease. When people are removed from the top-down authority, tremendous innovation emerges but these same practitioners then get in trouble "from the top-down powers that be." He said, "We have to trust the people on the ground".

Lyme disease is a highly variable and adaptive organism. There is no one treatment that will work for all patients. Every incidence is unique and the practitioner must see the person in front of them. "Lyme disease patients themselves demand individual attention"; he said.

Buhner continued, "Lyme disease patients cannot help but to tell their entire story from the beginning." We need to recognize that there is great information in
these stories that helps us to step outside the medical model and approach each person as unique. These conversations will lead to an emergence of understanding as to which healing approach is right for a given person.

Buhner primarily sees clients that have been on antibiotics for years. His clients have largely been impacted by neuro-cognitive Lyme disease. Their symptoms are severe. They all have fear; they are terrified. "Employing means to reduce fear is one of the most significant factors in their healing," he shared. People need to know that "they will be companioned in their suffering and that someone will be there to offer them compassion," he said. This, unfortunately, is often missing in Western practice.

The first session that Buhner has with a Lyme patient can be quite lengthy, sometimes in excess of two hours. He works psychotherapeutically as each disease has a psychotherapeutic dimension which must be addressed. He establishes a deep rapport with people such that they do not feel alone in this terrible place. Simply doing this alone will raise immune function, reduce anxiety, and enhance trust; thus improving patient compliance and ultimately outcome.

Buhner is not generally supportive of the use of antibiotics but, for Lyme disease, he does believe they have a place. An herbal approach combined with an antibiotic approach may produce the best outcome for initial infection. However, most of the patients that he has seen have done antibiotics and no longer experience further benefit from them. In his work with about 700 Lyme disease patients over the past five years, he has seen about a 75% eradication of the disease. 15% have had complete or near complete remission of symptoms. 5% have had partial relief, and 5% experienced no improvement.

Herbs are exceptionally complex. They are not "raw drugs" though they may still be viewed in that manner by the Western model. Most possess between 100 and 1,000 chemical constituents and have complex actions within the body. "They are not amenable to reductionistic approaches and this is a factor that drives linear, reductionistic people crazy about herbs. Their complexity scrambles the circuits of people that want to control the wildness of the world. Their use is more an art than a science," he said. The actions of herbs are highly synergistic and the outcome of combining herbs cannot be predicted from a study of the herbs themselves.

Dosages of herbs are highly variable. Some clients may require a few drops while others may require tablespoons to achieve the full effect. The "Buhner Protocol" was the outcome of a study of the organism itself. Buhner attempted to understand why Lyme disease mimics so many different diseases. His first approach was to understand it so that he could approach it intelligently. "I am looking to make an accommodation with the disease, not to kill it," he said.

**Buhner Protocol**

The "Buhner Protocol" consists of four key factors which are important in order to understand how to treat the disease effectively. First, the organism uses specific mechanisms, primarily inflammation, to breakdown the collagen tissues in the body in order to generate nutrients such that it can live. "That is what it does; that's all it does," he said.

Second, it is where this breakdown occurs that determines where the symptoms emerge. If it is in the joints, arthritis presents. In the meninges, neurological Lyme is observed. In the brain, the disease gets worse. In the heart, Lyme carditis presents.

Third, every study shows that immune function and Lyme are inversely correlated. If certain immune markers are high, Lyme infection is either non-existent or mild. If certain markers are low, the course of the disease is much worse. The organism possesses the ability to manipulate the immune system of whatever host it is in. Once it is inside the body, it inactivates the components of the immune system that can affect it. This, along with the body spending energy to fight the disease, creates a severe fatigue in many people with Lyme disease.

Fourth, antibiotics are not very effective. Studies show they are effective only about 60% of the time. Doxycycline may be the best initial pharmaceutical for Lyme disease. It is better to start with Doxycycline vs. a weaker antibiotic so that the organisms do not have the ability to adapt. Lyme is a very smart organism.
Some reports show that Doxycycline is effective in 95% of patients, but these same reports do not convey that there is a 35% relapse rate after treatment.

There are a number of reasons that antibiotics may not work for Lyme disease. One of the most obvious is the genetic flexibility of the Borrelia organism. Immune function is certainly a factor and while Borrelia changes its outer protein coat rapidly, it is difficult for the immune system to mount an effective response. The rapidly changing organism is effectively not seen by the immune system as the same organism it might have perceived just moments earlier or moments later. The organisms sequester themselves into locations in the body where immune surveillance and blood flow are low. It effectively disguises itself. It can encyst and remain in that form for a year or longer. Due to the many complications involved in killing the Lyme organism, the goal is accommodation and balance.

Anti-spirochetal therapies as adjuncts or complementary therapies to a more complex protocol will often work to eradicate the disease. Buhner believes that "if all of your symptoms go away and your energy is great and your life is working great, it doesn't really matter whether you have the disease or not." He went on to say that "the one thing about a good chronic disease is that one of its primary functions is that it increases personal awareness. People that have a chronic disease can't live the way they used to live anymore. This is the greatest lesson of a chronic disease."

Buhner's treatment interventions are focused exactly on these key areas and are listed in order of importance. First, stop the inflammation that is breaking down collagen. Second, support the formation and strength of collagen in the body. Third, design specific treatment interventions for the unique symptom picture of the person. Fourth, strengthen immune function. Fifth, use anti-spirochetals to control infection. The use of anti-spirochetals continues to get lower and lower on the list as time has gone on.

The core herb for Lyme is Japanese Knotweed (Polygonum cuspidatum). Japanese Knotweed is an invasive botanical in almost every place where Lyme has emerged. Buhner noted that rather than taking the gift that nature has provided to exactly those that need it, people in Vermont are focused on trying to eradicate it from their yards. "Nature has a way of helping us but we quit listening a long time ago," said Buhner.

Japanese Knotweed shuts down the inflammatory pathways initiated by the spirochete. Other herbs like Turmeric can shutdown inflammation as well, but it uses very different mechanisms. Knotweed, on the other hand, affects the exact pathways that are problematic in Lyme disease. It is very specific for the inflammation related to Lyme disease. "If a genetic biologist had designed something, it could not be any better," he said.

Knotweed crosses the blood brain barrier. It is specific for inflammation in the meninges. If a person presents with a stiff neck and headaches as part of a neuro-cognitive Lyme presentation, Knotweed is very specific for these symptoms. It is a potent antioxidant and has protective effects on the brain. It calms the central nervous system and helps with arthritis symptoms in Lyme disease. Knotweed is an herb and drug synergist meaning that when it is used with antibiotics, it makes them powerfully effective even in cases where they previously failed. "If I could get every Lyme-infected person to do one thing, it would be to take Japanese Knotweed along with their antibiotic therapy. It increases the effectiveness by at least double," he said.

Knotweed is a mild antibacterial and is effective against other spirochetal organisms such as Leptospirosis. It modulates the immune system by either raising or lowering immune function as required in each unique person. Knotweed reduces the dynamics involved in autoimmunity. It is an angiogenesis modulator and controls the healthy generation of blood vessels. It stimulates microcirculation to the eyes and joints thus helping to facilitate the movement of drugs or herbs to those locations. It is cardioprotective and helps to remove endotoxins, which is a benefit to those with Herxheimer reactions during treatment.

The chemistry of Japanese Knotweed is incredibly complex. It contains resveratrol at a level higher than any other known plant. Buhner is not a fan of resveratrol itself, but the only product on the market that contained Japanese Knotweed at the time of the writing of his book "Healing Lyme" was Source Naturals.

Support Groups
http://www.publichealthalert.org/Articles/scottforsgren/Buhner.htm

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Resveratrol with 500mg of Polygonum per tablet. Isolated resveratrol alone will only be partially effective and will not be very potent for Lyme disease if it was derived from grapes.

Ideally, people would use the plant itself. There are more products available now that are made using the root, which is what Buhner prefers. In terms of making the protocol as simple as possible and easy to follow, the Source Naturals Resveratrol product is still a reasonable option.

Knotweed is clearly the most important herb for Lyme disease. It continues to emerge more and more strongly and is incredibly good for cognitive Lyme and for inflammation. The dosage of the Source Naturals Resveratrol is 1-4 tablets 3-4 times daily for 8-12 months. Buhner finds that some people begin to experience symptom relief within two weeks to two months, but it takes up to a full year to really turn the disease around.

For Knotweed, Buhner prefers the use of the raw root, dried and taken internally. Generally, Buhner believes that whole herb (by this he means the whole root) is the best option when using herbs. He has found that the whole herb works best as the body takes what it needs from the herb. The use of decoctions and tinctures is not ideal as it results in a product that does not contain the full spectrum of components in the whole herb.

Japanese Knotweed should not be used while pregnant and may cause a metallic or odd taste in the mouth.

The second herb is Cat's Claw. Cat's Claw is the one herb that will reliably raise CD57 white blood cell counts and is a very good anti-arthritic herb. The dosage for Cat's Claw is 1-4 capsules 3-4 times a day. Once people are at the maximum dose of 16 capsules, Buhner suggests remaining at that dose for two months and then reducing to 2-3 capsules three times daily. It is difficult for the spirochetes to develop immunity to this type of an herbal regimen due to the complex constituents of the herbs.

In some cases, people have experienced that they cannot tolerate full-spectrum Cat's Claw but they can tolerate TOA-free. Buhner has not found the studies on TOA-free to be very convincing. He generally suggests using full-spectrum Cat's Claw.

The third herb is Eleutherococcus. It is a member of the Ginseng family. Buhner only recommends a 1:1 or 1:2 formulation. The tincture should be almost black in color. If it is golden, it is a 1:5 formulation which is not effective for Lyme disease. If fatigue is an issue, the protocol may not be effective without eleutherococcus. The dosage is ½ to 1 teaspoonful upon rising and at lunch. It can lead to insomnia if taken too late in the day. Eleutherococcus stimulates immune function, decreases fatigue, reduces brain fog, and reduces depression. It is a must for anyone with neuro-cognitive Lyme.

The fourth herb is Astragalus. It is a very good immune tonic. If an uninfected person lives in a Lyme endemic area, they should consider the use of 1000mg of astragalus per day for life. After a known bite, it may be appropriate to increase the dose to 3000-4000mg per day for a short time. Astragalus raises the immune markers that will either prevent infection when bitten or make the course of the disease milder. If Th1 markers are low, a person is susceptible to infection. For those with chronic Lyme disease, astragalus may cause autoimmune problems and is best avoided.

Andrographis is the last of the main herbs. Andrographis is an extremely potent herb that crosses the blood brain barrier. It needs to be taken at least three times a day as it moves out of the body rapidly. It modulates autoimmunity, protects heart tissue, and is anti-inflammatory for the central nervous system. A standardized 10% andrographolide formulation is used. The dosage is 1-4 tablets 3-4 times daily.

Andrographis is very bitter tasting. Planetary Herbals Full Spectrum Andrographis is what Buhner suggests. He noted that the label suggests that one should not use the herb longer than 10 days, but he does not agree with this cautionary statement. The main side effect of andrographis is that 1% of the people that take it...
will get severe hives that takes as long as two months to resolve. He recommends starting with a lower dose to see if a person may have this side effect. Buhner is no longer a major fan of Andrographis, however. He has found that it has only been about 60% effective whereas Japanese Knotweed has been 90% effective in treating Lyme disease. He considers it a good adjunct spirochetal option, but it is no longer a key part of his core protocol.

**Adjunct Treatment Options**

In looking at hypercoagulation, Buhner uses Red Root. Red Root is a good herb for coagulation problems as well as sluggishness in the spleen or liver. It helps to clear the lymphatics and improve overall functioning of the body. It can also be helpful in dealing with coinfections. In some cases where Red Root may not be strong enough for lymphatic support, Poke Root may be considered.

Teasel is a good herb for Lyme disease in some cases. It seems to work better for people with Lyme around Wisconsin and Minnesota but is not effective in terms of clearing the disease in people with Lyme disease on the East Coast. It does seem to help with arthritic symptoms regardless of where a person may live.

Stephania is a great herb used primarily in China and Japan. If someone presents with Bell's palsy, this is the herb to use. It is powerful for eye and ear involvement including balance problems. It is anti-inflammatory and considered to be as good as corticosteroids. 1/2 to 1 teaspoon three times daily may be recommended. With Bell's palsy, 1 teaspoon three times daily may be used. With eye and ear involvement, 1/2 teaspoon three times daily is used. Stephania is useful in treating peripheral neuropathy. The primary side effect is constipation which may balance out any diarrhea experienced from taking Cat's Claw. Stephania is contraindicated in those with AV block and has a number of drug/herb interactions that should be considered.

Many people with Lyme disease have neurotoxic involvement. Quinolinic acid is produced in the brain with Lyme disease. Reactive oxygen species (ROS) are also common in Lyme. Buhner primarily uses Japanese Knotweed for neurotoxins as well as 200-400mcg per day of selenium. Zinc picolinate at a dose of 20-30mg per day may be helpful. B complex helps with crawling sensations in Lyme at a dose of about 1000mcg per day.

For memory and brain fog, Japanese Knotweed and Eleutherococcus are helpful. For additional support, Vinpocetene at a dose of 10mg three times daily can be helpful. It may be useful when eye involvement is present such as severe floaters. Huperzine A at a dose of 50-100mcg twice daily often assists memory. If brain hypoperfusion is present, Ginkgo biloba may be used.

For general weakness, Buhner uses a tincture of pine pollen, American Ginseng and Aralia called "Muscle Tone Blend" at a dose of 30-60 drops three times daily. Pine pollen is high in testosterone and androgens. It is generally helpful for muscle weakness.

For Candida, a tincture combination of Desert Willow and Chaparro amargosa at a dose of 1 teaspoon three times daily may be helpful. Buhner finds that PB8 as a probiotic supplement helps with Candida.

For collagen support, glucosamine sulfate at a dose of 500mg three times daily is often beneficial. Pregnenelone at a dose of 200mg daily is useful for many collagen diseases. Orthosilicic acid such as BioSil™ at a dose of 6-20 drops daily may be useful. Echinacea is very good for formation of collagen though it must be taken in larger doses. An effervescent solution of vitamin C stimulates the production of collagen. Using these collagen supportive products can help to restore collagen at a rate faster than the Lyme spirochetes are able to break it down.
In terms of coinfections, Babesia is the coinfection that Buhner is asked about the most. His preference is Artemisia annua, not isolated Artemisinin. In his experience, if you use Artemisinin for 30-40 days and it has not cleared up Babesia, it is not going to be effective. The isolated Artemisinin has side effects whereas the plant itself, Artemisia annua, does not. He suggests Artemisinin 300-400mg daily for 30-40 days only. If Babesia is still a problem, Cryptolepis tincture is used next. Cryptolepis is a powerful systemic herbal antibacterial. It is "the herb" according to Buhner. It is broad spectrum, very potent, and has minimal side effects. It is specific for Malaria. Buhner uses Cryptolepis for both Babesia and MRSA. For MRSA, Buhner has used 1 teaspoon to as much as 1 tablespoon three times daily. Cryptolepis seems to clear all forms of Babesia at a dose of 1/2 teaspoon three times daily for 60 days. Red root helps to clear cellular debris resulting from Babesia treatment at a dose of 1/2 teaspoon three times daily. Boneset tea is helpful for those with night sweats.

For Ehrlichia, astragalus at a dose of 1000-2000mg three times daily is helpful; though it is not recommended for those with chronic Lyme disease. Colchicum tincture is used in Europe for the treatment of Ehrlichia. With use of the isolated tincture, side effects may occur. 10-60 drops of tincture made from seeds or bulbs per day may be used.

Buhner has found that Bartonella can be difficult to treat. Red root, Boneset tea, and Japanese Knotweed can be helpful, though these are not curative.

For Mycoplasma, Isatis tinctoria from Thorne Research at three 350mg capsules three times daily may be useful. Fermented wheat germ is a good option as well. Houttuynia may be useful.

In addressing fear commonly seen in people with Lyme disease, Buhner has found that Pasque flower tincture at 10 drops daily is often a good option. Coral root tincture and Motherwort tincture are also useful.

In general, herbal therapies do not require the use of probiotics like antibiotics do. Grapefruit seed extract is the only treatment that Buhner has seen that does require the use probiotics as it can adversely affect normal gut flora.

Buhner believes that sooner or later the cyst forms will reemerge within a period of about one year. Thus, if the protocol is continued for at least a year, cyst forms should be addressed. Some people attempt to go off the protocol after a year and experience a worsening of symptoms. For those people, Buhner recommends a maintenance dose of 1 capsule of Japanese Knotweed and 1 capsule of Cat's Claw three times daily.

Summary

Stephen Buhner has been looking at the challenge of Lyme disease for several years. He has created a protocol that has been helpful for many. In doing so, he has attempted to create an approach that is not only effective, but also cost-effective. He struggles with the economics of Lyme disease treatment and believes that everyone needs options that are reasonably priced. On average, the "Buhner Protocol" will run about $200 dollars per month for the first year of treatment. Buhner has worked tirelessly to not only understand the disease that impacts so many of us, but to identify and evaluate options that will help us return to a state of better health and well-being. I thank the universe for Stephen Buhner. Here's to your health!

About Stephen Buhner

Stephen Harrod Buhner is an Earth poet and the award-winning author of fourteen books on nature, indigenous cultures, the environment, and herbal medicine. He comes from a long line of healers including Leroy Burney, Surgeon General of the United States under Eisenhower and Kennedy, and Elizabeth Lusterheide, a midwife and herbalist who worked in rural Indiana in the early nineteenth century. The greatest influence on his work, however, has been his great-grandfather C.G. Harrod who primarily used botanical medicines, also in rural Indiana, when he began his work as a physician in 1911.
Stephen's work has appeared or been profiled in publications throughout North America and Europe including Common Boundary, Apotheosis, Shaman's Drum, The New York Times, CNN, and Good Morning America. Stephen lectures yearly throughout the United States on herbal medicine, the sacredness of plants, the intelligence of Nature, and the states of mind necessary for successful habitation of Earth.

He is a tireless advocate for the reincorporation of the exploratory artist, independent scholar, amateur naturalist, and citizen scientist in American society - especially as a counterweight to the influence of corporate science and technology.

About The Author

Scott Forsgren is the editor and founder of www.BetterHealthGuy.com where he shares his thirteen year journey through a chronic illness only diagnosed as Lyme disease after eight years of searching for answers. Scott can be reached at Scott@BetterHealthGuy.com.

Resources


For additional information on Stephen Buhner's protocols or to participate in a forum, visit Planet Thrive at http://www.PlanetThrive.com. Questions can be posted to Stephen at http://planetthrive.com/category/experts/buhner/.


Product Sources

Japanese Knotweed can be found as Source Naturals Resveratrol at retailers such as Vitacost at http://www.vitacost.com. Another source for Japanese Knotweed is Healing Spirits Herb Farm at http://www.healingspiritsherbfarm.com. They offer the raw herb, though it is not encapsulated. Encapsulated product is also available through Tim Scott in Vermont at 802-251-0888.


Stephania is available through Herb Pharm at http://herb-pharm.com.

"Muscle Tone Blend" is available from Woodland Essence at http://www.woodlandessence.com.

Fermented wheat germ is available from IHerb at http://www.iherb.com in a product called Ave.