

Tequesta Family Practice

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The Marshall Protocol is a novel form of therapy that involves use of Olmesartan medoxomil to block the intrinsic vitamin D receptors which is part of the inflammation cascade thought to be associated with a variety of illnesses including Sarcoidosis, Fibromyalgia, Rheumatica, Rheumatoid arthritis, Systemic Lupus Erythematosus, Chronic fatigue syndrome, Uveitis, Hashimoto's thyroiditis and a number of other diagnosis that have been treated successfully to remission of symptoms. Strict avoidance of vitamin D and of sunlight is mandatory including wearing eyeglasses that block Ultraviolet A&B bands as well as InfraRed (IR) wavelengths.

Vitamin D avoidance will be key to minimizing the severity of adverse reactions expected with this protocol. Since Vitamin D is also formed from sunlight exposure, it is necessary to avoid sunlight and other bright artificial

I have been warned of the photosensitivity that occurs during recovery from Th1 Inflammatory Disease.

I have been warned of the appearance of Jarisch-Herxheimer Reactions which may appear as a worsening of my symptoms and may appear as other symptoms unknown to me as well. These symptoms resolve with continued treatment but can include cardiac dysrhythmias and lung inflammation with wheezing, shortness of breath and could possibly necessitate hospitalization, severe cases that are not monitored and treated appropriately have the potential to be lethal.

Although rarely life-threatening, the IP reaction needs to be treated with respect.

If you develop intolerable symptoms or cardiopulmonary symptoms such as heart rhythm irregularities or

severe difficulty breathing or severe throat constriction or severe abdominal pain:

-Increase Benicar to 40mg every three hours. When in a 'crisis', take an extra 20mg of Benicar

sublingually with each every three hour oral Benicar dose. This is especially important if you have GI

tract inflammation. Continue until symptoms are tolerable (Your Healthcare Provider understands why

this is necessary to ensure complete blockade of inflammatory cytokines).

-Contact your Healthcare Provider immediately (S/he may call Dr. Marshall if necessary).

-Seek emergency medical attention if you have any doubts about the severity of your symptoms.

-If you are a member of the clinical study cohort, you may post a message in the Urgent Forum to

obtain additional information on decreasing a severe IP reaction.

The next dose of Zith should be postponed or reduced until symptoms are, once again, tolerable.

Adjusting Zith options:

-decrease the next dose

-take an early dose (the same or reduced) if symptoms peak on day 8-10

-delay the next dose (If Zith has accumulated in tissues after several cycles, however, symptoms may

increase because Zith may be even more effective as the higher tissue concentration wanes.

In that

case, reducing Zith, if intolerable symptoms persist, may work better.

Minocycline may also be adjusted to reduce IP.

Adjusting Mino options:

-reduce the dose first (lowest dose is 25mg)

- extend the schedule to every third or fourth day
- take an extra dose of 25mg (or 50mg if used to a higher dose)
- discontinue until symptoms settle
- take a low dose more often (25mg every 6 hours or 50mg every 12 hours or a daily dose of 25-50mg)

Use past experience in Phase One to decide which option might work best now. When uncertain what

to do when trying to reduce symptoms, it is best to first try reducing the Mino dose and/or delaying the

next dose before trying an extra dose or frequent Mino dosing.

-Consult your Healthcare Provider if you are worried about any symptoms.

Your reactions to Zith and your progress will vary. *Do not expect each cycle to be a repeat of the*

previous cycle. If IP reactions become a problem at any time, reduce the Zith and/or Mino to a lower

dose. The goal of Phase Two is to kill more species of bacteria than Phase One. However, it is

important to manage the antibiotic dosage using incremental dosing levels which control the IP and

avoid uncomfortable or even dangerous reactions. *There is no advantage to proceeding too quickly.*

I fully understand the risks and benefits, having discussed these with the staff at Tequesta Family Practice and had my questions answered I would like to start on the Marshall Protocol.

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