The Marshall Protocol; Providing Relief for Fibromyalgia and many Autoimmune Syndromes

For many years there have been theories that autoimmune diseases such as Systemic Lupus Erythematosis (SLE), Rheumatoid Arthritis (RA is not the "wear and tear or osteoarthritis OA, but OA can also respond), Sarcoidosis, Uveitis, Crohn's Disease, Ulcerative Colitis and other similar syndromes such as Chronic Fatigue Syndrome, Fibromyalgia Rheumatic (FMR), Immune Deficiency Syndrome, Multiple Chemical Sensitivity Syndrome, Multiple Sclerosis, Amyotrophic Lateral Sclerosis (ALS-Lou Gherig's disease), Parkinson's Disease, Restless Leg's Syndrome, Myasthenia gravis, Interstitial cystitis, Kidney Stones, Psoriasis, Cardiac arrhythmias, Non-Insulin Dependent Diabetes, Irritable Bowel Syndrome, and similar disorders may be linked to an infection that is hard to diagnosis and harder to cure. We've learned that diseases such as coronary artery disease and even stomach ulcers have been linked to unusual organisms as well. These have been equally difficult and slow to understand, diagnose and effectively treat. Over the years many physicians have prescribed a variety of antibiotics hoping to help those suffering from these and other similar disease. We've had little success and our patient's precious little relief.

Enter Trevor Marshall who obtained his PhD from the University of Western Australia. He's since moved to Southern California and has developed a protocol that seems to effectively find and target *Cell-Wall Deficient (CWD)* Bacteria, classically known as *l-forms*, that are ingested by the white blood cells of our body's immune system. Usually germs are killed once ingested this way, but these bacteria have adapted to be able to survive and cause further damage after they've been engulfed. The diseases linked with these organisms cause a great deal of suffering to our patients. Many physicians feel helpless and frustrated trying to treat patients with the myriad of vague complaints without classic medical findings on exam and/or lab & imaging.

The process is more than a little bit complicated as is the cure for it.

Dr. Marshall has found that there is an immune system component, the Th-1 system that actually uses the cell's vitamin D receptors to help regulate the inflammatory process. Basically, these bacteria are able to fool the immune system using this receptor. They keep the immune system very active, churning away, using up a lot of energy while not actually getting rid of the organism. It's important to understand a little bit about Vitamin D in order to see how this works. Vitamin D comes in a preliminary form; 25-hydroxy Vitamin D which is then activated to the more active 1,25 di-hydroxy form. Typically folks with this disorder have low 25 Hydroxy and very high 1,25 di-hydroxy forms of Vitamin D, we can draw blood levels which are immediately frozen and look for a ratio of >1.6 Dihydroxy/25 hydroxy to diagnose that this syndrome is likely causing our patient's problems. The CWD bacteria are actually causing this over-abundance of di-hydroxy Vitamin D. This excess substances stimulates large numbers of macrophages to become active and release cell-regulating chemicals that cause increase pain, inflammation, fatigue and other symptoms over time. They also stimulate formation of Angiotensin II production which gives us a foothold in how to treat the disorder.

There is a class of blood pressure medicines called Angiotensin Receptor Blockers (ARB's) that work to block that part of this sequence. Of this class of drugs, Olmesartan (Benicar is the trade name and will be used for convenience writing this article) works the best. Unfortunately there is a toxic reaction as these CWD's die off, they release toxins that cause a Jarisch-Herxheimer (Herx for short) reaction that causes a variety of symptoms, usually that of the common presenting symptoms that the patient suffered initially. These symptoms can present in a huge number of ways. If they involve the heart and lungs that can potentially be life-threatening—not to be taken lightly nor without the assistance of a physician comfortable in dealing with serious illnesses and symptoms!

One of the most difficult and critical aspects of the protocol is STRICT avoidance of all forms of Vitamin D, which is used to supplement and is found in so many food substances including dairy products. Vitamin D is also made by our skin in response to sunlight so sunlight avoidance is also critical to the success of this program. 2% Ketoconazole Cream and/or Zinc Oxide sunscreens can allow time outdoors during the day. There are even Vitamin D receptors in our eyes, so protective eyewear that protects from Ultraviolet A&B and well as InfraRed (UVA, UVB & IR) is recommended. Even bright indoor lights can require use of these sunglasses indoors—possibly for a few years (remember, this is not an easy program to follow, but the benefits can be worthwhile!) Some of our readers may recognize that Vitamin D is essential to prevent Rickets, a disease associated with a deficiency of this important vitamin. Luckily this is not a problem during the time on this protocol, which is not life-long. Ricketts has also been noted to be associated more with problems in the regulation of Phosphorus, than it is to Calcium regulation, so calcium supplements can be continued while on this protocol and Rickets has not been reported by those on the Protocol.

The Benicar is used with sunlight avoidance for several weeks to months during the first phase of the protocol. The dose is somewhat different than most physicians will be familiar with however; 40 mg is the usual maximum daily dose of this medication. To treat in the protocol with it it's started at 40 mg FOUR times daily, sometimes up to every 4 hours to relieve symptoms associated with light exposure of antibiotic use. Interestingly the high dose doesn't cause excessively low blood pressure in most patients, the mild decrease in BP can usually be treated by eating a bit more salt and taking in more water while on the high dose. Getting insurance companies to pay for this high dose poses another problem however.

Once sunlight avoidance and Benicar has been started, the ride begins. After control of the symptoms of the Herx reaction has been gained, it's time to start slow and low doses of antibiotics.

During Phase I of the protocol, Minocycline (a tetracycline derivative) is used at a very low dose of 25 mg given every other day (to treat infections with this generally requires 100 mg once to twice every day). Starting antibiotics and increasing the dose of them typically brings on the discomfort of a herx reaction. Once the dose is tolerating without

difficulty, it's time to increase the dose from 25 mg every other day to 50 mg until symptom free, then 75 gm every other day and finally 100 mg every other day.

Phase II begins once the maximum dose of Minocycline is tolerated with the Benicar and Vitamin D & Sunlight exposure. Blood is drawn to check Vitamin D levels and other metabolic parameters. The addition of other carefully selected antibiotics to the Minocycline begins a new round of Herx reactions and the second antibiotic dose is slowly escalated as the Minocycline dose was. It may take a good year to get thru the Phase II.

Phase III begins again with labs drawn and addition of a third carefully selected antibiotic depending on how well Phase I & II went. Alternating with the Minocycline day, the level of this third antibiotic is slowly ramped up to the maximum dose per the protocol. This combination is taken for as long as is necessary (with continued Benicar 40 mg 4 times daily/about every 6 hours and strict Vitamin D & light Avoidance).

If it becomes necessary to take antibiotics during the Marshall Protocol for any other infection, the Protocol is interrupted and then resumed once the acute infection and it's use of antibiotics has ended.

There are a variety of other drugs that are contraindicated during the protocol. Use of supplements and other protocols during the Marshall Protocol is also strongly discouraged.

For readers intrigued by the concept of using antibiotics to CURE and not settle for controlling symptoms of the many forms of Th-1 inflammation, further information is available at www.marshallprotocol.com and www.curemyth1.org
It's strongly encouraged to patients that they register at the site and receive the free expert advice from the professionals at this site to those suffering from these diseases by posting questions after registering on the site. There is no charge for this service.
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