

Cliff Notes Charge Sheet 3

BIOMARKERS

- Lyme scam was performed for 2 reasons.
 - The first reason has to do with the Autism pandemic
 - This is in parallel with what happens when a child is immunosuppressed, has a concurrent active bacterial infection and is vaccinated anyway, or the vaccine vial has been contaminated with mycoplasma, which is myco, which is fungal, which is like OspA:
 - causes immunosuppression and the lack of antibody production.
 - The second reason the CDC does not want anyone to know about the mechanisms of illness from spirochetes constantly shedding outer surface proteins in a process called blebbing-plus-antigenic variation.
- **MMP-130**
 - Klemperer, in addition to finding that Lyme was not curable with IV ceftriaxone:
 - found that the majority (79%) of Lyme victims have a unique sign or biomarker of a nerve and brain-degrading enzyme called matrix-metalloproteinase-130.
- **GFAP, or glial-fibrillary acidic protein –**
 - ROBERT SCHOEN,
 - When trying to push the Yale LYMERix vaccine, Schoen mentions this biomarker, when trying to show how devastating Lyme is, and that you'd better get that vaccine (2000, while LYMERix was still on the market), mentioning the destruction of these cells, the sign of which is GFAP in the spinal fluid
 - **Anti-heat-shock antibodies**
 - antibodies against flagellin causes some pathology, while at the same time saying band 41 means nothing and you have a non-disease. It happens to be for the very reason (says Barbour) that antibodies against flagellin cause cross-reactive antibodies against human heat shock protein-60 that there is no flagellin vaccine.
 - So, because the anti-flagellar antibody causes harm and damage, the crooks say if you HAVE that antibody, it means you're psychiatric and don't have a real disease
 - **QEEG or electroencephalograms (Sigal, primary Munchausen's accuser)**
 - Quantitative EEG, flash visual evoked potentials, auditory evoked potentials to common and rare tones in patients with Lyme Disease
 - Three different types of neurophysiological abnormality were observed in these patients including QEEG slowing, possible signs of cortical hyperexcitability, and focal patterns indicating disturbed interhemispheric relationships.
 - **SPECT or brain perfusion scanning (Steele)**

- SPECT cannot be used alone to diagnose LE or determine the presence of active CNS infection.
 - **Antiphospholipid antibodies**
 - Reactivity of neuroborreliosis patients (Lyme disease) to cardiolipin and gangliosides."
 - **Quin or quinolinic acid found in the central nervous system**
 - product of the immune response against a bacterial infection
 - **Lyme Is associated with ALS (Halperin, Dattwyler)**
 - Keep in mind that if it is not Borrelia causing all these signs, it would be due to all the secondary opportunistic infections that take over in post-sepsis syndrome
 - **NO in the brain (Steere)**
 - Nitric Oxide is a free-radical, neurotoxin.
 - **Anti-ganglioside antibodies (Benach)**
 - This immunization model suggests that antibodies to gangliosides in Lyme disease have a microbial origin and are potentially relevant in pathogenesis."
 - **CSF cells looking like "Epstein-Barr-like transformed cells (Paul Duray/IDSA)**
- OspA and spirochetes cause humoral immunosuppression (no antibodies and a result like post-sepsis syndrome), with chronic brain inflammation, says the NIH. And since they are talking about TLR2/1 ligands, that means the triacyl Osps, like OspA.

References

Dickson, K. (n.d.). Charge Sheets . Retrieved February 18, 2018, from http://www.actionlyme.org/2017_All_9_Charge_Sheets.pdf