


Antibiotika Gruppen	Erreger Medikament	Borre-	Barto-	Yersin	Babes	Chlam	Myko-	Ehrlic	Myco-	Toxo-	Morge	Virus-
		lien	nellen	ien	ien Proto myxo	ydien	plas- men	hien	bakter- ien „MOT“	plas- men	llen	arten
Keine Monotherapie!	<u>Ceftriaxon</u>	X*	x									
Betalactame	<u>Cefuroxim</u>	K*		X*								
	<u>Amoxicillin</u>	X	X*									
Makrolide	<u>Azithromycin</u>	X* X*	X*	X	X	X*	X*	X*	X	X	X*	x
	<u>Clarithromyc.</u>	K*				x			x			
	<u>Avermectin</u>				?					?		
Lincosamide	<u>Clindamycin</u>				X X					X		
Tetrazykline	<u>Min.-/Dox.-/T.</u>	X* X*	X*	X	X	X*	X	X	X	X	X*	x
Ansamycine	<u>Rifampicin</u>		X*		X	X*	X	X	X	X		
Chinolone	<u>Levofloxazin</u>			X X		X	X	X	Coxiellen, Franzisellen, Rickettsien ..			
	<u>Ciprofloxazin</u>		X			X		x				
Vitamin- antagonisten	Cotrim Rat. ®	K*	X*	X	X	X	X	X	X	X	X*	
	<u>Dapson® @</u>	X					X		X			
Antimetabo- lite	<u>Sulfadiazin @</u>	X				x				X		
	<u>Daraprim®</u>									X		
Antiprotozoik	<u>Malarone® @</u>				X					X		
<u>Lysosomo- tropica</u>	<u>Artemisia +</u>	X* X*	X*	X	X	X*	X	X	X	X	X*	X
	<u>Hydr.chloroq.</u>	X* X*	X*	*	X	x	x	x	*	*	X*	*
Nitroimidaz.	<u>Metronidazol</u>	X			X	x					X*	
Antimycotica	<u>Fluconazol</u>	X									X*	
<u>Antihelminthika</u>	<u>Mebendazol @</u>										X*	
Virustatika u. <u>Phenothiazine</u>	<u>Inosiplex, Ama</u>	*	*	*	*	*	*	*	*	*	*	X X X
	<u>Valaciclovir</u>											X
pH	<u>Lactulose</u>	x	x	x	x	x	x	x	x	x	x	x
Phyto Standard	<u>Phytother. 1</u>	X*	x	x	x	X*	x	x	x	x	x	x
	<u>Phytother. 2</u>	X	x	x	x	X	x	x	x	x	x	x
Sonstige	<u>Pyrazinamid</u>		.		.	.	.	.	X			
	<u>Methylenblau</u>	.			.	.	.	.		.
	<u>INH</u>					.			.			
	<u>AmphoMoral</u>	.									X	
	<u>Rifaximin</u>			x					X			
	<u>Tigecyclin</u>				
	<u>Vancomycin od</u>	<u>Fidaxo</u>										
	<u>Daptomycin</u>	X										
<u>Phosphomycin</u>												
<u>Mupirocin 2%</u>												

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Krankheitserreger und krankheitsspezifische Antibiotika.

Pathogens and disease-specific antibiotics ->
<http://www.xerlebnishaft.de/antibiosetherapie.pdf>

The tables show the most common co-infections and their corresponding effective antimicrobials.

“Chronic Lyme disease” is treated for minimum 3 or 6 months with a triple or quadruple drug - combination therapy including adjuvants and physiotherapy.

.....x **Mittel der Wahl, drugs of choice** x.....

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„ **Die intrazellulären Keime sind jedoch in geschützten Nischen versteckt und für die meisten Antibiotika nicht erreichbar; nur eine kleine Liste der bekannten Antibiotika ist in einer solchen Situation hilfreich (Tab. 3). Nur mit Hilfe von wirksamen intrazellulären Antibiotika können solche Herde kuriert werden, denn sonst droht eine Exazerbation nach Beendigung der Therapie.**“

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Nau R, Sörgel F, Eiffert H (2010) **Penetration of Drugs through the Blood-Cerebrospinal Fluid/Blood-Brain Barrier for Treatment of Central Nervous System Infections.** *Clin Microbiol Rev.* 23(4), 858–883. doi: [10.1128/CMR.00007-10](https://doi.org/10.1128/CMR.00007-10) PMID: PMC2952976
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- ➔ **Bakterien Pleomorphie** <http://www.erlebnishaft.de/stressvar1.pdf>
<http://www.erlebnishaft.de/stressvar2.pdf>
- ➔ **Borrelien intrazellulär** http://www.xerlebnishaft.de/borr_intrazellulaer.pdf
- ➔ **Gen Dynamik** http://www.xerlebnishaft.de/gen_dynamik.pdf

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Standard-Medikamente und ihre Wirkweise. Standard medications and how they work.

Drugs	Mechanisms of action
<u>Methylxanthines</u> : Pentoxifyllin	<u>Immunomodulating agents</u>
Antiarrhythmics: Amiodaron, Dronadron. Calciumantagonist: <u>Verapamil</u>	Possible viral entry inhibitors
<u>Phenothiazines</u> : Chlorpromazine Methylenblue	Antibiotics
Inosin: <u>Inosiplex</u>	Antiviral agent
Red algae <u>Griffithsia</u> : <u>Griffithsin</u>	Antiviral agent, viral entry inhibitor <u>Komplement</u>
<u>Biogenic amines, polyamides and peptides</u> : <u>Spermidine</u> , L-arginine, N-acetylcysteine	Antibiotics
<u>Fatty acids</u> : Caprylic acid, Lauric acid	Antibiotics, antifungals, antivirals
<u>Polyphenoles</u> : Resveratrol, Taxifolin	Antivirals, Antibiotics

Zaldívar-Machorro VJ, López-Ortiz M, Demare P, Regla I, Muñoz-Clares RA (2011) **The disulfiram metabolites S-methyl-N,N-diethylthiocarbamoyl sulfoxide and S-methyl-N,N-diethylthiocarbamoyl sulfone irreversibly inactivate betaine aldehyde dehydrogenase from Pseudomonas aeruginosa, both in vitro and in situ, and arrest bacterial growth**. Biochimie. 93, 286–295. [[PubMed](#)]

„Antabuse 250 MG oral tabs (DISULFIRAM) ONE TWICE DAILY Thursday, Friday and Saturday of week 3 in a 4 week cycle. NO ALCOHOL AT ALL within 48 hours of any dose #6 x 2“. Shor S (2017)

Interferon, interferons

[Snyder DT](#), [Hedges JF](#), [Jutilla MA](#) (2017) **Getting "Inside" Type I IFNs: Type I IFNs in Intracellular Bacterial Infections**. J Immunol Res. 2017, 9361802. doi: 10.1155/2017/9361802. Epub 2017 Apr 26. <https://www.ncbi.nlm.nih.gov/pubmed/28529959>

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Kombinationen – Therapien, combination therapy

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« ... whereas the ERY—DOX pairing has an established synergy [13,14].

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“Daptomycin plus doxycycline and cefoperazone eradicated the most resistant microcolony form of B. burgdorferi persisters and did not yield viable spirochetes upon subculturing, suggesting durable killing that was not achieved by any other two or three drug combinations”.

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“... but this study demonstrates that they can be effective even when using drug doses below their maximal potency.”

Ayhan DH, Tamer YT, Akbar M et al. (2016) **Sequence-Specific Targeting of Bacterial Resistance Genes Increases Antibiotic Efficacy**. PLoS Biol. 14(9), e1002552. doi: 10.1371/journal.pbio.1002552. eCollection 2016. <http://www.ncbi.nlm.nih.gov/pubmed/27631336>
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Feng J, Zhang S, Shi W, Zhang Y (2017) **Activity of Sulfa Drugs and Their Combinations against Stationary Phase B. burgdorferi In Vitro**. Antibiotics (Basel). 6(1). pii: E10. doi: 10.3390/antibiotics6010010. <https://www.ncbi.nlm.nih.gov/pubmed/28327498>

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« After adjustment for potential confounders, use of macro-lides (excluding erythromycin), quinolones, tetracyclines, sulfonamides and metronidazole during early pregnancy was associated with an increased risk of spontaneous abortion. »

- ➔ **Langzeit- und Kombinations-Therapie, longterm and combination therapy** http://www.kabilahsystems.de/antibiotika_langzeit.pdf
- ➔ **Synergistische Effekte** <http://www.kabilahsystems.de/rifampicin.pdf>
- ➔ **Pulstherapie** http://www.kabilahsystems.de/antibiotika_pulse.pdf

- ➔ **Antibiotika Therapieplan Varianten 1 bis 9 bei Patienten mit Multisystem-Multiinfektions – Krankheit** www.kabilahsystems.de/therap_01_basis.pdf
- ➔ **Begleit-Therapie bei Patienten mit Multisystem- Multiinfektions- Krankheiten während einer Langzeit-Antibiose. Concomitant therapy in patients with multisystem Multi-bacterial and fungal diseases during long-term antibiosis** <http://www.kabilahsystems.de/kommentmedbegleittherapie.pdf>
- ➔ **19th WHO Model List of Essential Medicines** (April 2015)
- ➔ **5th WHO Model List of Essential Medicines for Children's** (April 2015)
- ➔ **Chronic Inflammatory Disorders Multisystem diseases caused by pathogens.** http://www.kabilahsystems.de/ko-erreg_eupd1.pdf

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