


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 <b>Extremrisiko!</b>	<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>												

Letzte Revision Mai 2017 [www.Huismans.click](http://www.Huismans.click) 

**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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<https://www.guidelines.gov/summaries/summary/49320/evidence-assessments-and-guideline-recommendations-in-lyme-disease-the-clinical-management-of-known-tick-bites-erythema-migrans-rashes-and-persistent-disease?q=lyme+disease>

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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](http://www.xerlebnishaft.de/borr_intrazellulaer.pdf)
- ➔ **Gen Dynamik** [http://www.xerlebnishaft.de/gen\\_dynamik.pdf](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> : Pentoxiphyllin	<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

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„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

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## Kombinationen – Therapien, combination therapy

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Pena-Miller R, Laehnemann D, Jansen G, Fuentes-Hernandez A, Rosenstiel P, et al. (2013) **When the most potent combination of antibiotics selects for the greatest bacterial load: the smile-frown transition**. PLoS Biol 11, e1001540. doi: 10.1371/journal.pbio.1001540. pmid:23630452 [View Article](#) [PubMed/NCBI](#) [Google Scholar](#)

Fuentes-Hernandez A, Plucain J, Gori F, Pena-Miller R, Reding C, Jansen G, et al. (2015) **Using a Sequential Regimen to Eliminate Bacteria at Sublethal Antibiotic Dosages**. doi:10.1371/journal.pbio.1002104 <http://journals.plos.org/plosbiology/article?id=10.1371/journal.pbio.1002104> <http://www.ncbi.nlm.nih.gov/pubmed/25853342>  
« ... whereas the ERY—DOX pairing has an established synergy [13,14].

Feng J, Auwaerter PG, Zhang Y (2015) **Drug Combinations against Borrelia burgdorferi Persists In Vitro: Eradication Achieved by Using Daptomycin, Cefoperazone and Doxycycline**. PLOSone. 0117207, 1-15 <http://www.ncbi.nlm.nih.gov/pubmed/25806811>  
“Daptomycin plus doxycycline and cefoperazone eradicated the most resistant microcolony form of B. burgdorferi persists and did not yield viable spirochetes upon subculturing, suggesting durable killing that was not achieved by any other two or three drug combinations”.

Richardson L (2015) **Alternating Antibiotics Render Resistant Bacteria Beatable**. PLoS Biol 13(4), e1002105. doi:10.1371/journal.pbio.1002105 <http://journals.plos.org/plosbiology/article?id=10.1371/journal.pbio.1002105>  
“... 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>  
„Finally, we demonstrate that antisense oligomers improve the efficacy of antibiotic combinations, allowing the combined use of even antagonistic antibiotic pairs that are typically not favored due to their reduced activities“.

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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](http://www.kabilahsystems.de/antibiotika_langzeit.pdf)
- ➔ **Synergistische Effekte** <http://www.kabilahsystems.de/rifampicin.pdf>
- ➔ **Pulstherapie** [http://www.kabilahsystems.de/antibiotika\\_pulse.pdf](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](http://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](http://www.kabilahsystems.de/ko-erreg_eupd1.pdf)

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