

**Treatment consent for  
Multisystemic disease through "facultative pathogenic" germs with focus on persistent viruses,  
Borrelia and other germs or toxins**

At the present two ways of thinking exist regarding diagnosis and therapy of the disease through "facultative pathogenic" germs with focus on persistent viruses, Borrelia and other germs or toxins, occasionally also called "**chronic Borreliosis**". Both of them independently from each other refer to „peer reviewed, evidence-based“ methods of treatment and according guide lines.

**Until we know more about this disease the patient has to weigh up the risks and advantages of both treatment options in close consultation with the doctor and has to decide accordingly.**

**The diagnosis**, which the doctor set, is a **clinical diagnosis**. It is derived from the exposition of ticks for instance, from the disease history, the current symptoms and the laboratory results and additional results/examinations. The diagnostic **aim is the direct or indirect proof of the cause** at the disease history.

- Some doctors refer to the recommendations of the **CDC** ([Centers of Disease Control and Prevention](#)) and to the **guidelines** of the **IDSA\*** regarding diagnose and therapy.
- Other doctors refer to the **guidelines** of the **ILADS\*\*** and the **DBG\*\*\*** treatment possibilities
- The **IDSA** ([Infectious Diseases Society of America](#)) only recommends a short period of antibiotic treatments at the utmost of 4 weeks and describes the long term effects of the Lyme Borreliosis disease as autoimmune process or as irreversible damage, as „**Post Lyme Syndrome**“, whereat the antibiotic treatment not only makes no sense but even shall be dangerous. [Lit. on p. 12 ff](#)

Other doctors think that due to short term therapies no permanent healing is to be expected, that the infection still persists and an immunodeficiency underlies the clinical picture and so-called **Co-infections**, for instance persistent viruses, other infectious agents or also **toxins** and **environmental conditions** join in or even could be the main cause of the disease.

- These other doctors (**ILADS** [International Lyme And Associated Diseases Society](#) und **DBG** [Deutsche Borreliose-Gesellschaft](#)) support a long term treatment, as it is a standard with Tuberculosis, Leprosy, M. Whipple, Akne vulgaris pustulosa et conglobata, chronic bacterial Prostatitis, chronic obstructive pulmonary disease (COPD), Malaria and other chronic infection diseases. Thereby antibiotics, other anti-infectious effect, anti-inflammatory and if required pain-relieving substances and further treatments are being used. [Lit.](#)
- Aim of the treatment is the **freedom from symptoms for the patient** and **maintaining a stable immune system**.

Decision of the patient after detailed information and consideration of risks and advantages of each treatment option:

<p><b>In close consultation with my doctor</b> I would like to be treated with antibiotics <b>as long as my symptoms are gone</b>. I am aware that these methods of treatment do not follow the IDSA guide lines and the according guide lines of the European organizations.</p>	<p>I request a <b>naturopathic treatment</b> until further notice and expressly decline a regular antibiotic treatment in accordance with today's knowledge standard.</p>
<p>I request an antibiotic treatment for a period of <b>only 30 days</b> even if my symptoms persist afterwards. <b>Then I will decide anew</b>.</p>	<p><b>IDSA*</b> guide lines: <a href="http://cid.oxfordjournals.org/content/43/9/1089.full">http://cid.oxfordjournals.org/content/43/9/1089.full</a>  <b>ILADS**</b> guide lines: <a href="http://www.ilads.org/files/ILADSGuidelines.pdf">http://www.ilads.org/files/ILADSGuidelines.pdf</a> **  <b>DBG***</b> guide lines: <a href="http://www.borreliose-gesellschaft.de/Texte/guidelines.pdf">http://www.borreliose-gesellschaft.de/Texte/guidelines.pdf</a></p>

Act on patients' rights in Germany from February 2013 <http://www.patienten-rechte-gesetz.de/>

**Patient's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**In block letters:** \_\_\_\_\_ **Doctor's signatue:** \_\_\_\_\_

Space for handwritten notes, also overleaf.