

"A dental x-ray showed an infected tooth... once the tooth was removed, all her pain even minor knee and joint pain vanished."

So I'm at this conference and an office manager starts telling me how she had severe chronic back pain for over 10 years. She had consistent chiropractic care, intense nutritional support including multiple IV nutrient treatments, you name it ... she tried it. For many years this particular chiropractic clinic had several MDs on staff. So she had multiple opinions from multiple doctors. DCs and MDs alike. She even went to a rheumatologist, thinking she had RA. You get the picture; severe, intense pain for many years. Nobody could help her find the cause of her pain. Through a dental x-ray she found she had an infected tooth. Once it was removed all her pain even minor knee and joint pain vanished. Interestingly, the sinus cavity over the infected tooth was also infected and is beginning to heal now that the major focus of the infection is gone. Infection increases cytokines which increase



inflammation systemically. So the root cause of her chronic back and joint pain was the infected tooth and sinus cavity. The infection created a hypervigilant immune system which caused systemic inflammation and the resulting pain.

Taken a step further if the hypervigilance in the immune system affects an organ or tissue, we call that "autoimmune disease." One way to evaluate if someone has an overactive immune system is to look at the differential of a simple CBC. Add the eosinophils, basophils and monocytes together. If the result is 10 or more, it is a good indicator that the immune system is overactive. Remember an overactive immune system will result in excess cytokines which can cause inflammation.

Elevated eosinophils and basophils are often a sign of parasites or allergies. You might ask, is it parasites or allergies? On one level it doesn't matter. Elevated levels signal an over active immune system. Inflammation is a part of the process so you have to do further testing to figure out the cause. The third part of the triad, monocytes, are a part of the innate system and migrate from the bloodstream to the tissue and will then differentiate into macrophages or dendritic cells, which then stay in the tissue. Monocytes and their macrophages and dendritic cell progeny serve three main functions in the immune system: phagocytosis, antigen presentation and the production of pro-inflammatory cytokines.

Another way to find these infections is a good case history. Dr. Bill Kleber spends over an hour with every new patient gathering data and specifically hunting for clues where hidden infections may be harbored. Did the patient have thrush as a child? Was there a history of antibiotic use, sinus infections, chronic sore throats, etc? Dr. Kleber teaches a course on autoimmunity and claims that the key to treating autoimmunity of any kind is to find and treat the hidden infections the body is harboring.

The major place to find a silent infection is the bowel by using a comprehensive stool parasitology and digestive analysis. Here is a practical key to using your stool testing programs. Treat what you find. Meaning even if you find a dysbiotic bug or yeast that is not pathogenic in itself; the body is releasing cytokines to manage it.

The patient has symptoms or they wouldn't be in your office. Therefore use therapies to restore balance in the GI tract. Dr. Louis Boven utilizes still another system of trigger points palpating to find hidden infections, see link below. Regardless of the approach you decide on, hidden infections are an underlying source of inflammation you should be looking for with all your chronic and maybe not so chronic patients.

I want to share a protocol that I learned from a GI specialist from John Hopkins University. He said it was one of the most powerful antimicrobial programs he has found including antibiotics. I have used it for small intestine bacterial overgrowth or SIBO but has far reaching effects for stubborn sinus infections, urinary tract infections etc. The exact protocol is below, but the focus is to use a combination of oregano oil as ADP, FC-Cidal, Dysbiocide and Berberine. Usually hidden infections are so entrenched the protocol recommends 3 cycles. Follow the antimicrobial protocol for 2 weeks then take one week off. This completes 1 cycle. Because the protocol target is bacteria, fungi, amoeba and perhaps some parasites, the 1 week off allows eggs to mature and hidden fungal forms to surface. Proceed with cycle 2 then cycle 3 to assure the effectiveness of this approach.

Recognizing silent or smoldering infections is a key piece to your therapeutic tool box. Hidden infections create an overactive immune system, and that overactive immune system is the cause of many chronic pain conditions. Patients will come to you sicker and sicker due to the standard American diet and the stresses of life. I encourage you to look deeper for silent or smoldering infections; finding and eliminating them will make a significant difference in your therapeutic outcome.

Thanks for reading this week's edition. I'll see you next Tuesday.