

The Secret of the Autoimmune Diseases Uncovered

To the readers!

The purpose of the following pages, dear readers, is not to blear your eyes, console you with unrealizable promises or tickle the vanity of the author.

These lines bear my suffering and are aimed at relieving or healing the patients 'uncurably' suffering from the so called autoimmune diseases.

The article was not written by the known scientific canons, so that no one would think of it as of one more 'scientific absurdity', although this, at first sight, broadminded text claims it is providing a really well grounded, new and irrefutable paradigm.

This said – it is time to put an end to the existing until now obscure (as is the phrase 'terra incognita') diagnostics, as well as to the resulting from it morbid and therapeutical nightmare for millions of patients that suffer unduly and simply die untimely due to the wrong and toxic therapy, and not from the illness treated by it!...

I hardly need to also give examples in support of this unseemly assertion.

It is more important that the victims of autoimmune diseases already seem to see a dim light in the tunnel.

It all partially depends on you yourselves, dear readers and patients, but mostly on the state health factors, the independent medical schools, clinics and experts.

I do not cover up my exploitations and ideas, and for a long time now I have been looking for expert-clinicians and interested institutions for an active, honest and urgent cooperation. There still are countless questions on the topic that await an answer. I lay just one block in the foundations of the medicine that is to come and which all uncurably ill - for the time being - patients need.

The autoimmune diseases and the key to their secret are only an insignificant part of the a lot more boundless theory (or paradigm) about the medicine of the future.

Yet, I will ponder on this next time!

Anyone that says "This does not affect me" will err...

I will cite just two circumstances proving a similar dangerous mistake.

First: scientists still do not have a generally accepted definition of the so called autoimmune diseases (AD). This does not stop them from being unanimous that the following affections fall in this group of diseases: systemic erythematous lupus, some types of arthritis, Sjogren's syndrome, Grave's disease (exolpthalamic disease, thyrotoxicosis), Hashimoto's disease, atrophic gastritis, multiple sclerosis, scleroderma, psoriasis vulgaris, Addison's disease, miastenia gravis, primary biliary cirrhosis, ulcerous colitis, idiopathic nephritis syndrome, pemphigus vulgaris, idiopathic trombocytopenic purpura, polyomyositis, dermatomyositis,

antiphospholipid syndrome, juvenile (insulin-dependent) diabetes... This, of course, is not the whole list.

Second: some researchers are inclined to include here still many other diagnoses that are being debated: atopic dermatitis, amyotrophic lateral sclerosis (ALS), contact dermatitis, autoimmune hepatitis, sarcoidosis, atopic asthma, Reino syndrome, gout, anorexia nervosa, Peroni's disease...

Some authors list 40-50 indisputable and disputable autoimmune diseases, others think that these diseases are at least 70-80, but if we are to assume the standard points of view in connection with defining them, then these diagnoses will turn out to be much, much more...

Both, the generally accepted and the disputable list of the so called autoimmune diseases impresses the ones not tempted by medical manipulations, speculations and emptiness with its arbitrariness, contradiction, state of chaos.

The only common thing that connects these diseases is the fact that they contain some immunological component and that **all of them are of unknown etiology, with undetected prime cause.** That is to say these are superficial, descriptive, inadequate, second rate, **symptomatic diagnoses.**

What a diagnostic helplessness and what a terminological chaos exhales from these lists! Some conditions are fixed as explicit **nosological units**, others are delicately called '**syndromes**', third are directly labeled as '**diseases**', and even kids know how great the difference between a 'disease' and a 'syndrome' is, and how important this 'detail' is for the fate of the ill patient!...

It seems that among the scientists-medics there have existed individuals with linguistic knowledge and a sense for social responsibility (or to put it in other words – with common decency), who keep adding in front of all autoimmune diseases the telling adjective '**idiopathic**'! In other words, **of a unknown cause.** God knows where this term has come from...

And, frankly speaking, this holds good for absolutely all autoimmune diseases, **without exception!**

Actually this is the fundamental question of the overall medical science with which it copes satisfactorily for the time being in maximum 20 percent of the cases – **to give the optimal** (that is to say, the most reliable) **etiological diagnosis of the patient, in order there to be also applied an optimal** (that is to say, most effective) therapy. As it was already mentioned, if as a whole medicine, nevertheless, registers a 20 percent success rate in this direction, then the theoretists and practitioners, who have dedicated themselves to the enormous range of the autoimmune diseases, cannot boast with even 1%!... Later we will see where to and how far does such **a diagnostic impotence** lead to.

I find it needless to list the countless theories about the origin of the AD, mostly because all of them have turned out to be fruitless. Although some hypotheses contain rather rational bits, their authors do not realize this and turn into a 'blind alley'. Others even discuss such productive ideas as the infectious etiology of these diseases, but do not find support and 'refute' it.

Before Paul Ehrlich (1900) there reigned the conception that the immune

system cannot attack its own tissues in the organism due to a ‘fear from self-poisoning’. **This immunological tolerance** towards the antigens and tissues of one’s own organism at a certain point and for unknown reasons becomes disrupted, stops and antibodies produced by the immune system attack one or another part of the organism causing the so called autoimmune diseases.

Instead of developing this main tendency, the scientists in the last one hundred years, being discouraged by their own groping and failures, launched what not new hypotheses.

One of the theories point out, that there yet might exist lymphocytes that possess auto-aggressive deviations, but these lymphocytes, as well as the other T-cells cannot cause a disease, if the immune system as a whole is ‘in good shape’.

Here one can also discern some fruitful germs, but scientists overlook them and reach such groundless conclusions as:

“The disruption of tolerance is regarded as an etiological factor for the origination of autoimmunity and is seen as an activation of potentially auto-reactive T-cells – ‘forbidden branches’ or as T-cells that are ignorant in terms of immunology”.

First – ‘the disruption of tolerance’ is not an etiological factor, but just a stage, a secondary one, at that, for the inception of autoimmunity.

Second – tolerance is not disrupted by God, in order to activate ‘the potentially auto-reactive T-cells, rather the unknown (as of today!) original etiological factor activates some B- and T-lymphocytes and in this way unlocks the complex autoimmune process. I will further develop this thought below.

The discoverer of ‘the T-cells ignorant in terms of immunology’ – Ohashi is wide off the mark, as **it is not the T-cells that are ignorant, but rather the people, scientists, patients are.**

There is no need to be surprised at the reigning controversy in defining and diagnosing the autoimmune diseases, since we see that it results quite logically and inevitably from the chaos in the ideas and in the knowledge on the essence and, particularly, on the origin of these affections.

Among such theoretical formulations there happen to be also some useful, yet, non-beneficial observations, suppositions and assertions. The oddities and absurdities, however, prevail and the key to the riddle of the autoimmune diseases remains uncovered.

Here follow some of the ramblings and conceptions in question or if you like some ‘lunatic conceptions’:

- “The forbidden branches” (Mac Farlane Burnet) are branches of lymphocytes that have evaded, due to an unknown cause and in a unknown way, the supervision of the thymus and they begin to act arbitrarily and outrageously like an elephant in a glass store causing autoimmune diseases.

The riddle stays.

- Ivan Roitt (1992) coined the theory that the autoimmune process is caused by normal auto-antigens (for example, thyroglobulin). As illustration, this scientist provides examples with ‘the fat chicken’, suffering from ‘**spontaneous**’ autoimmune

thyroiditis...

I cannot help take advantage of the moment to emphasize that the term **spontaneous** both in this case and also in '**spontaneous self-healing**' of oncological patients and in all other medical cases does not mean anything else but that the authors do not know what this is all about and instead of taking unfair advantage of this **term of ignorance**, they should put in a lot of effort to explain the strange '**spontaneity**'.

Instead of putting effort in the specified direction, one of the prominent Bulgarian immunologists, a person retelling other people's works, draws the following conclusion: 'From the research of Ivan Roitt can be drawn the conclusion that the auto-antibodies and the auto-reactive T-cells are normal components of the immune response – a new paradigm in the sphere of autoimmunity...' Yes, they really are 'normal components of the immune response', but **the scientists give abnormal, false explanation of their essence and of their action.**

Thank god, that the said Bulgarian scientist, nevertheless, lists several **obscure matters**, connected with immunity (by again citing a foreign author). Here follow just part of them:

- **"A definition of the criteria by which a certain disease can be accepted as autoimmune.**

- **The mechanism of appearance of the spontaneous remissions or aggravations of the autoimmune diseases.**

- **The nature of the antigen that provokes the immune response."**

This is more than an admission that the study of the autoimmune diseases (diagnosing, treatment, theorizing) does not differ greatly from shooting at a fly in a dark room.

If scientists had clarified these three key issues, they were to clarify the most significant thing about the autoimmune diseases and there was not going to be any need of the article you are now reading.

The theory about the real (chiefly, primarily, in over 90% of the cases) **infectious nature** of the so called autoimmune diseases can be justified with several arguments that are of a heterogeneous character: logical reasoning, statistical analyses, laboratory research, new diagnostic and therapeutic methods... I will now present several of them.

FIRST - Nature is not that weird as it is made it out to be by scientists -biologists, medics, microbiologists, immunologists, allergologists, according to whom in the cases of the AD it simply attacks itself!? A Cretan shouted in reproach to his compatriots: 'All Cretans are liars!' He judged the situation, it seems, by himself, but did not realize that by attacking the others he was actually accusing himself... In the same way, scientists who study the diseases, possibly having in mind their own inclination to commit suicidal mistakes, transfer this 'ability' also upon nature by maintaining that it can by mistake attack itself... Somewhat like the 'friendly' fire when American soldiers kill unintentionally other American soldiers... Nature is not all that stupid, shortsighted and messed up! It has for million years elaborated the biochemical processes and mechanisms by which the living organisms live,

reproduce themselves, ail and heal, and it is impossible, illogical and absurd the human organism to be beyond remedy and lethally attacked in a sort of ‘a friendly way’ by its own immune system which is intended to protect, guard and save it. And it has rehearsed, developed, checked, improved this role, if not to omnipotence, then at least to infallibility!

If we still assume that the wrong auto-attack can theoretically happen once in a million years, than it is impossible for it to happen millions and billions of times and to become almost second nature of the human immune system!

SECOND The statistical data, laboratory analyses and clinical observations I have made on tens, sometimes hundreds, and in some aspects of the problem – even thousands of patients, show that with the so called autoimmune diseases (referring to lupus, arthritis, colitis, Hashimoto, Sjogren, Grave’s disease, multiple sclerosis, psoriasis... and many other) **there always exists** some difficult (and by the standard methods sometimes impossible) to diagnose **infection**: chronic Lyme disease, other infections with L-bacterial forms, viruses, rickets, prions and etc.

The soldiers of the immune system do not attack one’s own body by mistake. They attack purposefully only the organs and systems (muscles, joints, heart, nerves, endocrine and exocrine glands, bones etc.), **in which there has penetrated an enemy of the human health – a virus, a bacterial L-form etc.** The immune system attacks only those own human cells in which there has penetrated a factor harmful for the human being, and these attacked cells just turn out to be in the way of the immune T-cells towards the causing disease, harmful, dangerous for the human being agent.

THIRD Why, nevertheless, does the immune system attack these cells that are part of the human organism, while it is expected that they are protected, and not attacked by the lymphocytes and by the respective immune antibodies?

In contrast to the scientists who sometimes cannot discern grain from chaff, the immune system has not lost this ability. It, thank god, perfectly well identifies the tissues of a person, as well as ‘the foreign bodies’.

The essence of the problem is in that the **INFECTIOUS AGENTS THAT ARE THE ORIGINAL CAUSES OF THE AUTOIMMUNE DISEASES ARE ALWAYS PATHOGENIC INTERCELLULAR MICROORGANISMS.** When they penetrate into a given cell of the human organism, **they disrupt its genetic apparatus, change its biological characteristics and turn it into a foreign, hostile, harmful body for the human being.** The sensitive receptors of the immune system faultlessly detect this pathogenic transformation and there follow attempts, regretfully unsuccessful, to neutralize, liquidate and eliminate both the infectious intruders, and the **already foreign**, ill, dangerous to health cells.

The inception of the inflammatory process has already been set with the invasions of the infectious agent in the cell-host. The illness process, however, continues to envelop, intensify and becomes more and more complicated with the participation of the cell and humoral mechanisms of immunity. Here a particularly important role is played by the immune mediators: hemokines, cytokines etc.

The inflammatory morbid process progresses and the therapeutics identify

it as an autoimmune disease, i.e.: juvenile diabetes, rheumatoid arthritis, Hashimoto's syndrome, ulcerous colitis, lupus and so forth.

FOURTH There exists yet another possible mechanism that provokes the autoimmune process.

I am speaking of the same inclination and ability of the inner-cell pathogens, which, besides in the cells of the muscles, joints, skin, inner secretion glands and so forth, **also settle in the very cells of the immune system and knock them out.** They disrupt the protective functions of the B- and T-lymphocytes, which lose their normal protective properties, but this mechanism has yet to be researched...

FIFTH As I have already underlined, **in the foundation of the autoimmune diseases there lies the infectious factor.** This assertion has been proven by the thousands of examined patients in each one of whom there have been detected one or more of the cited inner-cell infections: **chronic Lyme borreliosa, other bacterial L-forms, Epstein-Barr virus, HTLV-1-T-cell, cellular lymphotropic virus, cytomegalovirus, hepatitis C virus etc.**

This proven and irrefutable conclusion gives unsuspected diagnostic and prognostic opportunities. It resembles the story about Mendeleev's periodic table of chemical elements. After Mendeleev arranged the elements depending on their physics-chemical qualities, he also outlined several empty squares. In them there were to be entered the yet unknown to science elements the characteristics of which the researcher described in advance. During the next 15 years scientists from France, Sweden and Germany discovered three of the **prophesized** elements – Gallium, Scandium and Germanium, that strikingly contained the exact qualities mentioned before that by Mendeleev. Now this is what I call science.

The outlined here nature of the autoimmune diseases provides us with at least two prognostic possibilities:

1. WHEN THERE IS A DIAGNOSIS OF AN AUTOIMMUNE CHARACTER, A PERSISTING INTERCELLULAR INFECTION CAN AND SHOULD BE SOUGHT IN THE PATIENT. IT WILL INEVITABLY BE FOUND. And this is the least.

2. It is more probable to detect two or more similar infections.

3. The most attractive thing, however, is imminent: IT IS IN THIS WAY THAT THERE CAN BE IDENTIFIED AND DISCOVERED NEW, ABSOLUTLY UNKNOWN TO SCIENCE (FOR THE TIME BEING) INTERCELLULAR INFECTIONS – VIRUSES, BACTERIA AND SO FORTH. No doubt, the identification of the first etiological factor expands the therapeutic chances of the patient.

SIXTH If my theory is confirmed even only 50%, it would reveal other perspectives as well – **prevention of the autoimmune diseases** following their scientifically grounded preliminary prognostication.

If we seek on purpose or register by chance during a laboratory investigation the existence in a patient of one or of several chronic infections, which have already been proven to be potential inducers of autoimmune diseases, **WE COULD PROGNOSTICATE WITH CERTAINTY THAT SOONER OR**

LATER THIS PATIENT WILL DEVELOP ONE OF THE TENS OR HUNDREDS OF AUTOIMMUNE DISEASES. This, with better health literacy, will allow us to take timely measures for the prevention of the disease or at least for it to take its controlled normal course.

These prognosticating possibilities give us grounds to define the said above (in ‘five’ and ‘six’) as a ‘**Short medical Mendeleev’s table**’ (*I will discuss the ‘Long one’ some other time!*).

SEVENTH THE PATIENTS WITH AN AUTOIMMUNE DISEASE SUFFER NOT FROM AN IMMUNOLOGICAL SURPLUS, NOT FORM A SUPERACTIVE IMMUNE SYSTEM, AS THIS CONDITION IS OFTEN REFERRED TO IN IMMUNOLOGY AND IN CLINICAL PRACTICE, BUT ON THE CONTRARY – FROM AN IMMUNE DEFICIT. This fact lurks here and there in specialized literature, yet, the medical coryphaei ignore it as a boring fly that prevents them from basking in their mad and amoral ‘scientific’ conceptions. The immune deficit is one of the unshakable criteria that like litmus prove the theory of the hyper-immunity in this case to be gravely mixed up.

The immune deficit precedes and accompanies every autoimmune disease, and often also accompanies its misfortunate carrier in his eternal journey.

There is not much of a ground here for useless disputes and discussions – it is enough to just do the respective, so to speak, infectious and immunological analyses.

One of the disastrous mistakes resulting from the generally accepted today theory about the nature of the autoimmune diseases is the therapeutical approach with these patients.

Relying on conclusions, drawn god knows where from, that autoimmune diseases are a consequence from a hyperactive immune system. In such cases the conventional therapeutists apply **systematically, consistently, on a mass scale, although unsuccessfully the insane immunosuppressive therapy.** They aim to attain an excessively attractive and aggressive, according to them, immune reaction. And for the purpose they put in action such an immunosuppressive agent as the corticosteroids, which in crisis situations might save a gravely ill patient, yet, they have not cured a single chronically ill patient... And in case of a prolonged use they could cause over 80 proven serious diseases – from obesity to cataract, from renal insufficiency to osteoporosis...

It has already become, I hope, ‘**ruthlessly clear**’ (Al. Blok), that **FOR ONE TO APPLY IMMUNOSUPPRESSION IN CASE OF IMMUNE DEFICIT IS THE SAME AS SAVING A DROWNING PERSON BY PUSHING HIS HEAD DEEPER IN THE WATER. I WOULD LIKE TO UNDERLINE THAT WITH THE AUTOIMMUNE DISEASES WE HAVE NOT JUST IMMUNE DEFICIT, BUT RATHER A DISFUNCTION OF THE IMMUNE SYSTEM.** This could be verified through the respective immunological laboratory tests.

EIGHTH In medicine the method of **diagnosing through treatment** (*diagnosis propter therapiam*) has been known for a long time in complicated,

unclear and insoluble affections. Nobody knows why it is not applied in such cases also in this country today.

It goes without saying that the out of pitch instrument of immunity should not be further destroyed with immunosuppressant medications, but should be restored, regulated and harmonized through more humane, more sparing, more adequate and more effective natural methods and remedies: phytotherapy, acupuncture, health food, yoga, magnetic therapy, apitherapy, treatment through climatic changes, sea treatment, psychotherapy, water treatment and so forth. **These are immuno-modulating means, leading among them are Samento and needle therapy...**

These therapeutical approaches do not give a 100% healing effect, but **they manifest and prove that autoimmune diseases are primarily of infectious origin, since they are favorably affected or disappear after the use of antiviral, antibacterial, immuno-modulating antioxidant remedies!** Of course, a predisposing, accompanying or unlocking role might be exerted by factors such as: genetic damage, emotional and stress components, other grave sicknesses... Besides everything else, these factors normally further disrupt the immune protection apparatus, increase the immune deficit, as well as the chances of the infectious agents and in this way they provide even more arguments in favour of my thesis, that the **AD are predominantly of infectious etiology and primary pathogenesis, as well as of secondary immune pathogenesis.**

As it is obvious from practice, it seems that patients already come ahead of their doctors in the sober and argument grounded judgment on the applied therapies.

Both, the **success** of alternative natural therapy which is first of all anti-infectious, immune-stimulating and immune-regulating, and the **failures** of conventional therapy which is immunosuppressive, in two different ways prove to a certain extent one and the same thing – that the **AD are first of all infectious diseases.**

It seems to me that namely in therapy there still lie a lot of unknown things, and that only the serious cooperation between the representatives of the conventional medicine and of the alternative medicine (**my medicine is called optimal!**) can give an efficient answer to the pending questions.

NINETH I emphasize that **the healing protocol must always be based on the optimal etiological diagnosis and should be both complex and tailor made!**

The well established mass practice of offering a standardized therapy in the cases of an almost always symptomatic and inadequate diagnosis, charges the patients with more expenses and suffering and always brings about unsatisfactory or frankly unbearable effect to the them.

TENTH Referring to the basic practical action – **diagnostics.**

Almost all ‘playing’ **viruses, as well as some bacteria,** can be determined in the general laboratories by any literate doctor.

The existence of the L-bacterial forms, for the time being, is proven only in some specialized scientific laboratories.

The immunological laboratory tests are recommendable, yet, due to their

low informative value they can be ignored.

The most characteristic in this respect index – the **ANA** (antinuclear antibody) in most AD gives positive results in a neglectfully low percent of cases. Most often, the results of ANA are positive with SEL (**systemic erythematosus lupus**) – in **up to 90-95%** of the cases. It must be noted that there are quite a few patients suffering from **that thing**, which the doctors define as **lupus**, although the diagnosis is not confirmed by ANA.

This fact suggests at least three ideas:

1. The test is not qualitative, reliable and effective enough.
2. The very definition of an ‘autoimmune disease’ is incorrect and inferior.
3. Between lupus and the other 20-70-100 ‘autoimmune diseases’ there seems to be a wide precipice (if we judge by ANA), although the symptoms of most AD coincide up to 60-90%.

Here we touch upon the problems of the science of immunology which, like medical genetics, undoubtedly has a great future, yet, as of 2010 it has more pretences than achievements...

Even the newest, although also debatable (mortality 13%), but still regarded as perspective therapy, for example, against lupus, **H SCT** (transplanting of stem cells), that normalizes the **C3** and **C4** indices and reduces **ANA**, does not bring more clarity neither in the diagnostics, nor in the therapy with the AD.

As far as **the chronic Lyme infection** is concerned, as a basic etiological factor for the AD, for the time being it can be ‘detected’ (in over 90% of the cases!) only through my **Complex Diagnostic Method**, consisting of two original tests: **Symptomatic Integral Test (SIT)** and **Laboratory Indirect Test (LIT)**.

They are published only partially, yet, I am ready to apply them together with any inquiring, ambitious and reputable clinical specialist: immunologist, endocrinologist, rheumatologist, cardiologist, neurologist, hematologist, gastroenterologist, psychiatrist and so forth!

ELEVENTH Let’s once again go back to the beginning, because the main goal of this publication is to clarify **the etiology and real nature of the autoimmune diseases** – a matter that is extremely complex, contradictory, strewn with underwater reefs and illusionary palpability.

We assume that the so called AD can be caused by different factors: toxic substances in the environment, drugs, different harmful radiations, hormonal impact etc.

The specialized medical literature also mentions other causes that are, however, regarded as unworthy of attention – viruses and bacteria.

And the explicit conclusion is drawn – for example, about the flagman so to say of the autoimmune diseases – **the systemic erythematosus lupus**: ‘This is a **systemic inflammatory disease OF UNKNOWN ETIOLOGY.**’ Full stop.

Here follow some howlers from the academic medical literature. It says there that the clinical picture of lupus consists, among other signs, also of the following symptoms:

1. Sjogren’s syndrome

2. Reino syndrome

3. Antiphospholipid syndrome

Please note that the same academicians define these **three syndromes as indisputable, proven, generally accepted autoimmune diseases!**? In other words, one absurdity is being characterized by three other absurdities. One melon can be explained by three other melons... Or as in the anecdotal phrase: 'Madrid is noteworthy for Toledo, Escorial...'

Here follow the 'eccentric' groups and combinations in which the autoimmune diseases are seen according to academic medicine:

1. Addison's disease

Besides with some other etiological factors, the disease is **CONNECTED etiologically or clinically with such other autoimmune diseases as: sarcoidosis, vitiligo, autoimmune polyendocrine syndrome, thyroiditis, thyrotoxicosis...**

Woe to the patient! To make things worse, besides the mysterious and incurable Addison's disease, in its suite there turn up five other 'extraterrestrials'!?...

2. Systemic sclerodermia

Its clinical picture cannot be explained without:

a) **Reino syndrome**; b) **Sjogren's syndrome**; c) **Hashimoto's thyroiditis...**

3. **Pernicious anemia** – might be accompanied by the following other autoimmune diseases:

a) **Hashimoto's thyroiditis**; b) **Grave's disease**; c) **rheumatoid arthritis**; d) **diabetes**; e) **hypoparathyroidism**; f) **Crohn's disease**; g) **anorexia**; 3) **vitiligo**.

The more we expand this list, the more the immune system of the reader collapses and he might come to think that he has already become a victim of the next autoimmune disease.

TWELFTH The strange 'connection' between the autoimmune diseases suggests that they might have something inmost in common, let say, common etiology, common originating agent, since **they are almost never seen on their own**, as they always live in a team – in twos or threes or more related agents in one patient!

One autoimmune disease causing another one or being accompanied by another one, or being related with a third one... So what?

What a huge, huge mess-up!

Some autoimmune diseases cause other autoimmune diseases or appear to be their symptoms and vice-versa!?...

There hardly is a rational and thinking person who could understand this nonsense, to take it seriously and to place his health and life in the hands of such a schizophrenic medicine!

Here follow some more excerpts from specialized medicine literature:

Types and forms of autoimmune diseases according to the conventional medicine:

1. **Myasthenia gravis** has the following clinical forms:

a) **neonatal**; b) **innate**; c) **juvenile**; d) **malignant...**

2. **Rheumatoid arthritis**: it has at least 17 different forms and stages...

I will not list them in order not to waste valuable newspaper territory and the ever more valuable time of the reader.

3. **Psoriasis** – specialists describe at least five clinical varieties of the disease:

a) **plaque psoriasis**; b) **exudative**; c) **arthropatic**; d) **pustulosive**, and e) **psoriatic erythrodermia**.

Although scientists know so much about the disease, they know almost nothing about its efficient elimination!

Some diseases enjoy dozens of different academically fixed forms that only make medical books thicker, but do not alleviate the suffering of the patients .

In other words, the **Hashimoto, Reino, Grave's etc autoimmune diseases are symptoms of their close friend, the other autoimmune disease – Sjogren's disease!**? Should one laugh or cry? Or run away? There is nowhere one can escape, because on the next crossroads he is awaited by the king of autoimmune diseases:

4. **Systemic erythematosus lupus**

Among the clinical signs that characterize this diagnosis, are:

a) **Sjogren's syndrome**; b) **Reino syndrome**; c) **antiphospholipid syndrome (APS)**; d) **Guillain-Barré Syndrome(!?)**.

And at that, the experts have counted as many as **37 (thirty seven!) varieties of lupus (!?)**...

So many diagnostic frills and so few real help for the patients suffering from autoimmune diseases!

THIRTEENTH In countless epicrisis and scientific publications there is stated quite clearly that a given generally accepted autoimmune disease, for example, **lupus or Hashimoto's thyroiditis**, is accompanied by at least one more, and most often by two, three and even more different autoimmune diseases.

These doctors and authors do not even notice the golden rain pouring upon them, and generously spill it in epicrisis and publications without realizing it is scientifically invaluable. Since these conclusions evidence nothing else besides the fact that **ALL AUTOIMMUNE DISEASES ARE RELATED AND ORIGINATE UNDER THE INFLUENCE OF ONE AND THE SAME CAUSE OR CAUSES. BEING FIRST AND FOREMOST INFECTIONS** – as I already pointed out – **THEY ARE ALWAYS AND ONLY CHRONICALIZES INTRACELLULAR INFECTIONS OF THE TYPE OF THE LYME BACTERIUM BORRELIA BURGDOFERI AND ITS L-FORMS, THE EPSTEIN-BARR VIRUS, KNOWN ALSO AS INFECTIOUS MONONUCLEOSIS, CYTOMEGALOVIRUS (CMV), HEPATITIS C VIRUS, HTLV-1 (T-CELL LYMPHOTROPIC VIRUS) etc.**

This is yet another illustration of the said above, taken from the already cited new (2003) thick medical encyclopedia (1343 pages). The book summarizes the actual scientific experience of world medicine and is compiled by 278 prominent specialists, professors, academicians.

In it we read:

“The secondary Sjogren's syndrome (A.T.: – one AD) originates at the

background of **rheumatoid arthritis** (A.T.: – another AD!?), **systemic erythematosus lupus** (A.T.: a third AD!?), **polymyositis/dermatomyositis** (A.T.: fourth and fifth AD!?), **chronic active hepatitis** (A.T.: sixth AD!?), **biliary liver cirrhosis** (A.T.: seventh AD!?), **sarcoidosis** (A.T.: eighth AD!?)..." How does this primitive 'pathogenesis' strike you – this unreasonable etiology of the Sjogren's syndrome – an autoimmune disease arising at the background (!) of 7-8 other autoimmune diseases ?!

Do the authors mean to say that one AD causes the rise of another AD or that one AD is borne in the company and under 'the fun watching' eyes of some other 7-8 AD – it is not made clear... Maybe even in the heads of the authors of this 'classification' it is a complete hotchpotch...

Further on, the same super specialists describe **the clinical picture of Sjogren's syndrome** which besides by the other signs **is characterized** (according to them) also by the following:

- **The Reino phenomenon** (A.T.: a one hundred percent AD);
- **Chronic atrophic gastritis** (A.T.: another 100 percent AD);
- Injuries on the central nervous system, **resembling multiple sclerosis** (A.T.: a third AD);
- **Hashimoto's thyroidosis** (A.T.: fourth AD)
- **Thyroidosis of Graves** (A.T.: fifth AD)

Again 'Madrid is exceptional with Toledo, Escorial...'

One is embarrassed while reading such academic nonsense and absurdities, and pretending on top of all to be the latest word of medical science.

On these three newspaper pages I allocate several short columns for the official diagnoses of some of the many thousands of patients of mine and the comparisons with the determined by me 'accompanying' supplementary autoimmune diseases, as well as the most important thing – the proven actual etiological diagnoses of these patients – if you like – the primary etiological factors for the origination of the detected autoimmune diseases.

A.K., 31, the town of Sliven

Official autoimmune diagnoses given in Sliven – **juvenile diabetes** and in the 'Alexandrovska' hospital – **amyotrophic lateral sclerosis**

Chronic infections detected for the first time by 'Lechitel':

- **Toxoplasmosis**
- **Chlamydia trachomatis**
- **Cytomegalovirus**
- **Epstein-Barr virus**
- **Chronic** (since early childhood) **Lyme disease**

K.D., 35, the city of Sofia

Official diagnosis: **atrophic gastritis and colitis**

Chronic infections and **rheumatoid arthritis** detected for the first time by

‘Lechitel’:

- **Epstein-Barr virus**
- **Chronic Lyme disease**
- **Cytomegalovirus**
- **Toxoplasmosis**
- **Candidiasis**

P.P., 71, the city of Varna

Official diagnoses: **diffuse Struma, IBS, osteoporosis**

Chronic infections and autoimmune diseases detected for the first time by

‘Lechitel’:

- **Cytomegalovirus**
- **Epstein-Barr virus**
- **Helicobacter pylori**
- **Chronic Lyme disease**
- • **Autoimmune thyroidosis**
- • **Autoimmune Cyto Pyelonephritis**
- • **Autoimmune arthritis**

V.K., 42, the city of Plovdiv

Official diagnoses (autoimmune):

- **Systemic erythematosus lupus**
- **Autoimmune hemolytic anemia**
- **Antiphospholipid syndrome**

The patient refused to be tested under the method of ‘Lechitel’.

T.K., 60, Sofia region

Official diagnosis: **autoimmune thyroidosis**.

Chronic infections and autoimmune diseases detected for the first time by

‘Lechitel’:

- **Epstein-Barr virus**
- **Helicobacter pylori**
- **Cytomegalovirus**
- **Chronic Lyme disease**
- • **Autoimmune arthritis**
- • **Graves autoimmune syndrome**

After they are diagnosed under my method and they have proven chronic infections, the patients have the perspectives to undergo a treatment of optimal healing effect. Regretfully, some of the patients have financial difficulties in following the prescribed treatment protocol, while others do not believe this is the best healing method.

Naturally, I am not speaking of a radical definitive healing (this problem can be brought to light only in another separate publication), but it is guaranteed that:

first – the therapy with natural products does not cause any side effects (compare it, however, with the corticosteroid therapy); **second** – almost always the patient experiences a slight or a greater recovery; **third** – there are not many, but also quite a few separate cases of complete recovery from: lupus, psoriasis, juvenile diabetes, Graves or Hashimoto’s disease, amyotrophic lateral sclerosis, rheumatoid arthritis, Reino syndrome, atopic asthma, ulcerous colitis, atrophic gastritis, multiple sclerosis and many other generally accepted or disputed autoimmune diseases.

He, who has eyes – let him read.

He, who has a mind – let him think.

He, who has courage – let him act.

Atanas TSONKOV
Medical Consultant of the ‘Lechitel’ Newspaper