

# Re: The LDA is wrong about the IDSA Guidelines

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- *From:* "magruder" <[smagruder10@xxxxxxxxxx](mailto:smagruder10@xxxxxxxxxx)>
  - *Date:* 15 Oct 2006 13:38:54 -0700
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One of the most important studies that relate to chronic infection and the cyst forms is the mouse infectivity test.

[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=pubmed&cmd=Retrieve&dopt=AbstractPlus&list\\_uids=9774573&](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=pubmed&cmd=Retrieve&dopt=AbstractPlus&list_uids=9774573&)

And I really wish you would "get it" about band intensity.

Chromotography is exceedingly incomplex. It is, really, a molecular seive. In Thin Layer, the glass is plated with silica (sand). In High Pressure Liquid Chromatography, the columns are loaded with sand (silica) or a coated silica.

Yer pushing the crap through sand. This separates out the analytes. The same thing happens in gel electrophoresis (Western Blotting).

Now think, You've separated the substances, the next thing you want to do is quantify them.

In TLC we spray with dyes and/or use different wavelengths of light and, yes, a simple polaroid. This does not quantify, but merely detects and is what we call a "slopametric" method.

In HPLC, we use a spectrophotographic method that amplifies a single absorbed by the analyte. The signal corresponds to quantity. It's a billion times more precise for analyzing QUANTITY, since we always compare the signal against a known standard quantity of something.

Get it?

Compare to a known standard concentration of something.

People with inflammatory diseases like arthritis and

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acrodermatitis have the Steere's genetic background or something similar.

Their blood is full of antibodies. Ours is not.

Either their HLA molecules hold onto the antigen too tightly and/or they send excessive downstream inflammatory signals, or the antigen actually binds the HLA molecule (is a superantigen).

[http://www.actionlyme.org/ANTIGEN\\_FLOPPERS\\_AND\\_HYPERBINDERS.htm](http://www.actionlyme.org/ANTIGEN_FLOPPERS_AND_HYPERBINDERS.htm)

The bad guys say you can only have a "disease" if you have an inflammatory response, but we know that Lyme is a parasite, and is stealth. So to say we only have Lyme DISEASE if we have arthritis is patently FALSE.

Chronic blebbing and chronic changes to the surface antigens in most people result in "seronegativity" for two reasons.

1) As I show in my bioweapons page, we become tolerized to the lipoproteins and no longer make antibodies to them.

2) We make antibodies to antigens on the bug that they stopped expressing once they were no longer in the tick (the bugs become host-adapted).

All of this means, we only can look for *Borrelia*-specific flagellin as the only VALID way to test for Lyme, since everyone seems to make antibodies to flagellin, regardless of their HLA type. Yale says in their patent the "VAST MAJORITY" of all cases of Lyme, have an antibody to flagellin.

ALL OF THAT means the IDSA Guidelines are bogus because they are all based on Klempner's study which was invalid, because the testing was invalid.

We have no idea what kind of patients Klempner had and it is very unlikely that he used the right DNA primers to assay for Bb in the spinal fluid of these victims.

The only thing to be said about IDSA's guidelines is what we said 5 years ago in response to Klempner's study.

Only it should be said more clearly, and leave out the historical garbage.

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That the bad guys know and have published the reverse of what they publish now, and that the FDA and all other sciences have rules for the validation of an analytical method which were met in 1991 by Yale with their flagellin test, is scientific misconduct.

CDC and IDSA insist the Dressler/Steere method is valid when they know it is not.

That Wormser et al do not use the same primers they use when they want to find borrelia in a tick or in EM, that they regularly uses on patients, means they know that OspA is the wrong DNA to amplify in any human who complains of chronic illness.

This is scientific misconduct, as are the entire guidelines.

The only way we are going to win is if everyone understands this basic science. Basic Chemistry. And it is not that complicated.

Separations Science is a no-brainer.

Except when you have Lyme brain and can't remember what you did one second before in the lab.

You have to prep samples in a range of concentrations so you know your signal is unaffected and corresponds to concentration exactly. (We have regression software for this. In fact we have chromatography software that capture the whole signal and does the entire analysis—I tested and recommended the system they now use at Pfizer, which is TurboChrom.)

The ultimate goal is to detect the lowest concentration of the analyte in question, reliably. Western Blotting is very sloppy chemistry, and Weinstein tried to validate the exact opposite of what we do in a lab.

High concentration, or high signal, or high band intensity is NEVER a goal or a validation requirement.

This is what Weinstein did:

[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=PureSearch&db=pubmed&details\\_term=8053960%5BUID%5D](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=PureSearch&db=pubmed&details_term=8053960%5BUID%5D)

Any chemist would split their sides laughing at that nonsense.

It's like saying an elephant can only be called an elephant if it weighs 87 megabazillion tons.

We want to detect the very tiniest amount of Borrelia specific

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flagellin antibody, for starters. Then we look at all the other valid indicators of disease process...

This is actually very, very simple stuff and common sense, if you give it a chance.

And the only way to argue it.

The testing is deliberately bogus, therefore anything the bad guys have said about patients who test positive to the bogus Steere method (or who don't) is INVALID.

The bad guys have not reported anything valid since the early 1990s. Dearborn was meant to hinder the actual numbers of reported cases, and to narrow the serodefinition of "Lyme Disease" to only arthritis in a knee.

Borreliosis does not belong to NIAID, it belongs to Parasitic Diseases. It's not commonly an infection to which most people have an allergy response.

Dattwyler says he only sees about one such "Steere's Knees Disease" patient per year.

Kathleen

Joel, the two tiered testing is meant for arthritis patients. ELISA captures the high antibody response of arthritis,

Thank you, Kathleen, for at least not responding with insults.

But I must tell you AGAIN, that I really, REALLY am NOT Joel. (I absolutely swear upon pain of death, my mother's life, etc, etc).

It's just not me.

(And I am not "Jewish" or a "Jew", either. Really. So, if you are trying to hurt me with that...it isn't working and you are just hurting yourself and your own credibility with that. I wish you would stop. Please).

Honestly, from what I have read, though, I worry more about others believing that more for the injury it may do to Joel's reputation. Seems to me, he has written some very insightful pieces. In other words, I don't consider myself to be at his level of understanding.

Admittedly, as I have said many times, I do not have a technical

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background. I don't think it means I am incapable of understanding, though, necessarily.

THEN you supposedly do the Western blot to see if \*borrelia\* are causing the inflammatory response or the high antibody response.

Well, I am really trying to address here how the various entities apply the constructs here...and really not attempting to debate their scientific validity.

I think the issues here are over just correctly interpreting what is actually meant by the IDSA...and NOT over whether what is meant is scientifically valid or not. I leave that to you...I don't consider myself competent to engage in that type of analysis.

Yes, IDSA fully disclaim their guidelines.

Well, I am a lawyer, though, or used to be one, at least...and I will tell you that is smart on their part. I see that as necessary and customary and not particularly ominous in any way.

But saying that these guidelines are not substitutes for sound clinical judgment and are voluntary in nature really is more of what might be thought of as a sort of framework for proper perspective...how to view them in proper perspective.

You can't, in my opinion, just dismiss that as being a "disclaimer". Disclaimers have to be interpreted to mean what they say, in other words. You are supposed to give terms their "plain and ordinary meaning".

If someone wants to suggest that something really means something other than what it says on its face, then they have to prove through other evidence what was actually intended.

Still looks to me as though they meant to say that "clinical discretion" is very much intact.

Did you hear Klempner say he found the HLA haplotype HLA-DQB1\*0602 in a very high percentage of "seronegative" patients.

Yes. And I have heard the audio also...(courtesy of yourself, I

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believe).

Don't waste your time with Pat's statements, you know

better than that.

Well, it sort of looks to me as though the LDA now is sort of emerging as the dominant factor in the patient community...that the LDF is slowly waning in influence.

It looks to me as if they really blew this one...bigtime...and that sort of has consequences for their credibility as a patient advocate. Whoever is responsible for this...

Why do you bother?

Oh hell, I don't really know... to tell you the honest-to-god truth.

(You know...damned interesting question...thanks for asking).

And...as long as we are sort of almost communicating here...I will say that I almost agree with a post you put up the other day about a Duray, Dorward study (I think it was) that showed cyst forms in tissue...

...at least that it POTENTIALLY has great significance.

I don't think, however, it necessarily invalidates the current state of the art, though, as I think you suggested.

But, yeah, the IDSA people managed to overlook that and similar material. There are, I think, certainly problems there...with the IDSA stuff, I mean...mostly with what they did NOT say in regard to persistence issues.