Case Report

Serological negativization of 8 different pathogens associated with autoimmune diseases following a single intravenous TruDOSE™ platelet therapy treatment

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BACKGROUND: Various opportunistic pathogens (viruses, bacteria, fungus, mold) underpin and are the direct causation of symptoms associated with various chronic, autoimmune, and autoinflammatory diseases. These symptoms present a variety of ways: brain fog, lack of energy, cognition decline, memory loss, fine/ gross motor and sensory loss, digestion problems, joint pains, skin issues, fatigue. Ultimately, complete pathogen clearance is the first step towards improving symptoms and quality of life in patients with these conditions, however conventional treatments have not demonstrated this ability.

OBJECTIVE: To examine the pre and post serological effects of the TruDOSE™ platelet therapy on various pathogens/parasites.

METHODS: A retrospective chart review of forty-eight (48) patients presenting with symptoms mentioned above was conducted at a single site alternative/integrative medicine clinic. All patients had individual care plans consisting of: initial immunoglobulin blood pathogen panels (IgG, IgA, and IgM) testing the presence of eight different pathogens (Epstein-Barr virus, cytomegalovirus, candida, Herpes 1, Herpes 2, Herpes 6, mold, and Lyme), the TruDOSE™ platelet therapy, and various other treatment modalities. Blood panels were also tested at four months. Eighteen (18) patients were identified as only having the TruDOSE™ treatment without other modalities, as well as, having pretreatment and four-month post treatment serological pathogen panels. The following data represents an isolation of only the TruDOSE™ platelet therapy effects on pathogen eradication.

RESULTS: The mean blood panel post TruDOSE™ treatment was 4.0 months. Serological negativization for Epstein-Barr virus was **70.0% (7/10)**; Cytomegalovirus was **100% (4/4)**; Candida was **35% (12/34 - IgG, IgA, and IgM)**; Herpes 1,2,6 was **100% (7/7)**; Mold was **100% (2/2)**; and Lyme was **13% (1/8)** - **See Table 1.**

Serological reduction/improvement for Epstein-Barr virus was **90.0% (9/10)**; Cytomegalovirus was **100% (4/4)**; Candida was **63% (28/34)**; Herpes 1,2,6 was **100% (7/7)**; Mold was **100% (2/2)**; and Lyme was **43% (6/14)** - **See Table 1.**

DISCUSSION: Negativization refers to the process by which someone becomes seropositive to seronegative. A simple google search would reveal no treatment in existence that can completely eradicate the aforementioned pathogens. To our knowledge, the current case series is the first to report a treatment, TruDOSE™ platelet therapy, that demonstrates serological negativization to these eight different pathogens. Surprisingly, these results are only after 1 treatment.

Interestingly, **83% (15/18)** of these patients had more than three pathogens and one of these pathogens tested positive at levels that exceeded test range, indicating an overload within the body **(noted in red)**. For these patients, the treatment appeared to focus on the overloaded pathogens first and then address the remaining pathogens. For example, fourteen (14) patients tested seropositive for candida. Of these 14 patients, five (5) tested seronegative following treatment and the remaining nine (9) patients only saw a reduction in their candida numbers. The difference between these two groups is the 5 patients had excessive numbers of candida compared to its other pathogens while the group of 9 had excessive numbers of the other pathogens compared to the candida numbers. Lastly, the Lyme group of patients saw one (1) patient with complete negativization and the remaining patients saw a reduction in Lyme markers. It is, however, important to note the entire patient group with Lyme had multiple pathogens. So, one can surmise additional TruDOSE™ platelet therapy treatments would eventually lead to Lyme clearance.

The ability of pathogens/parasites to manipulate the host (human) to their advantage has been studied extensively and can be summarized as evolutionary. Instead of destruction, pathogens have evolved and used tactics to coexist with the human body because it ensures their long-term survival. Ultimately pathogens can avoid our immune system's ability to recognize friend from enemy, called immune recognition. As pathogens seek residence in the body and build resistance to conventional medical treatments, untreatable symptoms arise associated with various chronic/autoimmune or autoinflammatory diseases.

The TruDOSE™ platelet therapy relies on the body's platelets. Platelets are analogous to drones circulating the blood stream identifying threats and armed with pathogen specific tracking devices and pathogen specific weaponry. Once threats are identified, our platelets deploy countermeasures, gather pathogen intelligence and activate our immune system to begin. Pathogens are aware of these facts and work hard at disguising themselves against our circulating platelets, however the TruDOSE™ therapy resets this immune recognition. One of the first steps of the therapy requires removing a personalized amount of blood from the body. Upon removing blood from its circulating environment of the bloodstream, the immune recognition of the platelet is immediately reset. Next, the blood is processed with specialized equipment to produce a personalized, disease specific therapy and ready for treatment. When the treatment is re-introduced back into the bloodstream, *"it is like platelets are seeing everything for the first time."* Since 2018, thousands of patients have been treated by the TruDOSE™ platelet therapy and have experienced improvement or complete relief from symptoms associated with various chronic/autoimmune or autoinflammatory diseases. Most importantly, and to our knowledge, is the first to report this type of serological data that validates an explanation for these symptom improvements.

Table 1

total patients	18		Reference Ranges	EBV IgG += < 11.0 IgM += < 44.0		Cytelomegavirus positive =< 35		Candida positive =< 1		either postive titer or negative		postive =< 35		13 Bands tested 58, 18, 45, 41, 39, 30, 28, 23, 93, 66, 41, 39, 23 (KDa)
went from seropostive to seronegative				**7/10 (70%)**		**4/4 (100%)**		**12/34 (35%)**		**7/7 (100%)**		**2/2 (100%)**		**1/8 (13%)**
Reduced from pre blood results				**9/10 (90%)**		**4/4 (100%)**		**28/34 (63%)**		**7/7 (100%)**		**2/2 (100%)**		**6/14 (43%)**
patient	Age	Diagnosis	Epstein Barr Virus (Pre) IgG/ IgM	Post	Cytomegalovirus (Pre) IgG	Post	Candida (Pre) IgA/IgG/IgM	Post	Herpes 1,2,6 (Pre)	Post	Mold (Pre)	Post	Lyme (Pre)	Post
1	41	Lyme, fatigue, Autoimmune disease	**490**	**negative**			**1.91**	1.81					41KD 18KDa	18KDa
2	37	Lyme, Mold, Epstein Barr Virus, Fatigue, Autoimmune	**252**	**negative**	**7.3**	**negative**			6	**negative**			93KDa	93KDa
3	45	Lyme, Mold, Epstein Barr	**750**	11.9 **(negative)**	1.4	**negative**	1.72	1.15	1,2,6	**negative**				
4	42	Mold, fatigue	80.1	78.1			**1.97 IgA 1.89 IgG 0.76 IgM**	0.87 IgA **(negative)** 0.79 IgG **(negative)** 0.29 IgM **(negative)**			**Citrinin 108.61**	**0 (negative)**		
5	43	Lyme, Epstein Barr	**369**	**negative**					6	**negative**			41KDa 18KDa	**negative**
6	49	Lyme, Epstein Barr, Autoimmune	161	**negative**	**8.8**	**negative**	0.62	1.01	1,6	**negative**			93KDa 18KDa	!8KDa
7	54	Lyme, Epstein Barr, Autoimmune	27.6 IgM	**negative**	86.7 IgM	**negative**								
8	39	Thyroid Dysfunction Autoimmune					1.41 IgA 1.61 IgG 1.49 IgM	0.32 IgA **(negative)** 0.66 IgG **(negative)** 0.29 IgM **(negative)**						
9	48	TBI					1.03 IgM	0.85 IgM **(negative)**						
10	48	Fatigue					1.41 IgA 1.20 IgG 1.75 IgM	0.69 IgA 0.84 IgG 1.47 IgM						
11	54	Autoimmune					1.41 IgA 1.20 IgG 1.75 IgM	0.79 IgA **(negative)** 0.64 IgG **(negative)** 0.89 IgM **(negative)**						
12	22	Lyme, Epstein Barr, Autoimmune, Brain Fog					1.49 IgA **2.13** IgG 0.58 IgM	1.22 IgA 1.67 IgG 0.50 IgM			Citrinin **166.04**	9.33 **(negative)**		
13	89	Lyme, Epstein Barr, Autoimmune, Brain Fog											58KDa 41KDa 28KDa	58KDa 41KDa
14	66	Chronic Fatigue, Lyme	**750** IgG	146 IgG			**2.95** IgA **1.60** IgG 0.22 IgM	**2.71** IgA 1.53 IgG 0.17 IgM					41KDa	41KDa
15	16	Lyme, Epstein Barr, Autoimmune, Brain Fog	10.1 IgG 45.9 IgM	9.5 IgG **(negative)** 36.5 IgM **(negative)**			1.0 IgA 0.46 IgG 1.03 IgM	0.79 IgA **(negative)** 0.52 IgG 2.07 IgM					41KDa 18KDa	41KDa
16	44	Autoimmune Autoinflammatory					0.83 IgA 0.66 IgG 1.02 IgM	0.38 IgA 0.40 IgG 0.63 IgM **(negative)**					41KDa	41KDa
17	58	Autoimmune Autoinflammatory	34.6 IgM	35.9 IgM			0.55 IgA 0.37 IgG 0.37 IgM	0.41 IgA 0.33 IgG 0.25 IgM						
18	44	Autoimmune Autoinflammatory					0.80 IgA 0.60 IgG 0.36 IgM	0.42 IgA 0.40 IgG 0.14 IgM						