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MYCOPLASMAL INFECTIONS IN SILICONE IMMUNE DYSFUNCTION, FIBROMYALGIA, CHRONIC FATIGUE ILLNESS, AND THE GULF WAR SYNDROME

In a paper by Garth L. Nicolson, Ph.D., entitled Mycoplasmal Infections and Fibromyalgia/Chronic Fatigue Illness (Gulf War Illness) which were associated with deployment to operation Desert Storm, found published in the International Journal of Medicine 1988, Volume one, pages 80 to 92, we find a potential link with Silicone Immune Dysfunction. In his paper, Dr. Nicolson discusses the association between fibromyalgia and chronic fatigue illnesses, such as the Gulf War syndrome, with associated mycoplasmal infections. Dr. Nicolson's web site www.immed.org contains a wealth of information regarding microorganisms as important agents or cofactors in chronic disease. Both the Gulf War syndrome and silicone disease may be mediated by an adjuvant reaction in the body. In the case of the Gulf War syndrome, adjuvants such as squalene or other adjuvants added to the multiple vaccines were given to the Gulf War personnel prior to deployment. These adjuvants may have been the initial insult to the immune system, leading to a series of events, which caused these patients to be susceptible to multi-system failure.

Dr. Garry at Tulane University has demonstrated anti-squalene antibodies present in patients with the Gulf War syndrome. Silicone is also a known adjuvant and of great interest is the similarity between the Gulf War syndrome and silicone immune dysfunction. Dr. Garth Nicolson has a treatment program very similar to the silicone immune protocol developed at Plastikos, with the addition of six-week rounds of doxycycline, which he uses to treat mycoplasmal infections when they are present. The majority of Gulf War syndrome patients, as well as silicone patients, appear to have problems not only with chronic bacterial infections, but also with chronic viral and chronic fungal infections. The defective immune system must be treated rather than simply treating the multiple infections, although, concurrent treatment of the infections is advisable.

Mycoplasma infection can be diagnosed with blood tests and if present, can be treated with long courses of doxycycline antibiotic. It is important to protect the patient against fungal overgrowth during the antibiotic treatment and Dr. Nicolson has had a great degree of success with his protocol in Gulf War syndrome.

Mycoplasma organisms are intracellular, slowly growing chronic infections, which are not easily treated with the majority of antibiotics, especially lower dose antibiotics that are targeted against cell walls, which these bacteria do not have. We have found that many silicone patients have identifiable chronic infections including mycoplasma and other chronic bacterial infections similar to that found in Gulf War Veterans by Dr. Nicolson. It is interesting that scleroderma, which is the end stage of the autoimmune disease caused by silicone, has been reported to respond to tetracycline antibiotics, such as Minocin and doxycycline. If we would devote sufficient research funds to investigating this, we may very well find the answer to many autoimmune diseases, which are becoming more and more prevalent as the toxic chemicals in our environment continue to increase. Unfortunately, if the medical profession continues to insist that a disease does not exist, it is difficult to find funding sources to study a non-existing disease.