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Using Herbs and Botanicals to Treat Chronic Infections

Presenter: Antony Haynes, BA(Hons) DipION

Dr. Amy Myers: Hi everybody. It's Dr. Amy Myers. Welcome back to the Autoimmune Summit. Today's guest is Antony Hanes, who is joining us from London. We're so lucky to have him. Antony is a nutritionist. He is considered the practitioner's practitioner in London, and I can verify for that for sure. He's written two very award-winning successful books: "The Insulin Factor" and "The Food Intolerance Bible." We've been good friends for a while, but I learned something really new and interesting from Antony when we were together at the Institute of Functional Medicine Conference a couple of weeks ago, all about infections and what he's using naturally to treat a lot of common infections that are implicated in autoimmunity, and he blew my mind. So, I asked him to be part of this summit so he can share his wisdom and knowledge that he's been helping thousands of people with and share it with you guys. So, welcome, Antony.

Antony Haynes: Thank you, Amy. It's a pleasure to be here.

Dr. Amy Myers: Yeah. What time is it there?

Antony Haynes: It's about five to 9 o'clock.

Dr. Amy Myers: Oh, wow. Wonderful. Well, hopefully, we won't keep you out past your bedtime. We appreciate you joining us.

Antony Haynes: Yup. Thank you.

Dr. Amy Myers: So, let's talk about, first of all, infections and autoimmunity. What's the correlation? What's the link?

Antony Haynes: That's a very good question. I did a review; I've lectured on the subject for a couple of years now. In fact, you and I may be in the same lecture where we first prompted my inquiry incidence of years ago having met this professor of immunology, who works from Kings College in London. I found YouTube videos of him talking about this from 10 years before. I never heard of it. It was driven by my patients. Patients come to see me with autoimmune conditions, and I'm always looking to see what's the very best way that we can help



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to identify the underlying cause, and he has a functional medicine approach to helping them with their health. And so, the notion of this—once you have a box of several infectious agents could be a factor. I did a search, and in a relatively search from 1980 to 2012. I've done this specifically for this conversation. There's 95 on a search of research groups in published papers and peer-reviewed papers that are basically locatable on most search engines—95 papers from 1980 to 2012, that's excluding papers that have been written that last couple of years, so there should be more plentiful. So, there's lots and lots of scientific evidence linking the presence and triggering factor of infectious agent, either bacteria or a virus or fungal issue, with autoimmune conditions.

Dr. Amy Myers: And in that search and in your own practice more importantly, because I didn't mention, even though you look so young because of your wonderful way of life and eating, you've been in practice for 25 years.

Antony Haynes: Yes.

Dr. Amy Myers: So, in all of those years of working with patients with autoimmunity and complex diseases, as well as what you found recently, what are some of the main bacteria or viruses that are being implicated in certain autoimmune diseases?

Antony Haynes: Yeah, that's a great question. And we discover things we wish we have known earlier, but of course, that's the purpose of our career. And if we can share this information with practitioners that are just starting or haven't been practicing in 25 years, and they can start this process sooner, and then more people can be helped properly. So, I'll name a number of different bugs that are associated with specific conditions, so it's easy to identify. As for the first one, is the well-known association with the gut bacteria, klebsiella pneumoniae, and the condition called "ankylosing spondylitis." So, that's one. Another strongly researched one is chlamydia pneumoniae with multiple sclerosis. There's also mycoplasma linked with multiple sclerosis. There's a bacteria called "proteus mirabilis," or different type of proteus—morganii—associated with rheumatoid arthritis. And herpes virus associated with lupus or herpes virus associated with Hashimoto's. So, there are the most obvious connections in terms of bacteria or viruses, which you can actually find on a Google search.

Dr. Amy Myers: What about Epstein-Barr? Because I see a lot of association.

Antony Haynes: Epstein-Barr virus is associated certainly with the Hashimoto's and lupus as well.

Dr. Amy Myers: And MS. Yeah. And just for people, that's the Epstein-Barr virus is from mononucleosis, if you've had mono.

Antony Haynes: Yes, which in England was called, "yuppie flu." ME is called "ME," which is actually myalgic encephalomyelitis, but in fact, which is a bit of a misnomer. And the whole notion of ME in this country is



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perceived to be, almost, from my impression of patients, like a psychosomatic disorder as opposed to a biological disorder.

Dr. Amy Myers: And then also, for patients, just when they hear the chlamydia—the chlamydia pneumoniae is not the sexually transmitted chlamydia disease.

Antony Haynes: Yes, exactly right.

Dr. Amy Myers: Just so people know.

Antony Haynes: You can catch it from a sneeze on a train. In fact, I researched this because I was really intrigued in those PhD who spend their time searching the chlamydia pneumoniae phenomenon, and despite their fluency of understanding of the condition, they identify the 30-70% of the population could have had the infection of CP (I call it CP. I refer to it as CP because it takes the word “chlamydia” out of the conversation. I found that useful with patients.)

Dr. Amy Myers: Yeah, that is helpful. So, can people get tested for these different bacteria and viruses through their regular doctor?

Antony Haynes: That has been challenging. There are stool tests kind of approaches, but you may not find it. And these seem to typically not easy to find. So, it typically requires specialized laboratory that’s dedicated itself to identifying the appropriate immunological methodology, so it’s aligned to technology and also lymphocyte transformation testing, looking at the actual cellular activity of the bug to the tissue caught from antibodies to them. In fact, I found the vast majority of the patients that I’ve tested have had to go to specialized lab and pay for it privately. The whole process of seeing nutritional therapists in the UK is fundamentally 99-100% private practice. We never had insurance covers essentially, so it’s a different process and different model. So, there are these patients who pay privately for the test, but it’s very, very useful to get back to the husband’s wife and show them the evidence and the references that I can provide them in the peer-reviewed literature, which have yet to be examined by their GP, for example.

Dr. Amy Myers: And so, what is the mechanism of action so to speak? How are these bacteria and these viruses ultimately causing an autoimmune disease or is at least playing a role in autoimmunity?

Antony Haynes: I’m not sure the full answer is known, but there are a number of mechanisms, Amy. One is molecular mimicry, where the immune system recognizes a component—the protein of the antibody—and so the antigen is designed to directly target the antibody, and then there are amino acids in that sequence—in that peptide—that are similar to the tissue of the body, that the antigen or the antibody will then attack to that



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antigen or indeed the modern basic protein, which is consistent with the CP (chlamydia pneumoniae) or possibly the herpes virus and/or mycoplasma as well, so the body thinks it's doing the right thing. We lack a lot of these things in the human body. We recognize now that autoimmunity—some of the other speakers know that—it's the No. 1 leading cause of mortality and morbidity across the spectrum of conditions, and it's profoundly increasing, and it's this antibody's molecular mimicry—self attacking self—and it's by design, but it's a fraud design. Another mechanism and maybe a number is there may not be one bug, but there may be two or three, which over time have overwhelmed the immune system to oxidative stress, inflammation, which then leads to a skewing of what's going on inappropriate antibody productions. So, inflammation, oxidative stress, sort of amino load, and specifically, molecular mimicry.

Dr. Amy Myers: And I've also heard of something called "the bystander effect" as well, where they're damaging the tissue. They are the infection itself and then the body seeing this inflammation going on and goes in to figure out, "Oh, what's going on there?" and it begins to attack the bug and then attacks the tissue next to it as well.

Antony Haynes: Absolutely. In fact, that's part of the sort of overall immune burden, but bystander principle—absolutely, you're right. In fact, not all bugs actually are negative. Just to say, there's this one communist, Yehuda Shoenfeld; you may know him; he's working in Israel, The Center of Autoimmune Diseases. He's identified that there are certain bugs through the hygiene. If you have the bugs, it actually protects you from autoimmune conditions, but they're relatively limited. And that's specifically a study that I've read about hepatitis B virus antibodies, which is protective; however, in my estimation, there will be ever increasing number of bugs that we find in the future, so that's a prediction made in the Autoimmune Summit for you. We're going to find viruses that we didn't even know existed, but they're absolute triggers for autoimmune conditions that we can already diagnose.

Dr. Amy Myers: And so, how are you treating these in your practice? So, you're a nutritionist, so not able to prescribe medications, and that was what I also love, is that you're doing obviously nutritional therapy, but you're using a lot more herbs and, say, like what I use in my practice because, you know, I can prescribe medications, and that's kind of what I'm trained to do. So, I was really fascinated about the herbal remedies and the more natural ways that you're treating these bugs.

Antony Haynes: Yes. Unfortunately, with the EU legislation, it means there are lots of herbs, so we call herbs, and the extracts of being qualified as medication is that they require a specific license, which is possible to have attained with maybe a fee and a large dosage of material may actually be constructed such format that's impossible to fulfill. So, with the legislation being inhibited, so there are plant extracts more than the herb extracts that I have been using. In fact, after I attended the functional medicine seminar, spending a bit of time with you in Seattle, I met a patient with RA that took the micro-emulsified oregano or oregano extract, and



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in six months, he was free of his RA, having been told by his rheumatologist that he would have the condition forever. He'll probably need methotrexate and steroids for the rest of his life, which he chose he didn't want to have. A piece of the paper by Alan Ebringer and Rashid, I gave him the copy; he then decide about the—even though he can't get the test for proteus, I'm going to perceive it is. So, the micro-emulsified sustained release oregano extract has been the primary natural product that I use, but that is not so effective against viruses. So then, after years of using that, other practitioners then would have paired it with RA, for example; they recommend a month to take this oregano extract and they became free of RA as well. And so, hope is a cascade in a snowball effect to that. I consistently found that the vast majority of RA patients that have picked chlamydia pneumoniae, not proteus, as far as we can tell, so they require that treatment. So, the oregano extract was the sub at least, then I discovered the humic acid, which I'll talk to you more about. It's very exciting. And actually, I've looked through the history of it, and it possibly goes back 3,000 years in terms of it fundamentally used, which is basically organic compost plant material that's 50,000-100,000 years old. And depending on the plants when it was derived, there's a huge variety of what the humic acid is like all over the world, so you've got Birmingham in England, you've got South Africa, and then New Mexico. I've read a work of a chemist PhD, who have spent 17+ years—that was 17 years as in 2012—who have spent 19 years researching humic acid, and his name first coined by a researcher who've done this work in 1761 by Gottschalk Wallerius, and then the first paper studied was in 1786 by a champ called K. Archard; it would've been a champ because no female scientists were publishing papers those days. So, this champ, Archard, published the study using humic acid of some kind in 1786, so that's a western research—Ayurvedic transcripts from the use of humic-like substances going back to thousands of years, so it's a wonderful sort of full fold lifecycle. So, the plants become compost material bedded down with pressure, and then part of the top soil, and then need to be mined. Now, the bacteria of the plants are long dead, and so the material needs to be handled appropriately. And there are lots and lots of studies came back in the 90s and early 2000s looking at animal studies showing its safety in animals. There's also one 1993 study in humans, a double-blind study after respiratory tract infections, which found the individuals that took humic acid had a significant improvement compared to those who didn't, and they had a six-month benefit—a six-month follow-up compared to those who didn't take it. So, that's the earliest study I could find from the western perspective about humic acid, but not all humic acid is the same. And so, after a decade long journey of research and lab testing and so on, this researcher—his name is Richard Laub (I haven't met him, but I've read his work)—he was looking for the very best intact humic acid from all over the world—testing, testing, testing, testing—so, it's not been a straightforward process, although humic acid, by definition, is possibly in all areas across all around the world, but it's particularly useful when it's being around natural water, on the lakeside, or possibly on the marine coast, where the most nutritious plants can actually can become compost. He's found one the very best source is actually closer to you and me; it's in New Mexico, and this is the source that I've been using in every batch that I've used is being at least lab-assayed by one lab if not free for its safety margins. And I've used humic acid for going on three years now with patients, and I've recommend it to a whole bunch of other UK practitioners who are also using it for their patients.



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Dr. Amy Myers: Well, I don't have any report back. I just found out about this from you. I think it's just two weeks ago or maybe three at the most, so we ordered some, and just have sent it out with a few patients to try it after talking with you and hearing this success that you've had. Do we know what's the mechanism of action? How is it working?

Antony Haynes: Again, this is the work of other individuals who spent their life dedicated to it, of course all these things, the physical structure is absolutely key, and apparently, the molecule of the humic acid is most effective as you're going to get different molecular sizes, densities, and weight about 50,000 daltons, and I have no reference because I'm not a chemist, but effectively, it's looks like a series of wagon wheels within wagon wheels, with each spoke having the capacity to bind onto viruses. It seems the bond—and this is basically electropositive and electronegative atom hydrogen bonding is the mechanism. So, as this expert describes, it's like a really, really sticky Velcro effect the humic acid has to viruses that's stronger than the viral connection to the human cell, and so, it can actually displace the virus if it's latched on the human cell. It can be used for acute infections; it can be used for chronic infections and for latent infections. Viruses don't live that long, and when they need to reproduce and penetrate the next or neighboring cell, if the humic acid is present, then it can bind onto it, and generally speaking, that could then be dealt with macrophages in the body. So, there's a limit, I found, that the individuals can tolerate in terms of how much macrophage activity can go on as a result of taking the humic acid, and that's one of the effects of maybe the cold Herxheimer effect or die-off effect or the inflammasome triggering effect of taking high doses of humic acid. Essentially, the humic acid is within the system for six to eight hours, and then it won't be, so any dose of humic acid will last for that period of time. I certainly take it every day. We've heard of the microbiome, which is a buzz word in nutritional therapy, but there's the virome; there are at least 2,000 viruses in the gut, of which maybe 6% are being documented. So, I guess what I'm making the researching now is a prediction that we'll then discover viruses that are absolutely implicated in autoimmune conditions; we know the autoimmune condition name, but we don't know what the virus is the humic acid will bind to. Humic acid will bind to almost any virus. I've had patients with herpes simplex virus; one where the cold sores—they used to manifest with stress or bright sunlight, for example, not manifest at all. I've had many, many patients on humic acid. I myself am taking it now purely from the fact I've got the sense its' going to be good for me, but also, protecting me from things we don't even know about yet. So, it's a complete nutritive substance that contains essential nutrients in trace levels, and it's antiviral, and the dosage recommended is extremely safe.

Dr. Amy Myers: So, that was my next question. Is there any downside to it other than perhaps the die-off reaction that you may feel if you're taking too much, and what else can it be good for? Is it binding to anything else besides the viruses?

Antony Haynes: I don't have all the answers to that. I do know in terms of the patients I've met, I believe the



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dose that's going to be effective will then automatically lead to a burden of inflammation within that person. It may manifest in the virus expressing itself so one needs to be aware of that. And if one coaches one's patient appropriately, then if they get an outbreak of cold sore or other manifestation of a viral outbreak, then it may be the last cry of the virus, or one of the last cries of the virus, as it to them become contagious essentially. With many patients, there's been one of those; for some patients, there have been two or three; but often the second or third, if you like, outbreak or death row, but then again, this is my hypothesis so I haven't proven this, except the individuals then, the cold sore used to manifest or be present for a week, sort of emerges and is there for day, and it was like a blip on their lip as opposed to something more ugly. The impact of say, the herpes virus, has been very clear. I've had cases—the most successful cases I've had had actually been someone without any diagnosis, but has a multiplicity of odd, idiopathic, immunological, neurological manifestations, and it's like, "I've been to see 20 docs, and they have no idea, but I have a low white blood cell count," which is indicative of a chronic infection, but there's nothing else. He had to take off from work, that highly intelligent world-paid individuals who could then afford to look around and then somehow, they got a hold of my name, and they come to see me, and we use humic acid if we've identified the virus or not, and they could have tremendous benefits. In fact, it's a little bit operating in the dark without substantive evidence except these individuals are getting better, and for me, that's the testament to that, so I'm looking to use much antibody testing as possible, so we can get before-and-after evidence associated with symptomatological improvement in those individuals, but I've had patients with lupus take humic acid and had tremendous success in wide-array symptoms that they didn't even know were associated with lupus that they've said, "Why had that years before my diagnosis?" and then they recognize it was part of lupus scenario because lupus is one condition where you can have multiple symptoms. So, it's very exciting that it's very safe. Vast majority of people would have had a flare-up, and those individuals will need appropriate hepatic and/or gastrointestinal detoxification support, which is ideal in a functional medicine environment where you'll have generalists, they know exactly what to do for that.

Dr. Amy Myers: And so, you're sort of saying that often, you may not be able to diagnose or recognize certain infections, but why not just give it a try. The really only downside is that you may have a flare and outbreak, which may be this last cry of help of the virus, but overall, really no other toxicity or downside to this, so why not just give it a try.

Antony Haynes: Yes, exactly. That's correct. The vast majority of patients that have used it we've done tests and all have a diagnosis of condition, which is highly indicative of this specific type of bug. This has been associated with it. It's a handful of people who've actually be like, "You're my last resort" type of condition, where it's the most exciting change because they've been so incapacitated by a whole range of symptoms, and I believe that actually, a number of virus is involved, I think we'll see more and more on the types of virus. So, I believe inflammation, one virus, HHV6 (human herpesvirus 6); I believe this is implicated in a wide-range of complex multi-manifesting conditions, and so I've been trying to research. I've been researching without too



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much success, but I believe that's one virus that will be proven to be found, to be an issue in a wide variety of conditions, which humic acid can also inhibit.

Dr. Amy Myers: And have you used it at all in people just prophylactically, so to speak, like during flu season or anybody who come to you saying, "I'm getting the flu or coming down with the flu"? Are you seeing success with that?

Antony Haynes: A handful. The vast majority of patients come in with complex patients or they come in with an autoimmune condition, be it MS, or neuromyelitis or RA, for example, sarcoidosis and scleroderma, and so usually, I'm seeing those patients. I would look forward to the day when I will see one very well come in, "I'm pretty well, but I want to keep that way. How can you help me with that?"

Dr. Amy Myers: Right. Our lives will all be a lot easier.

Antony Haynes: But now, I'll be rubbing them off of their fee, I think.

Dr. Amy Myers: Right. In the beginning, I remember seeing sort of the digestive stuff, she has no allergies, and then I got more into autoimmunity, and now, when I occasionally get somebody with just sinus troubles or irritable bowel, it's just like, "Oh, thank goodness." Something kind of easy versus they've been to 20 doctors.

Antony Haynes: I'm sure you're aware of this. I think it's something or maybe that's just a reminder about where we're at in our practice, but certainly, no matter where you're at in your clinical practice, the types of patients that you get to see—I'm a firm believer of this—definitely, the patients that need to see you and you need to see them, I think, certainly pushing one's own learning, and then going home even searching the condition.

Dr. Amy Myers: Absolutely.

Antony Haynes: I think it's such an important process. That's why the industry has changed the world in many ways, but the ability to access information is so useful, and that is something that, I believe, is fundamental is a core component of every functional medicine practitioner I've ever met.

Dr. Amy Myers: Yeah, I couldn't imagine doing what we do and not have the internet. Even just this ability to talk to one another, but also, looking up papers and research at your fingers.

Antony Haynes: So, this notion that I hadn't been aware of—the proteus connection with RA. I've seen patients before, and I recommended the highly more vegetarian diet, and then I discovered through the research in proteus that the reason why patients with RA may benefit from a vegetarian diet is because vegetarian food



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does not feed proteus so much. It's not necessary the direct anti-inflammatory effect of the high plant intake, it's the absence of feeding of the proteus that may lead to the improvements as an example.

Dr. Amy Myers: Well, I thought with proteus—they were feeding off of carbs?

Antony Haynes: Well, I believe that the animal protein may actually be a significant factor, which is why a vegetarian diet, because vegetarian diet doesn't automatically mean more carbs, but it typically does. Typical vegetarian diet will be a higher carb diet whereas the protein diet, but certainly, high in carbohydrates may feed any bacteria.

Dr. Amy Myers: Right.

Antony Haynes: Certainly, the protein diet, whereas I've had a patient—one I described to you—he kept on eating his bread meat and cheese. Bread meat and cheese are quite big, so there are like red flags, but he took this oregano extract and he was free of RA in spite of no change in his diet because he believed that he was chasing the proteus, "So, why do we change my diet then?" So, it's a very interesting limited variable, and then he recommended another patient, another one with an autoimmune condition, and he's gone on from there. I've got to see autoimmune conditions every day, and I do in practice for sure.

Dr. Amy Myers: And so, what if there is a practitioner listening or even a patient—most of the people listening, I believe, were just going to be lay people in the community and maybe they have a compounding pharmacy near them that carries humic acid, so what dosages are you using?

Antony Haynes: Yes, good question. I'm not aware of what companies carry that. I use one particular company, and that has been carefully sourced, which have been batch-tested which I think is appropriate.

Dr. Amy Myers: We don't mind you mentioning that.

Antony Haynes: Well, the Allergy Research Group humic acid, 750 mg or two capsules. The typical dosing is starting off one at breakfast, one at dinner. The maximum dose that I've had a patient on is eight per day at a period of time, and they've increased to eight per day at a time, and when they start them on one, they go on skin rash and the skin rash went away. They then took two, and the skin rash manifested and went away. And so, it's been a gradual process. For that individual, a skin rash was a great manifestation of their progress, which they basically consistently had an improvement in energy when they stepped up all that dosing. I believe some individuals who are more robust in terms of—because I don't think the humic acid will get rid of all viruses at that dose. I think a high dose may be needed. And so, watch the space on that one. I certainly get indications of people very robust in health and may have hidden viruses that are being kept in check by a strong immune



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system, who may require five capsules at each meal for a period of time, but typically, the dosage is two to four to six capsules a day of the Allergy Research brand, which is the only one I've used.

Dr. Amy Myers: And then obviously, it sounds like you're saying one can continue this sort of lifelong as a mechanism to keep things at bay or prevent disease. Are you suggesting that you sort of work your way up and then you're at some high level for some period of time, maybe until somebody is able to be symptom-free, say, with RA, with no joint pain, or they've gotten off of their prescription medication (methotrexate or something like that) then they can go to something lower. How are you gauging?

Antony Haynes: Yes, that's exactly right. And the gauge is sort—certainly with autoimmune conditions, where they're on steroid and methotrexate, for example, RA is a good example, or other immune-suppressing controlling drug such as for ankylosing spondylitis or Crohn's. The ability for the patient to come off of medication is a break to it itself where the doctor feels there's no more reason to go on it, and most doctors that have encountered patients have engaged in this, if we just concentrate on the humic acid product or the oregano extract experiences. They're being astounded to their patient doesn't have the markers that they used to have for their condition, and there have been no explanation in the first meeting with the consultant and the patient. In the second meeting, there's always been an explanation that's been consistent across the board with the patients that I've met, and that is as follows. There are spontaneous remissions possible within that condition when the patient has insisted that they share with the doctor what they've been engaged in, and each and every case so far the consultant has expressed no interest whatsoever.

Dr. Amy Myers: Yes. It's a shame.

Antony Haynes: A real shame. I'm sorry to express that within this forum, but just for patients who've been told there's nothing you can do; forgive me, that's not good enough. There's always something you can do, and I believe humic acid is a breakthrough in far the induced conditions for which very few other remedies can work. It's not an antiviral; it's potent has negative impacts on the liver as medications for viruses would do, and you'd only take those for limited period of time. Humic acid is something you can take daily, and certainly, that research which the lab is taking it every day for years. So, it's going to be like a bell-shaped curve dosing, or indeed a precipice or cliff dosing where you increase the dose and then you quell the issue, solve the issue, then you can take a much lower dose thereafter on a prophylactic level. Who knows what other viruses make this quite whatever other aspects of health could be improved by inhibiting them?

Dr. Amy Myers: And when we were talking earlier at the conference, you mentioned also using proteolytic enzymes along with the humic acid.

Antony Haynes: Yes.



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Dr. Amy Myers: Can you tell us what those are and then what role they're playing?

Antony Haynes: So, with all autoimmune conditions, it seems that there's a need—so I'm going to reiterate what some other speakers are saying—looking at improving the barrier of the gut lining and blood-brain barrier for autoimmune conditions of the brain, looking at improving the terrain, improve the blood-brain barrier, remove the triggers because you can't change the genetic disposition, but the massive increase in autoimmune conditions the last period of time is certainly associated with the reduced incidence of obvious outbreaks in infectious diseases, so it's kind of interesting how that's worked out. So, the reduction in antibody use is actually—witness the increase in autoimmune conditions, and so for that, we're looking at gut healing remedies, anti-inflammatory remedies to help support the barrier. We're looking to also improve detoxification pathways to eliminate those environmental triggers of inflammation as well, and I believe a lot of autoimmune cases have flaws or imbalances within the liver detox by transformation pathways of the cytochrome P450 and the conjugation pathways of phase 2, so they need liver detox support. Now, systemically, I found that proteolytic enzymes have been as effective and are used in tandem with the oregano extract and the humic acid, if I limit it to those two antimicrobials. So, the oregano extract and proteolytic enzymes and/or humic acid with proteolytic enzymes I find works wonderfully well. I did a sports science degree as background. In fact, I'm a huge fan of proteolytic enzymes for sports injury, scar prevention, scar healing, tissue injury and reformation of tissue before and after sporting events or impact sports. I've been using this for years. I'm a huge fan of them. I believe they are one of the most powerful beneficial natural remedies that we have that I use. So, proteolytic enzymes, taken away from food crucially, get into the bloodstream and have a mere enhancing effect. I believe they also deprive breakdown lice proteins that may actually hide viruses from immune recognition and/or they help to break up cross proteins and/or they support macrophage activity in dealing with viral infections, and very useful systemic anti-inflammatory. Research goes back 65 years for this. A lot of it is in East European countries using the cheapest methods possible to reduce inflammation before NSAIDs become available, and there are certainly studies in Eastern European languages—Slovakian and so on—looking at how proteolytic enzymes have been used to hasten foot surgery healing, for example. From the core taking enzymes away from food and that group of individuals that took them have profoundly better, more rapid, and more wholesome healing of a foot injury compared to those individuals who didn't. So, it's a nice work showing that the enzymes are so intact into the bloodstream having a great systemic benefit. In fact, I take proteolytic enzymes on a daily basis, and humic acid, too.

Dr. Amy Myers: So, when somebody's looking for proteolytic enzymes, can you give them some criteria to kind of look for?

Antony Haynes: Yeah, that's a good question. In fact, I'd like to limit it. I'll give you some names, just some products for sure, but actually, there are 14 that I now have access to looking at, and all this 14 and I've looked at



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this quite enough, and I produced information for the UK audience on this. There are four or five I tend to use. In fact, I found true serendipity, and this so often happens, I think, in clinical practices like ours, but, “Oh, yeah. I took that enzyme as well, Antony. You mean, you didn’t replace it then.” “No, I took it as well.” So, they took one enzyme, and then took another one, and they found it worked better than using one alone. In fact, some patients can actually take two or three different enzymes on an empty stomach away from food in one single day and get the better benefits than simply taking one formula on an empty stomach. The dosage we’re talking about here may be 5, 6, 7, 8, 9, 10, 11, 12 capsules or tablets away from food, so 30 minutes before food or two hours after it for the systemic enzyme effect to kick in. I use—I can name them. There are three formula I use. I’m very happy to name them.

Dr. Amy Myers: Yeah, that would be great. Yeah, for sure.

Antony Haynes: So, Biotics Research in Houston, a fantastic line of range of supplements they use. I’ve used those for 18 years plus. Intenzyme Forte—Intenzyme Forte is one of the formally brilliant proteolytic enzyme that has been used by an American football team before and after sports to limit their athletes’ injuries and also limit their need for NSAID and steroid, so that’s important to know to elongate their career and also save club lots of money I imagine as well. So, Intenzyme Forte away from food, so it’s the one part that I carry in my sports bag should I engage in sport—tennis or weight training—and I take the enzymes immediately after it. So, that has proven to be very useful. It’s a combination of papain, bromelain, chymotrypsin and trypsin from an animal source, so it’s a combination of plant and animal enzymes.

The second one of the three I’m going to list here is called “Gluten-Gest” by Allergy Research Group. It’s a purely vegetarian with a vegan capsule, so it’s a vegetarian formula. It’s got the various different—I think it’s DPP IV types of enzymes to break down gluten, but it’s a bit of a misnomer. I recommend Gluten-Gest to patients who are avoiding gluten. It’s not going to help if somebody has a common gluten sensitivity issue.

Dr. Amy Myers: Right.

Antony Haynes: If taken away from food, I found it to be one of the most effective anti-inflammatory, also antimicrobial supporting enzyme formula. We’re looking at five or six capsules of that compared to maybe seven or eight of the Intenzyme Forte.

The third formula is the Allergy Research’s Pancreas from pork, which is most like the human pancreatic enzymes. Again, that looking at five or six or seven of those enzymes away from food two to three times a day. So, we got the Intenzyme Forte from Biotics Research, the Gluten-Gest from Allergy Research Group, and the Pork Pancreas. I would suggest the practitioners that you play with those and consider rotating them in the first instance, so maybe one follows one, and another follows another. Also, consider maybe two of them in the same



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day. So, effectively, you have to write, if I call it “proteolytic teeth” that will help to break down a variety of proteins that have an anti-inflammatory, immune stimulating role, but also, to help tremendously in clearing the body from unwelcomed microbes.

Dr. Amy Myers: And if somebody is not able to get those or whatnot, do you see the same effects with the humic acid, or do you still see effects with humic acid even if you can't take the proteolytic enzymes?

Antony Haynes: That's a good point. As functional medicine practitioners, of course, we're looking at a complete program, and so, yes, of course, we're looking to heal the gut, avoid the gluten if that was a problem, avoid trigger foods because it cause immunity issues, etc., go to bed at time, proper hygiene, exercise—all those in mind. So, I have yet to have a single patient take humic acid as the only change they've engaged in. However, I have patients that take humic acid without enzymes and it does do its job, but I would say 90% from a memory record—90% of my patients who take humic acid have also been recommended by myself proteolytic enzymes at the same time.

Dr. Amy Myers: Okay. So, back to the oil of oregano, do you see any problem with that—I mean, it's so broad spectrum, so do you see it killing any of the good bacteria? Have you ever seen it to the point of getting small bowel bacterial overgrowth or yeast overgrowth?

Antony Haynes: That's a brilliant question. We've had this sort of question arise, and it seems there is information out there that Google gives us access to that says, “Oh my goodness, it's like an antibiotic and it kill off any bacteria.” And, “Watch out.” I find that along with colleagues who said on the day that when they've given the lecture that I've found, they've used the very same oil of oregano that I have been using, which is the ATP Oregano Extract from Biotics Research; it seems to be the most effective agent against SIBO. In fact, it's the very first antimicrobial I would use for the small intestine bowel overgrowth that I've had tremendous success with in that arena as well. The goodness of several spectrum, It's so effective. You're right, it might be considered and it might inhibit the growth of friendly bacteria—I believe that may be a factor, but I believe it's something to account for, but I believe it's something that we have a bigger red flag in our food process than in reality. I have so rarely encountered an individual that's had any health issues from having taking the oregano extract. In fact, I have some patients who—and I can't fully explain why—but I actually have a good friend who uses with celiac, Hashimoto's and have at least one other autoimmune condition, and indeed, most patients with an autoimmune condition have another one that may or may not have yet been diagnosed; and she's been taking two or three tablets of oregano extract for years, and every time she stops, she feels worse. I'm still testing; we can't find the reason why. We haven't done absolutely every test we can do to find what is the bugs, but she feels better on it and so she's been taking it for years—two or three each meal—and she's a slight individual. So, that's the No. 1. It's true that I have many patients take it for six months plus longer for full-spectrum benefits. As far as the downside, of course, we're looking at probiotics after it, but we know probiotics fundamentally, they're not there



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to colonize the gut, that they have anti-inflammatory roles, but I don't believe oregano extract poses a major risk for the majority of patients. So yes, sure. Let's have an eye open for it. I think it's an overstated risk.

Dr. Amy Myers: And what about the process if people on this herbs and the humic acid for months or even years as you're talking about? Is there any risk of possibly the bugs or the viruses in they're mutating and becoming resistant?

Antony Haynes: That's a great question. You know, I'm not sure I know the answer, except that all I can say is I haven't even got an inkling of that beta-casein, and that's the beauty of the way these things work. The mechanism about which humic acid works, which is the viral binding like a Velcro (really, really sticky Velcro), actually prevents an adaptive process from occurring on the mechanistic level. So, I definitely believe oregano—there's no instance where I found an individual have some sort of tolerance that end up with a more resistant bug as a reason for taking it. I believe the ATP may be helping individuals in longer term by helping prevent from having an ongoing exposure of bacteria because the amino cysteine is weaker, so they take it for longer. My aim is to have patients take this for the shortest time as possible for sure, but to have the benefits, so when patients come off and they say they feel worse, or maybe we can increase it and take it again if they feel better again. So, there had been no indication of adaptation or resistance as there has been in the course of antibiotics.

Dr. Amy Myers: And when you're using the oil of oregano, do you also work up like you do with the humic acid?

Antony Haynes: That's also a good question because in fact, because whether you use it or not, it's a start often, although the typical recommendation of the oil of oregano is a patent for eradicating *B. hominis*, not the *B. hominis* in every instance, but as a patent for it. In the patent, they looked at 12 per day, and each topic ends 50 mg of the active ingredient (Carvacrol), but in reality, in practice, 15 a day from the get-go, and if someone really is a sensitive patient, which in case, you'll use your commonsense. But generally speaking, it's five at each meal in the very first week.

Dr. Amy Myers: Wow.

Antony Haynes: Followed by five weeks of 12 per day, which is four each meal. And then I found the individuals may need to take it for longer than six weeks or 42 days to inhibit the unwanted bugs, but in terms of citrobacter, from klebsiella to bacillus species, there might be another antimicrobial you use aside oregano extract, but I find it the most effective broad-spectrum antibacterial and antifungal agent I've ever used.

Dr. Amy Myers: And so, you were trying to say that you start high and you work your way down over the next six weeks?



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Antony Haynes: Start high and keep the high for six weeks and thereafter, they may need to half that dose thereafter.

Dr. Amy Myers: Oh, okay.

Antony Haynes: Unless you know the patient is very, very sensitive to taking supplements, and it's not going to serve any purpose to have them in bed for a couple of weeks.

Dr. Amy Myers: Yeah. Do you have any experience with this working with or do you work with Lyme patients at all? I mean, the thought just came across my mind.

Antony Haynes: Yes, absolutely. And I'm using humic acid, and I have no evidence of this, but because the champ that's been researching it is focusing on viruses, not on the possibly most complex type of condition that we get faced with, which is the many faces of possibly 365 faces of Lyme, systemic Lyme, neurologic Lyme, and it's a constant protocols and there are out there. They are really challenging, but not of them have humic acid in their protocol, and I found that it absolutely can reduce the body burden of the *Borrelia*, but also, I find that the co-infections, babesia and bartonella and ehrlichia, some of them may manifest yersinia, and mycoplasma may manifest more the symptomology that they've already themselves. But the oregano extract with the humic acid, I believe, are having a tremendous benefit in so inhibiting those. The difficulty we have in this country and as in USA is to get evidence of if someone has Lyme, up to 25% of individuals may have the bulls eye rash, and remember, the tick bite in the first place, but it could have been years ago.

Dr. Amy Myers: Right.

Antony Haynes: And so, the scenario that I think I'll get faced with and many practitioners will get faced with more and more.

Dr. Amy Myers: So, you have actually used it in Lyme patients and you're getting success.

Antony Haynes: I've had success with neurological Lyme. I've just had one patient whoses neurologic Lyme is bedbound, and she noticed by increasing the humic acid for two capsules per day—a distinct improvement in energy.

Dr. Amy Myers: Increasing which one? Oh, the humic acid.

Antony Haynes: The humic acid. So, to one and one, so it's two capsules a day definitely increase in energy. For example, that was just yesterday.



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Dr. Amy Myers: Awesome.

Antony Haynes: It's going to be its binding effects. Because coal is not too distinguished as humic acid. I don't even necessary have the markers for Lyme, but the case was just yesterday. And they put them on antidepressants because they're depressed for the fact they're unwell, and then you give them humic acid and they have some improvement at some level, and then you can engage them in all the dietary changes they require. So, I still find the success with supplements engages the patient's participation and compliance to another level, which is so useful because then we can engage them in all the information that you and I were exposed to.

Dr. Amy Myers: Right, and which are everybody's talking about. Again, I just ordered some. I've sent it out to numerous patients. I'm waiting to get some feedback, but I might have to run by my office and pick up a bottle tomorrow. I forgot to snag one for myself to give it a try. I usually try everything before I pass along.

Antony Haynes: All the things we can try, we try all in.

Dr. Amy Myers: Yeah.

Antony Haynes: Because there are two boxes we know as functional medicine boxes, there are literally, maybe possibly even thousands of different things that we can take, whereas in the toolbox of medicine, there's a limited range of possibility.

Dr. Amy Myers: Yes. So, any stories—I mean, you sort of sporadically shared a few throughout your talk, but any one particular or success story that stands out in your head that you'd like to share?

Antony Haynes: Probably the case of herpes where it manifested in two positive body—one being oral and the trigger factors for the gentle outbreak in the oral outbreak were very well documented by the patient. Effectively, sexual activity and/or stress and sunshine, and then they would have inevitable situation, so it was the bane of their life, and the humic acid has effectively, completely nullified the expression of that. So, in terms of changes in one's quality of life certainly with the herpes virus. Now, we haven't done the antibody testing now to see if the antibodies are lower, and maybe it's unrealistic to expect them to be free of antibodies, but effectively, they're free of the life-changing symptoms, which they believe and they were told, "You're going to have this forever." That comment from the man in the white coat or woman in the white coat is absolutely a brilliant motivator for some people, not for others, to say, "Excuse me. I'm not going to take that in face value. I'm going to find an alternative." And so, it was through that they were sensitive. "They told me that, I'm not going to believe that," and they're going to search somewhere else. The humic acid is proven in this one is, I think, to be an absolute life-changing as you can possibly begin to imagine.



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Dr. Amy Myers: Yeah, great. And as we're beginning to wrap up, not everybody can get to London and see you or get to Austin to see me, sounds like you've given some incredible tips about how to take these things, but any other three to five tips people can do on their own today to either prevent or reverse autoimmune diseases.

Antony Haynes: That's a great question. First of all, let's get to testing. I love testing. Lab testing is a great compliance tool certainly for the family if not the individual himself, and then they get support from the family, so often, they have no support from the family, and the lab testing, "Uh, I've got something," then you get support from the nearest and dearest in your close circle, which I think is important. That allows all process to continue. So, lab testing is very important. I know the labs in the states particularly well, but certainly, the labs in the UK, we can access the specific viral antibodies and/or bacterial antibody testing, to me, that's a crucial step No. 1 after functional medicine practitioner like ourselves have been aware that with any autoimmune condition that could well be a microbe, or two or three, underlying the issue in the first place. So, recognition, lab testing, and then you engage in all the process that you've been doing already, which is improving the barrier, mucosal immune system, secretory IgA, looking at dealing with gut dysbiosis, but you know, watch out for the virome. There's this new word "virome;" you've heard it here first (microbiome—virome). Humic acid for the viruses, you can start at low dose; and the oregano extract, you can move in at 15 a day, five at each meal. And generally speaking, if with or without the testing, but certainly either way, you can have a reaction—"I feel better, I feel better, I feel better"—it could be 2, 3, 4, 5, 6 days, even 2 weeks, and then they have symptomology, which is akin to a Herxheimer's or a die-off response; it absolutely is a clenching confirmation that they were indeed inhibiting and/or killing unwanted microbes that actually really reinforces the fact that they should continue with that. Of course, there are other factors. This is something our friend, Tom O'Bryan, actually expresses to us the avoidance of gluten and other burdens on our autoimmune system needs to be removed as well. So, it's engaging more process that we've heard about, but I'm here talking about chasing the bug. I believe that viruses and certain bacteria are absolutely vital to clear, which you wouldn't achieve if you didn't know about them or didn't directly address them. The individuals we're seeing do not have strong enough immune systems, so combination of proteolytic enzymes with the antimicrobial can be a, I think, in America, game changers, something like life-changer.

Dr. Amy Myers: Awesome. So, for the people who cannot get to a practitioner and do this stuff, likely, we'll probably have some links below Antony's talk with access to getting these supplements that you can try at home. It's always best, obviously, if you can work with a practitioner, but we know that we're often, sometimes hard to come by, which is why we're offering the Autoimmune Summit for people to get as much help as they possibly can on their own.

Antony Haynes: And congratulations, Amy, on engaging this, and I'm very fortunate that my lovely friend, Amy, is organizing this. And who knows (and that's fingers crossed) how many people can this impact. And I agree with you. I believe individuals, it's extremely safe to try given what else can you do, and then through the outcome of



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that, maybe that will then inspire you to have resources or engaging in a consultation.

Dr. Amy Myers: Absolutely. Well, thank you so much for sharing your knowledge because when I heard you talking about this a couple of weeks ago, I just thought A, I've got to try this myself, I've got to try this in my clinic, and I've got to spread the word about this because it sounds like there's virtually no downsides to it. It's an all-natural product, something you can likely get for yourself without having to see a practitioner, so I just really appreciate the work that you're doing and your willingness to share it with all of us. So, thank you so much.

Antony Haynes: Thank you, Amy. And I think this is designed to have an impact to the largest number of people as possible with the best intention for the masses, and certainly a motivation point.

Dr. Amy Myers: Awesome. Well, mine as well. It's all about empowering people. There are 50-75 million people, at least, in the United States; 250 worldwide suffering from autoimmunity, and those are the people who have actually been diagnosed a "no." And as everybody is talking about, it's an epidemic on the rise, so we've got to do something with the knowledge that we have to help empower all these people out there to begin to prevent or reverse if you have one.

Antony Haynes: And the last thing I'd say, and thank you again, Amy, for having me on this. I have yet to see a patient with autoimmunity not have an unwanted bug. There it is.

Dr. Amy Myers: Good to know.

Antony Haynes: It maybe self-selecting.

Dr. Amy Myers: Right.

Antony Haynes: Precisely because that's the patient I need to see who's got the bug, but I have yet to encounter a patient with any autoimmune condition without an unwanted bug, and I can't say necessarily that in every single case that I have dealt with, that have improvements, but the vast majority have a distinct improvement when that bug is addressed. So, we can address all the other factors involved in autoimmunity and there are lots of them. I'm looking forward to listen to all the other summit speakers because there's a lot to deal with. But unless (again, this is my perspective; it's one man's opinion) you deal with the unwanted bug, I believe that there will still be an immune threat and something that a patient with autoimmune condition, which could be changed.

Dr. Amy Myers: And statistics are that upwards of 95% of the population has herpes, either 1 or 2, and Epstein-Barr. And I agree with you, so here—you guys have already heard it. I mentioned it in several talks



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already about—I've never seen a person with autoimmunity that does not have gluten sensitivity, and many other speakers have resounded that as well. Now, we're here hearing having seen anybody with autoimmunity that doesn't have some unwanted either bacteria, yeast, or virus now, so you got to deal with this.

Antony Haynes: Virome—2,000 bugs in the gut. We've been looking at dysbiosis, you and I, 20 years plus. This thing called "dysbiosis," which is an American term, and then we discovered there's quite 6% of the viruses have been identified so far, and there are going to be others as well.

Dr. Amy Myers: Absolutely.

Antony Haynes: And the humic acid binds to the vast majority, if not all.

Dr. Amy Myers: Well, thank you. Thank you so much. I really appreciate it. Have a great night. Hope we didn't keep you up too late.

Antony Haynes: Thank you for having me. I really wish everyone well.

Dr. Amy Myers: Thank you so much.