Dr. Robert Hedaya:

Today I had a fascinating case, which is actually important. I think it's very important that this information get out there. This is a woman who lived in a dorm in college for 10 months. It was mold infested. She's had chronic Lyme. We've been attempting to treat it, but it's quite difficult to treat successfully, particularly when you're in a moldy environment. She came out of college and we deemed that we needed to treat the Lyme. So we started her on an experimental course of disulfiram, which is a promising, but new treatment for chronic Lyme. Disulfiram, also known as Antabuse, is used in alcoholics. If you take disulfiram and you drink, you feel really, really very sick. And one of the symptoms is extreme flushing, and you could even get tightness in your chest or trouble breathing, et cetera.

That's because there's a buildup of acetaldehyde, which is basically what builds up in your body when you have a hangover. So if you take disulfiram and you drink alcohol, you get to build up of aldehydes and you feel really sick. So I put this young woman on a very low dose disulfiram, a quarter of a tablet, in fact, we started very low, and she came in complaining of flushing and some of the symptoms consistent with... As if she was drinking, which she wasn't. So the question is, where are these aldehydes coming from? And what I realized is, through some research and consulting with a colleague of mine, that she has a buildup of aldehydes for a few reasons. Number one, she's been exposed to mold for 10 months. The mold causes lots of problems, one of them being a lot of oxidative stress causing reactive oxygen species to actually cause deterioration in the membranes.

And you get basically aldehyde production because of lipid peroxidation of the membranes. And these things have to be bound. These aldehydes have to be bound, and they are bound by using P5P or activated B6, also some B vitamins, which will bind to the aldehydes to help detoxify them. So that'll bring down your B6 level, your P5P level, and maybe a thiamine level. This particular person had also a innate tendency to accumulate aldehydes because of some genetic factors, and we were treating that. However, towards the end of her college year, she decided to discontinue her supplements. Discontinuing the supplements left her at a deficit in some of these nutrients. Now, when we added the disulfiram, she was unable to bind these aldehydes with the vitamin B6 and the zinc and inositol cystine, et cetera.

Basically it's as if she was drinking on this drug. And so she is unable to tolerate even a small dose. This is very important because I believe that the use of disulfiram for chronic Lyme is going to spread, and is very important for people who use this to know that if they have pyroluria or B6 deficiency or a taurine deficiency or glutathione deficiency, NAC deficiency, assisting deficiency, that these things can cause intolerance of this medication. And so that's a big finding, and I hope you pass this around to relevant people. Thank you.