Lyme and Spirochete Diseases: The Endemic Epidemic of the North
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Lyme disease is a highly controversial and difficult disease to diagnose (Dx) and treat (Rx). It has been "endemic" in the northern latitudes, both in North America and Europe and is spreading. It is similar to malaria in Africa—the only options might be lifetime prevention or lifetime treatment. While the debate continues, people need help. Most authors agree upon several facts and principles, which are summarized below.

Lyme disease was discovered in Lyme Connecticut in 1975 when a series of children were initially diagnosed with juvenile rheumatoid arthritis. In 1981, a bacterial spirochete was discovered as the cause of Lyme disease, named Borrelia burgdorferi (BB). BB is related to syphilis genetically and is similar by creating the illusion of healing, only to come back later attacking various systems of the body. Since then there have been other spirochetes discovered[3] which can cause a similar pattern, or co-exist with BB and complicate Dx and Rx.

A recent article in the New Yorker magazine has brought some of the clinical and political issues to light[4].

In many cases, the diagnosis and treatment of Lyme can be straight-forward. The patient is outdoors, finds a tick on their body (or not), and then develops a "bullseye" rash and flu-like symptoms. The primary care doctor makes a diagnosis based on the rash (the blood test may not at first turn positive) and prescribes antibiotics for a few weeks.

However, as listed in the Factoid box, there is more to the story.

Lyme Factoids

- At least 25-40% of people with acute Lyme do not develop the "bullseye" rash, flu-like symptoms or other "telltale" signs.
- Testing for Lyme has limitations—the organism can hide from detection, the immune system and antibiotics.[3]
- Like syphilis, Stage 1 of Lyme resolves on its own, Stage 3 may appear months or years later, acutely or insidiously. Stage 3 is harder to detect and to treat.
- Co-infections with Lyme are many, growing in relevance, and can also be difficult to detect and/or treat.
- Lyme is a "great masquerader"; it can disguise itself to look like a variety of mental and physical disorders.
- Environmental factors (such as warmer winters) are extending the season of risk and exposure as well as the endemic area.
- While the mouse and deer-tick are known vectors, Lyme may be spread by other methods, such as pets, mosquito bite and even sexual activity.
- Multiple factors are involved in the development, resistance and persistence of Lyme. These include age, sex, hormonal status, stress, sleep, meal plan, deficiencies, toxicities, and those listed above.
- While "Chronic Lyme" as a distinct entity remains controversial, many Lyme patients fail to respond to protracted courses of antibiotics, and/or have recurrences.
- A positive or negative response to antibiotics is non-specific and does not confirm the presence or absence of "Chronic Lyme".
- Once a person turns positive for Lyme with a Western Blot test, testing for recurrence becomes difficult and treatment decisions often become "empirical".

Testing for Lyme

To prove the presence of an infectious agent, either the agent itself, or an immune reaction to that specific agent must be detected. With Lyme, both methods have limitations.

The organism is difficult to capture and grow in a lab. It has the ability to change its outer protein coat, therefore hiding from the immune system.

Diagnosis of acute Lyme requires 2 of 3 IgM bands on the Western Blot test. The IgG test, which cannot distinguish past from chronic Lyme requires 11 out of 14 bands. These criteria are somewhat arbitrary. In addition, reagents used by labs vary, even when licensing criteria are met. It's like the difference between brand and generic drugs—in most cases it does not make a difference; but sometimes it does.

At the end of the day, if the immune system is compromised by the Lyme organism itself, or other factors, there may not be a reaction of sufficient quantity to detect the IgM or IgG bands.

Treatment of Lyme

Which antibiotics to use, and for how long, also remains controversial. If treatment begins immediately after the tick bite, a few weeks of a single antibiotic may suffice. However, once the organism has burrowed deeply into joints or brain, protracted courses of multiple IV antibiotics for as long as six months may or may not work. Such antibiotic use also changes the gut, the overall ecology of the body, and modulates the immune, hormonal and neurological systems, at the least. Therefore a positive or negative reaction to antibiotics is difficult to interpret.

Current "Optimal" Approach?

1. Follow established guidelines to protect yourself and family and pets from ticks--if outdoors, use protective clothing and examine the whole body afterward.
2. Consider adding protective herbs and immune system support before and after any prolonged outdoor activities.
3. Any signs of acute or chronic Lymes, particularly in this endemic area, should be taken very seriously. This includes unexplained rashes, fatigue, joint aches, neurological symptoms, change in emotions or personality, etc.
4. Certain populations should be tested annually including: children and pets who are outdoors often, women considering pregnancy, people with dysfunctional or compromised immune systems, including those with autoimmune disease.
5. Do not rely solely on lab tests to make a diagnosis, especially if a person has been previously diagnosed and treated.
6. Holistic methods can enhance immune function, and therefore prevention and recovery. Working with a knowledgeable holistic practitioner can help interpret and balance the subjective and objective.

IMPORTANT NOTES:

1. **This educational material may not be used to influence medical care without supervision by a licensed practitioner.**

3. Dr. Cheikin's website has references and related articles on "Stealth Infections", "Allergy and Infection", "Adrenal Fatigue" and others.
4. http://www.newyorker.com/reporting/2013/07/01/130701fa_fact_specter

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