



# Lyme Disease Diagnosis and Treatment Tips

by Shawn M. Carney

Lyme disease (LD) is both prevalent and controversial. Physicians have become polarized into opposing viewpoints and many patients are left in the middle, unsure which way to proceed. Let's put this into perspective.

## Prevalence

In 2013, the Center for Disease Control (CDC) stated that the number of Lyme disease cases reported—around 30,000—is dramatically less than the number of cases diagnosed, which is actually around 300,000. The new estimate suggests that the total number of people diagnosed with LD is roughly 10

times higher than the yearly reported number. This supports studies from the 1990s indicating that the true number of cases is between three- and 12-fold higher than the number of reported cases. Why is this happening?

Entomologists have discovered several reasons why transmission of LD is so high. The bacteria that cause LD are transmitted to people by ticks and the ticks go through three different life stages. The second, or juvenile, stage is responsible for most infections to people and they are much smaller than the adult ticks. Difficulty in spotting them makes timely removal less likely; they then have more time to spread the infections they picked up from feeding on rodents or other small animals. As deer populations have gone up, so have the spread of black-legged deer ticks, hence spreading LD. Mild winters have also been allowing ticks and rodents to persist and expand their range as well as become active in “the dead of winter”, when historically no tick bites would ever occur.

## Identifying Lyme Disease

We understand why the increase LD is happening; however, that does not mean all clinicians agree on how to recognize the problem. Different clinicians operate by different sets of guidelines, which recommend following different ways of testing for suspected cases of LD. The CDC still suggests a two-step screening method to diagnose cases, using first an ELISA test. After a positive ELISA, a Western-blot test is ordered. Most primary care physicians follow these recommendations. However, multiple studies, including one by John Hopkins University in 2005, have confirmed poor sensitivity of the ELISA. Furthermore, even when local laboratories do run a Western-blot, they only use one strain of the LD for their test. Other laboratories, such as IGeneX, use multiple strains of LD (both B31 and 297 strains); they can therefore increase the yield of positive findings since they are using a more sensitive type of Western-blot test.

Added to these testing difficulties are the presences of co-infections—which are non-LD bacteria, viruses or proto-



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zoans—that can be introduced into a person’s body by the same tick bite. Co-infections include Anaplasma, Ehrlichia, multiple species of Babesia, multiple species of Bartonella, Q fever, Brucella, Francisella and others. A few of these organisms have penetrated the broader awareness of many primary care physicians; however, often times they are not even tested for. For instance, patients for whom testing identifies four different organisms could be all new infections after a recent tick bite. These are not all necessarily treated the same way and much of what is called “Lyme disease” is actually a conglomerate of different hostile microbes inadequately diagnosed and wreaking havoc in the immune system. Some clinicians use the acronym “MSIDS” alongside LD, standing for multiple systemic infectious disease syndrome.

There is also that diagnostic “bull’s-eye rash” to consider. LD has long been associated with the presence of a circular rash appearing close to the site of bite. If it appears on the patient, it is considered diagnostic; however, multiple studies have shown it is only present in a fraction of cases. It helps confirm a diagnosis if it is there, but the absence of such a rash in no way should orient a physician to thinking that LD is unlikely.

## Treating Lyme Disease

Treatment for a newer infection may be quite different than treatment for an older one. A recently acquired infection should always be addressed with antibiotics because the success rate for rapid antibiotic treatment is very high, though some clinicians prescribe courses that are needlessly short and may increase the risk of inadequate resolution. Herbal and nutrient protocols should also be considered to complement the antibiotic therapy, by either using antimicrobials to assist in pathogen elimination or supporting the body’s ability to tolerate the prescribed medication. Individual care and consideration should be given to each person’s case and all cases should be under the supervision of a physician. Long-standing or chronic infections may take considerably longer to treat, regardless of what therapies are used.

Naturopathic physicians are particularly well suited to help treat LD and

MSIDS as many medical doctors are still only adhering to the CDC recommendations and Infectious Disease Society of America (IDSA) guidelines. Naturopathic physicians are licensed in the State of Connecticut, go to institutions accredited by the United States Department of Education, order laboratory testing, generally spend more time with patients than conventional medical doctors, and can be in-network with insurance companies. They attempt to restore balance and proper function using the least invasive means possible. This often includes use of the body’s constituents, such as vitamins, minerals, amino acids or neurotransmitters. Naturopathic physicians are educated in the use of botanical medicines, which are often more easily tolerated than pharmaceutically manufactured prescriptions. However, it is naïve to think that just because something is “natural”, it is therefore safe.

Artemisinin, an extract from the botanical Wormwood, has a long history of being used as an anti-malarial and can be helpful in LD. It is generally not well absorbed into cells, and specific forms of it have been derived to increase intracellular penetration; however, in 2008, it was identified as a cause of liver toxicity. Hence the importance of consulting with a physician who specializes in the use of such things.

Not all effective botanical medicines have that magnitude of impact on

the body. A University of New Haven study published in the *Townsend Letter* in 2010 showed that the botanicals Cat’s Claw and *Otoba parvifolia* even provided microscopic images of the herbs eradicating LD; these are generally considered safe in healthy adults.

## ‘Tis Always the Season

Unfortunately, the perpetual string of mild winters has tick bites occurring increasingly throughout the year and with greater frequency each part of the year. To help prevent bites, try landscaping in a way that minimizes risk of exposure. Visit [CT.gov/caes/lib/caes/documents/publications/bulletins/b1010.pdf](http://CT.gov/caes/lib/caes/documents/publications/bulletins/b1010.pdf) for a free copy of the Connecticut Agricultural Experiment Station’s Tick Management Handbook. If a bite occurs or LD is suspected, consider reaching out to Lyme Connection at [LymeConnection.org](http://LymeConnection.org) for more information or the next steps.

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