

LYME DISEASE – A MODERN MIASM

By Dan Kenner, Ph.D, L.Ac.

Some diseases arouse controversy, even within the medical profession. In the 1980s Candidiasis had this mythological quality. Many doctors would admit that the yeast *Candida albicans* could be the cause of vaginitis; but the immune-system reactions, food allergies, and mood disorders attributed to it were rejected by the mainstream profession. In the 1990s the emergence of chronic fatigue syndrome was disparaged as a psychogenic disorder of malingerers who needed to “get a life.” Not long after that, complaints of a constellation of symptoms eventually named “Gulf War Syndrome” were belittled by military authorities. Eventually authorities admitted that vaccinations may have played a role as a cause of the disorder, but other factors have also been cited such as post-traumatic stress disorder and exposure to toxins like nerve gas or depleted uranium. Since the turn of the 21st Century the controversy is Lyme disease.

In the case of Lyme disease the debate is not over its existence, but the extent of its symptoms and the prevalence of its occurrence. This also naturally affects how the disease is treated clinically. The result of this controversy is that there are two standards of care. This has implications not only from the standpoint of medical care but also affects medical economics and even has legal implications. This is because the legal standard of care is determined by consensus of physicians and they are divided roughly equally into two groups.

On one side of the two divisions is the physician population that believes that Lyme disease is easily diagnosed and easily treated with a two-week course of antibiotics. This reflects the view of the Infectious Diseases Society of America (IDSA), whose guidelines are published in the *Journal of Infectious Diseases*. Their guidelines do not support the use of antibiotics for treatment beyond two to four weeks. They do not recognize the existence of a chronic Lyme disease but sometimes refer to a “post-Lyme disease syndrome.” They claim that standard tests are reliable for detecting the causative microbe, *Borrelia burgdorferi*, and they also depend on the appearance of a skin rash (erythema migrans) as a necessary diagnostic feature.

On the other side are the physicians who believe that Lyme disease is much more prevalent than normally recognized, difficult to diagnose, and requires long-term treatment with extended course of antibiotics, often intrave-

nously. This group of doctors has formed the International Lyme and Associated Disease Society (ILADS). They believe that the skin rash is present less than 50% of the time and that standard laboratory testing is not reliable. There are many physicians who, in fact, diagnose Lyme disease based on a structured patient interview because they assert that available tests are unreliable. Their data show that the standard screening test for Lyme misses at least 35 percent of all cases. They also insist that it is necessary to administer much longer courses of antibiotics than the week or

two that are normally prescribed. This group of physicians also claims that Lyme disease often involves co-infection with other micro-organisms besides *Borrelia burgdorferi*. Furthermore, they claim that chronic Lyme disease causes symptoms such as joint inflammation, loss of eyesight focus, neuropathy, encephalopathy (including encephalitis, memory loss, sleep disturbances, and mood disorders), as well as other persistent long-term afflictions.

Controversy over Diagnosis

Public-health agencies such as the U.S. Centers for Disease Control believe that Lyme disease is relatively rare, easily diagnosed with available blood tests, and easily treated with a course of antibiotics as short as two weeks. Medical institutions and insurance companies obviously prefer a closed algorithm rather than an open-ended course of treatment for a condition that resolves only intermittently at best. Part of the controversy relates to the CDC case definition for Lyme disease, which defines the disease as (1) a skin rash of at least 5 cm. in diameter and (2) positive blood tests (ELISA followed by Western blot). The CDC, however, has stated clearly that this definition is for *surveillance* rather than diagnostic purposes. And there are good reasons not to use a simplified definition as a diagnostic standard.

Why is Lyme Disease Such a Mysterious Phenomenon?

Even though Lyme was supposedly identified and named in the late 1970s, the fact that a tick bite will cause a bull’s-eye rash has been known for decades. Between the 1920s and 1940s this “erythema migrans” rash was associated with symptoms like meningitis, meningoencephalitis, and meningopolyneuritis. The *Borrelia* bacterium is classified as a spirochete. Spirochete infections are noted for their complexity and multifaceted effects. At the turn of the



Lyme disease spirochete (*Borrelia burgdorferi*)

20th Century, the famous physician William Osler declared that the study of medicine was the study of syphilis. What he meant was a far cry from the venereal disease we associate with syphilis. Although syphilis at the first stage causes a genital rash and discharge, at the second and third stages it was associated with a wide range of disease manifestations, such as joint pain, heart disease, and even severe mental disorders. For this reason syphilis was dubbed “the great imitator.” This complex of diseases that can affect nearly all of the systems in the body was a type of “superdisease” and sometimes referred to as a “miasm.” It is important to note that the bacterium that causes syphilis, *Treponema pallidum*, is a spirochete like *Borrelia*. These spiral-shaped bacteria have special properties that distinguish them from other bacteria. They have the ability to hide in connective tissue and even penetrate into the brain and spinal cord.

False negative tests in laboratory diagnosis can be caused by the ability of *Borrelia* to evade immune surveillance. *Borrelia* has a geloid sheath surrounding it, which helps to shield it from the immune system. Unlike most other types of bacteria, its surface antigens are not on the surface but beneath this coating, which makes them more difficult for the immune system to attack. Once the immune system identifies the antigens, it can identify the microbe and attack it. *Borrelia*, however, is able to change these antigens rapidly so that the immune system’s countermeasures are rendered obsolete. Spirochetes can also evade detection by corkscrewing into tissues, usually cartilage; but they sometimes pass through the blood-brain barrier into the brain and spinal cord. Supporters of the chronic-disease viewpoint claim that Lyme disease can be falsely diagnosed as multiple sclerosis, Parkinsonism, rheumatoid arthritis, fibromyalgia, chronic fatigue syndrome, and other degenerative diseases. Nervous-system degeneration is associated with various neurotoxins, which are by-products of brain inflammation. Some of these neurotoxins, such as quinolinic acid, are found in several degenerative diseases of the central nervous system including Parkinsonism and ALS. This type of cryptic infection is extremely hard to detect but new diagnostic tests are being developed to detect this “neuroborreliosis.” Medical imaging including SPECT (single photon emission computed tomography) scans are being researched to help identify and validate this controversial sequela of chronic infection.

Treatment

There is little evidence to support or dispute the use of antibiotics for chronic Lyme disease. Even for acute cases that appear to resolve quickly, critics claim that antibiotics merely force microbes in the body’s fluid system into the tissues, where they are less detectable and may lie in a dormant state until reactivated by a trauma or other challenge to the immune system. At a later time, symptoms of the infection may be considered to be a separate disease entity, such as the onset of arthritis or a nervous-system disease. There are many patients, however, who claim long-term benefit

from antibiotic treatment. Data collection may never prove adequate to identify if these allegedly successfully treated patients ever manifest renewed symptoms of the disease in one of its forms.

Alternative Health Care

There is a growing number of physicians and alternative healthcare practitioners who have developed methods for treating Lyme disease at its chronic stage, or “post-Lyme disease syndrome,” if you prefer. Like antibiotic therapy, there are no placebo-controlled, double-blind studies to support the use of any of these herbs or supplements; but there are numerous successful case histories that drive independent clinical investigation. The main principles of treatment are drainage, disinfection, detoxification, immune support, and symptomatic treatment. It is beyond the scope of this article to suggest a treatment plan for any individual case; but here are several examples, by no means exhaustive, to illustrate what practitioners and patients have used successfully for treatment. It is important to find a practitioner experienced in the use of these types of supplements and medications for the safest and most effective outcome.

Drainage. Drainage means to drive the microbe out of the tissue layers in order to expose it to immune resources or therapeutic agents for disinfection. Drainage from the connective tissues is performed with various herbal and homeopathic medications and also various non-chemical methods. Many people have obtained relief from so-called Rife machines, named after the scientist Royal Rife, who developed a plasma-wave generator tuned to specific frequencies for treatment of disease. Rife devices are used by tuning to various frequencies intended to mobilize and destroy microbes encrypted in tissues. Electrical microstimulation is used in physical therapy for pain relief; but it is also advocated for clearing toxic microbes out of tissues by Dr. Dietrich Klinghardt, who has done years of research into the natural treatment of Lyme disease. Saunas can be valuable not only to kill microbes by hyperthermia, but to drain tissues of microbes and their toxins. Another form of sauna, known as “far infrared sauna,” heats the interior tissues without causing an overall increase in body temperature and is well tolerated by people who can’t stand excessive heat.

Nervous-system drainage presents special problems because of the blood-brain barrier. There are homeopathic remedies that are used for this purpose as a type of “resonance therapy.” Nervous-system restoration has a beneficial effect in some of these cases. Important nutrients include B vitamins and minerals. Certain amino acids are used to build up brain-neurotransmitter levels. There are also botanicals that have been used successfully for building up neurotransmitters levels, such as *Mucuna* bean powder for dopamine levels and *Griffonia* for serotonin. *Mucuna* has been successful in treating symptoms of Parkinson’s, and *Griffonia* is useful for many disorders related to serotonin deficiency.

Disinfection and Detoxification. Some of the best treatments for disinfection in the author's experience are botanicals. One of the most versatile and effective for many Lyme patients is Venus' flytrap extract. Essential oils have been used in Europe for Lyme treatment along with many other types of infection. The list is long; but essential oils of savory, thyme, cinnamon, and oregano are some of the most powerful disinfectants when used internally. There are several Chinese herbs that have also been effective. Dr. Qingcai Zhang uses Chinese herbs as well as concentrated garlic extracts for disinfection. A powerful Chinese herb *Artemisia annua* has been used as an anti-malarial and is used for treating parasites in some Lyme protocols. Several South American herbs, such as Burbur, Cumanda and Banderol, have been used with success as part of a protocol by Dr. Lee Cowden. A concentrated extract of the South American herb Cat's Claw (*Uncaria tomentosa*) has gained a reputation as safe and effective for pain relief as well as disinfection in Lyme disease. Doctors using German Biological Medicine employ special targeted immunomodulators manufactured by the German companies Syntrion, SanPharma, and Sanum-Kehlbeck. Bee venom is used for treating arthritis pain since the enzymes in the venom are anti-inflammatory and promote tissue healing. Other therapeutic enzymes such as Wobenzym and lumbrokinase are administered for inflammation, viral, and mycoplasma infections. Colloidal and ionic silver are used by some doctors, both orally and intravenously, as a disinfectant. In turn, cilantro extract, chlorella, blue-green algae, and seaweed extracts have been ingested to neutralize neurotoxins as well as to chelate heavy metals and transport them out of the body.

Detoxification is necessary when there is a die-off reaction (Herxheimer Reaction), which can appear as flu-like symptoms, fatigue, body aches, malaise, etc. This is a good reason to work with a healthcare provider with a natural-medicine orientation. These "healing reactions" are not necessarily considered to be a negative occurrence. They are more like a hangover, when there is discomfort clearing toxic or morbid material from the body. It is comforting to work with someone who can help give relief if a reaction does occur. Vitamin C, MSM (methyl sulfonylmethane), chitin, various homeopathic remedies, and herbs for liver support can relieve discomfort.

Immune Support. Immune support should be self-explanatory. We are less dependent on drugs and even natural non-toxic medications if our immune system is able to fight infection and prevent its spread. There are many supplements that support immunity. AHCC is a fermented-mushroom product used in over 700 clinics and hospitals in Japan to support the immune system in cancer chemotherapy. Colostrum is a special substance produced by the mammary glands of all mammals, including humans. As a supplement it has been proven also to boost immunity in adults. Hyperbaric oxygen enhances immunity and also cleanses tissues.

Symptomatic Treatment. Symptomatic treatment is necessary to promote well-being. Whenever possible, it is desirable to use methods or medications that are natural and non-toxic; but sometimes a prescription drug can give relief for pain or sleeplessness. Symptom relief can contribute to healing by breaking a cycle of suffering and allow the patient to enjoy feeling normal for a period of time. Of course, conventional modern medicine specializes in symptomatic relief and its benefits should be cautiously considered when suffering is great.

Getting Help

If you or a loved one suffers from what appears to be Lyme disease, do your research. It can be progressively debilitating and sometimes fatal. Some of the resources the author has found helpful are listed here. There number of resources dedicated to this problem is growing, and it pays to find practitioners and resource people in your immediate area whenever possible. If you educate yourself on those resources that have benefited other Lyme sufferers, you will be more empowered to choose your team of providers to your greatest benefit. 

Dan Kenner is a member of the Board of Governors of the National Health Federation. He is also an experienced consultant and writer in alternative health care, having authored, among other things, Botanical Medicine: A European Professional Perspective (Paradigm, 1996), AHCC – The Japanese Medicinal Mushroom Immune Enhancer (Woodland, 2001) and Treatment of Infections Without Antibiotics (Holodigm, 2005). In addition to writing and publishing, he specializes in new product development, innovative diagnostic methodologies, innovative product technologies, and development of alternative healthcare clinics and spas. A clinician for 25 years with a license to practice Oriental Medicine in Japan, Dan takes a keen interest in helping his clients.

Resources

- Author's website: www.ormedinstitute.com (for access to resources for Lyme and other health problems. Includes e-books on the treatment of acute and pediatric infections without antibiotics and on the treatment of Lyme disease as well as practical guidelines for the pro-active healthcare consumer).
- Dr. Zhang information: www.dr-zhang.com.
- Cowden protocol: www.bionatus.com.
- Dietrich Klinghardt approach: www.neuraltherapy.com.
- International Lyme and Associated Disease Society: www.ilads.org.
- Infectious Diseases Society of America: www.idsociety.org.
- Physician referrals: www.lymeseaseassociation.org.
- Scientific Reference information: www.lymeinfo.net