

## **Lyme Disease? --- Or, Phantom Lyme Disease?**

The world is crawling with Lyme disease “specialists” --- those with magical powers to uncover Lyme in everyone they test. These Lyme experts (some who are charlatans and some who really do mean well despite their ignorance) insist that conventional blood tests for Lyme antibodies and even the Western Blot extensive antibody testing for Lyme yields many false negatives. They make that claim with no objective evidence backing up their stance. In patient after patient, they insist that the patient has Lyme Disease despite no antibodies, and they base their diagnosis entirely on symptoms and other criteria that are not at all specific for Lyme. These Lyme specialists are treating thousands of patients with what I call “Phantom Lyme Disease.”

All sorts of imaginative criteria have been contrived to “diagnose” Lyme disease. I have never been able to confirm the validity of any of the less than conventional methods. They may have some merit, but there is a paucity of objective evidence. Here in Pennsylvania the Mennonite community has been particularly victimized by the charlatans. Whole page ads in the Lancaster, Pennsylvania newspaper run continuously --- advertising Lyme clinics that claim any symptom you can name will be cured by exorcising the Lyme demon. Once these doctors get their patients to accept the “fact” that they have Lyme (with absolutely no Lyme antibodies supporting that diagnosis), and, when they go further to “educate” their patients to the harsh realities of “Lyme Disease” --- that they will likely need to be treated for as much as 3 years before they feel any better --- the patient is thoroughly snookered, and remains easy prey to the Lyme clinic.

Lyme disease typically goes through 3 phases:

Phase 1 is the acute phase that includes the skin lesions and the myalgia. Both the skin lesions and the myalgia tend to migrate.

Phase 2: is experienced by only about 20% of the people infected. It is a neurological phase that includes many diverse neuritis symptoms and can involve several different spinal tracts.

Phase 3: is the arthritic phase which can last from several months to several years. Very often it disappears spontaneously never to return.

Genuine Lyme disease responds very well to antibiotics. But if not treated early, Lyme response to antibiotics is variable to an extreme.

There is a Lyme treatment protocol that is popularly practiced in the Lyme clinics. The promotional literature from these clinics claim “patient outcomes have been positive in every instance...” --- “Positive” is not defined, but the

regimen includes taking patients completely off sugar and grain and processed foods and hydrogenated fats, and adding eggs, organic meat and vegetables. Obviously, whether you've got Lyme or not, you are going to become healthier if you follow these recommendations. I suspect there is nothing in the protocol that is specific for Lyme --- other than the antibiotics they prescribe.

Most of the Lyme clinics recommend long-term antibiotics, and switching back and forth from one antibiotic to another. I do not like the idea of long-term antibiotics, but for a patient who is suffering chronic Lyme symptoms and who has genuine Lyme as confirmed by positive antibodies, I would not oppose it as long as only the antibiotics specific for borrelia are used. Of course, if the patient only has "Phantom Lyme," then the antibiotics are not only going to be ineffective, they are going to be disastrous to the patient's health. As you are well aware, antibiotics destroy any chance of having a healthy microbiota, and healthy microbiota is essential to maintenance of immune system strength and immune system balance. Even someone with genuine Lyme has enough ImmunoNeuroEndocrine stress to be hampered in recovery by the antibiotics, even if they are necessary. In other words, the antibiotics offer some benefit, but at great cost. --- But in those with Phantom Lyme, giving chronic antibiotics is to assault the patient and exacerbate INE stress to an extreme.

The claim routinely made by Lyme specialists on their use of antibiotics for years at a time and rotating between antibiotics is that the borrelia "hides" by shielding itself underneath biofilms. That is probably true to some extent, and I have seen evidence in the literature supporting problems with microbial pathogens protected by biofilms, and in particular that is seen to happen with tick-borne pathogens. However, the obvious question of these doctors is, "If you cannot get to these microbes with antibiotics because they are shielded by a biofilm, then why do you keep assaulting the patient with antibiotics, knowing that the antibiotics cannot penetrate the biofilm?" The Lyme specialists defend themselves by pointing out the small minority of cases who do experience remission after several years on antibiotics. The problem with that defense is that, as stated above, Phase 3 of Lyme Disease very often disappears spontaneously (with no antibiotics) after several months to several years.

One of the less than conventional Lyme specialists uses CD57 as an indicator of the presence of Lyme, even in the absence of positive antibody titre. Activation of invariant natural killer cells is indeed a critical part of the immune response to Lyme disease. As I understand it, patients that fairly well fight off Lyme disease do so by successfully mounting a cellular immune response, including IFN-gamma and natural killer cells (a strong Th1 response). On the other hand, those who are overwhelmed by the infection produce only a low level of natural killer cells. In place of the cellular defense the patient puts up an exaggerated humoral immune response. So --- it is certainly possible that decreased CD57 could be an indicator of a patient who

is not winning the war against Lyme. But, there is no way that analysis is specific for Lyme since the same Th1 to Th2 immune imbalance can exist in patients in response to almost any pathogen.

Our experience is that patients with genuine Lyme, and of course those with Phantom Lyme, are suffering from ImmunoNeuroEndocrine stress that is at least partly related to an immune system devastated by yeast/mold/fungal exposure. Nearly all the patients that have come to us from Lyme clinics, as well as our own patients who have been spared the agony of a Lyme specialist, show either Eosinophilic Fungal Rhinosinusitis or Mixed Mold Mycotoxicosis. It may be that the immune system devastation wrought by a superantigen response to mold spores and fragments, or, the Mixed Mold Mycotoxicosis associated with inability to detoxify mold toxins, weakens the immune system and makes a person more susceptible to developing chronic Lyme after a tick bite infection. And of course those with Phantom Lyme never had Lyme at all, but are suffering strictly from the INE stress of mold-related illness. Our experience is shared by Dr. Dennis in Georgia who is one of the country's leading doctors in treating mold-related illness. He claims an extraordinarily high success rate with patients who have failed under the care of a Lyme specialist by treating them as having mold-related illness.

In all cases of INE stress a major part of rehabilitating the patient is increasing Adaptative Capacity by restoring Metabolic Balance and increasing Vital Reserves --- in other words, with NUTRI-SPEC.