

How One Lyme-Literate
Naturopathic Doctor Treats
Lyme Disease
With Natural Medicine



By Nicola McFadzean, ND & Connie Strasheim • ProHealth.com

Dr. Nicola McFadzean is the founder and owner of RestorMedicine in San Diego, CA. Originally trained as a nutritionist and traditional naturopath in her native country of Australia, she later went on to receive her Doctorate of Naturopathic Medicine at Bastyr University in Seattle, WA. Dr. McFadzean is a Lyme-literate naturopathic doctor who combines conventional and integrative medical approaches to treat tick-borne illnesses. Dr. McFadzean is a member of the International Lyme and Associated Diseases Association (ILADS) and has completed the ILADS training program under the mentorship of Dr. Steven Harris. She is also affiliated with Dr. Yang's Family Care in Santee, CA.



Dr. Nicola McFadzean of RestorMedicine, San Diego

Treatment Approach

My treatment approach is multi-faceted, broad-based and holistic, which comes naturally to me because of my training as a naturopath. Hence, I believe that treating Lyme disease with antibiotics alone is insufficient for obtaining a cure. Practitioners must address their patients' healing on multiple levels, taking into account issues such as immune and hormone dysfunction, environmental toxicity, and other problems.

As well, they must address any psycho-emotional factors that are contributing to their patients' illnesses, because the Lyme "bugs" mess with neurotransmitters and biochemistry, which in turn can cause depression and complicate healing.

TREATMENTS FOR LYME AND CO-INFECTIONS

Borrelia/Candida

Through my experience in treating Lyme disease, I have learned that it's sometimes beneficial to first address any Candida problems that patients might have, before doing any other type of treatment. First, because this almost always helps to ameliorate their symptoms, and secondly, because it prevents them from having problems with yeast further along in the healing journey. Also, this approach allows me to get started on treating them while we are waiting for their other lab test results to come back. So when I get new patients who are reporting

brain fog and other Candida-like symptoms such as gas and bloating, I will start them on an immune support product such as transfer factor, along with Diflucan, Nystatin or an herbal antifungal.

I tend to keep patients on a higher dose of Diflucan for only the first two to three weeks of treatment, and then lower their dose once I start treating their other infections. I have found that two to three weeks of Diflucan doesn't usually get rid of their yeast problems entirely, but after a few weeks, I can usually reduce the dose. So I might prescribe them 100-200 mg twice a day for a week, then reduce that to 50-100 mg twice a day, and by the time they start antibiotics for other infections, they might be taking just 50 mg per day. For others, I might recommend a pulsed regimen of Diflucan, 100 mg per day, to take on weekends only.

If I suspect that my patients' yeast is primarily in their gastrointestinal tract and if they aren't presenting with systemic symptoms, then I will prescribe them probiotics, along with a gentler medication like Nystatin or a natural remedy such as grapefruit seed extract. I find Nystatin to be a safe and reliable agent for treating intestinal yeast.

Once my patients are on a Candida protocol, I will then start treating them for the cyst form of Borrelia. I generally start by prescribing tinidazole, which I prefer over Flagyl (metronidazole) because patients tolerate it better. Flagyl is hard on the digestive system. I recommend Flagyl only when tinidazole is cost-prohibitive for patients, because the latter isn't always covered by insurance. Grapefruit seed extract and Alinia (nitazoxanide) can also be used to treat cyst forms. If I treat my patients with intracellular drugs first (which attack active forms of Borrelia), then we run the risk of the cysts constantly rising up and replacing them like a new army of soldiers. By treating cysts at the same time as active forms, we minimize the creation of new "baby" Lyme disease spirochetes, and that's important. If my patients have both Babesia and Borrelia infections, and their medications are covered by insurance, after starting them on a cyst-busting drug, I may add Zithromax (azithro-

mycin) to their protocol, with the idea of adding Mepron (atovaquone) a few weeks later. If my patients don't have Babesia, I may instead prescribe doxycycline, Biaxin (clarithromycin) or Omnicef (cefdinir) for Borrelia. There are many different antibiotics that can be used for Lyme and Lyme-related infections, and my decision regarding which ones to use is usually based upon the combination of co-infections that patients present and the combinations of medications that work well for all of these infections. Doxycycline and rifampin work well together for the treatment of Lyme and Bartonella, for instance, while Zithromax and Mepron are frequently used for Babesia. Other medications that I use less frequently include amoxicillin and Alinia (nitazoxanide).

If my patients don't test positive for Babesia but I am yet suspicious that the infection is present and causing them symptoms, then I may start them on 500 mg per day of artemisinin, an herbal extract that is effective against Babesia. If they experience either improvement, or a worsening of their symptoms (as a result of a Jarisch-Herxheimer or "Herx" reaction) after their treatment, then they may still be infected with Babesia despite their negative lab test results.

Also, I try to start them on only one new medication per week, so for instance, I might send them away with a prescription for tinidazole, Zithromax and artemisinin, while instructing them to start just one of these at a time, in a specific order. I space out the timing of new medications so that if patients have a negative reaction to a medication, then they will know right away which one it is. I also do this so that they won't "Herx" too much. That said, some people don't "Herx" until three or four days after taking a medication, which means that their Herxheimer reactions may not yet be well cleared after a week. If this happens, then I wait until they are over the worst of their Herxheimer, before starting them on a new medication.

I am a little less aggressive about prescribing antibiotics than some Lyme doctors, perhaps due to my naturopathic background, and fears about the neg-

ative long-term effects that multiple antibiotics can have upon the body. I know that some doctors prescribe four or five medications for *Borrelia* alone, before they even address co-infections. I believe that using natural agents and herbal antimicrobials in combination with the antibiotics allows me to achieve a similar efficacy with fewer medications. The tolerability of medications, side effects, costs and benefits must all be weighed when formulating an effective, yet balanced protocol.

I also don't actually prescribe IV antibiotics, as this is outside my scope of treatment as a naturopathic doctor; however, I am affiliated with an M.D. who can prescribe intravenous therapy for patients that need it. I tend to recommend IV's for patients who have long-standing infections and/or very severe symptoms, especially neurological symptoms, and for those who have not responded well to oral medications.

Borrelia/Candida

I tend to use artemisinin as a starting point for treating Babesia. It's a good "stepping stone" to other treatments, and for people who don't have insurance, is much more affordable than the Babesia medications. Mepron (atovaquone), one of the primary Babesia medications, costs over \$1000 per month, and Malarone (atovaquone plus proguanil) isn't much cheaper. In contrast, artemisinin costs less than \$50 for a three-month supply. Also, I am comfortable integrating artemisinin into a protocol with other medications, and am less concerned about it causing liver toxicity, as Babesia medications often do. Furthermore, when patients start with artemisinin, they tend to have less of a Herxheimer reaction than with Mepron, and by taking artemisinin first, their parasitic load is reduced somewhat so that when they do start on Mepron, their Herxheimer reactions aren't as strong. Unfortunately, Mepron, while a useful medication for Babesia, doesn't always get the infection out of the brain. For this reason, I sometimes transition my patients to Lariam (mefloquine), which gets into the brain better. It's a very strong medication though, so I never start out with it and instead wait



until my patients stabilize on Mepron or Malarone for a couple of months before transitioning them to this medication; otherwise, their "brain Herxes" may be too severe.

Still, a lot of people do well taking a combination of Mepron, Zithromax and artemisinin for the treatment of Babesia. Like all Lyme protocols, it doesn't help everyone, but it's probably the best combination of medications that I have come across for treating this infection.

Bartonella

I use some of the same medications for Bartonella that I do for *Borrelia*, such as doxycycline, along with Levaquin (levofloxacin) or rifampin, with good success; however, there is some speculation within the Lyme-literate medical community that there are strains of Bartonella that become more virulent when exposed to doxycycline. So if my patients get worse taking doxycycline and this feeling worse goes beyond what would be expected from a Herxheimer reaction, it might be that they are infected with one of these strains of Bartonella. If I suspect this to be the case, then I re-think the medications that I give them. Also, I typically try rifampin before Levaquin, because there is a potential for tendon damage with Levaquin. I have had some patients experience tendon pain with Levaquin, although thankfully no ruptures or permanent damage, and that is a statistic that I would like to maintain! In any case, these two medications are

among the most specific for Bartonella.

Mycoplasma

Lab testing for Mycoplasma is problematic, since standard labs such as Quest and LabCorp only test for Mycoplasma pneumoniae and not some of the other strains, such as M. fermentans and M. hominis. Several private labs offer more comprehensive testing, however. Doxycycline and rifampin are among the medications used to treat Mycoplasma, but I also have success with natural agents such as colloidal silver.

Ehrlichia

Only about 20% of my patients test positive for Ehrlichia. Often, the infection will get eliminated when I treat patients with the same antibiotics that I use for Borrelia, such as doxycycline, rifampin or Levaquin.

Opportunistic Viruses

I test my patients for viruses such as EBV (Epstein-Barr virus), HSV 1&2 (Herpes simplex viruses 1&2), HHV-6 (Human Herpes virus), as well as CMV (Cytomegalovirus). While I think that these viruses put one more stress on the immune system, I haven't had a lot of success treating my patients with anti-viral medications. Personally, I'm wary of Valcyte. I think it's a more effective remedy for HHV-6, but it's definitely toxic to the liver. Valtrex is helpful to a subset of patients and is somewhat less toxic than Valcyte. My patients have responded well when I treat them with an herb called Larrea tridentata, in a product called LarreaPlus by Biogenesis. It's especially beneficial for treating Herpes viruses, and is preventative for those who get outbreaks of HSV-1 and/or HSV-2. I think that this herb is at least as effective as Valtrex, but is less toxic to the body, and is also anti-inflammatory.

LarreaPlus also contains bee propolis, Melissa officinalis, olive leaf, L-lysine, zinc and Vitamin C.

One of my challenges when treating opportunistic viruses is discerning whether my patients' IgG antibodies on lab test results reflect the presence of a chronic viral infection or simply a past exposure to a virus. It's hard to discern how much of a role chronic viral load plays in their symptomatology. My experience has been that many with Lyme are co-infected with viruses but anti-viral treatment does not significantly alter their symptoms.

Herbal Protocol for the Treatment of Lyme Diseases

I have formulated an herbal blend remedy called Dr. Nicola's Lyme Formula. This product contains samento, teasel, smilax (sarsaparilla), guaiacum (an anti-spirochetal herb used in Europe but which is not very well known in the United States), and astragalus (which is used to boost the immune system). When I started using this formula on my patients, I found that they often had severe Herxheimer reactions at the beginning of their treatment. So I now start off by giving some of them a teasel tincture instead, which I have found to be effective, but gentler on the body than the combination product. I have also isolated the smilax from my formula to give to them separately. Smilax is somewhat like a neurological cleanser, and helps them to deal with the neurotoxin aspect of Lyme. So for my patients who have strong neurological symptoms, I recommend that they start off by taking smilax and teasel, and then work up to the more potent herbal formulas.

I also use Transfer Factor Multi-Immune from Researched Nutritionals as part of my protocol, which is an excellent formula. I may start my patients on this product then add teasel root tincture to their regimen. I will usually do this prior to administering antibiotics, and depending upon the patient. So

the first few weeks of a typical Lyme disease protocol might involve patients taking Diflucan and/or Nystatin, along with smilax and transfer factor the first week, adding teasel to the protocol the second week, and then adding samento or guaiacum, or my herbal Lyme formula, the third week. At week four, patients start antibiotics while continuing to take the other supplements, because I believe that combining herbs with antibiotics is much more effective than just doing antibiotics alone.

Also, it's important to note that while antibiotics kill bugs, they also weaken the body. They aren't selective about what they kill; they will knock out bad stuff, but also the good, because they don't discriminate against microorganisms. Herbs work synergistically with antibiotics by making them more effective, but they also protect the body, by providing support to the liver, other organs and tissues. Antibiotics take a greater toll on the body if people don't take supportive herbs, nutrients and probiotics.

Supporting the Immune System

To support the immune system, I recommend transfer factor, beta glucan, astragalus and colostrum, as well as intravenous vitamin cocktails. I'm a fan of Myer's cocktails, which are intravenous cocktails containing calcium, B-12 and other B vitamins, Vitamin C, magnesium, and trace minerals. When my patients do these once per week, it helps to alleviate their symptoms, because they receive the vitamins and minerals that they need in higher concentrations than if they were to take them orally. Also, the nutrients get pushed into their cells more easily with an IV. For example, people with Lyme have magnesium deficiencies, and I suspect that many take this mineral orally but that much of it doesn't get into their cells. Unfortunately, intravenous cocktails can be costly and hard for patients to access, especially if they live in more remote areas.

Treating Hormonal Dysfunction

I advocate a lot of adrenal and thyroid support for my patients. To help determine what their hormonal needs are, I run a saliva cortisol test, which measures adrenal function. Along with that, I run blood tests for the thyroid. I find that many of my patients have thyroid hormone test results that fall within the "low-normal" range, which actually means that they have sub-clinical thyroid hormone deficiencies. To make up for such deficiencies, people often think that they must supplement their thyroid with either synthetic thyroid hormone or Armour (which is sourced from pigs), but they can also take bi-identical thyroid hormone, which mimics human thyroid hormone exactly and is my preferred method of supplementation. Adding iodine, zinc and selenium to the diet – nutrients needed by the thyroid gland to produce thyroid hormone – is sufficient for giving some patients the boost that they need. I also believe that if I give my patients supplements for their thyroid without supporting their adrenals, it's akin to putting one foot on the gas pedal of a car while the hand brake is still on. This is because thyroid supplementation speeds up the body's metabolism but when the adrenal glands are weak, the body doesn't have the constitutional strength to support this accelerated metabolism. So treating the thyroid alone can wear the adrenals out even more.

For that reason, and because most of my patients suffer from adrenal depletion, I also give them a lot of nutrition and natural support for their adrenals, such as the herbs ashwagandha, rhodiola and Cordyceps, and nutrients such as vitamins B-5 and B-6. I also recommend licorice if their cortisol levels are low and their adrenal glands need re-building, and as long as they are not hypertensive or estrogen dominant, as licorice use is contraindicated in these conditions. I don't recommend a lot of glandular formulas because I don't believe that they are all that natural for the body, but that is just my preference. If my patients have really low cortisol, I may prescribe them hydrocortisone for a short period,

but I avoid doing this whenever possible.

In addition, I recommend DHEA and pregnenolone supplementation to support the adrenals, both of which can be quite effective. It's important to ensure that the body's ratios of cortisol to DHEA are balanced, because DHEA protects against some of the catabolic effects of cortisol. Cortisol is, in a broad sense, a catabolic hormone, so when patients are deficient in DHEA, their cortisol levels can get out of control. But cortisol is a very important hormone that regulates blood sugar, metabolism, immune function and detoxification, as well as other functions, and when the body's levels of this hormone are out of whack, then the reproductive and other hormones are generally out of whack, too.

Pregnenolone is the "grandmother" hormone that the adrenals use to make other hormones, so if the body has a high demand for cortisol due to a chronic stress response, then it needs more pregnenolone to supply that cortisol. This then leaves less pregnenolone for the production of other hormones such as estrogen, progesterone and testosterone. For this reason, I sometimes prescribe bioidentical hormones to my patients to make up for any hormonal deficiencies. When women take bioidentical progesterone during the second half of their menstrual cycle, it can counter a lot of their PMS symptoms and even reduce the flares that they get around this time of the month. Testosterone gel can help both men and women to maintain strength, lean muscle mass, energy and libido.

Healing the Gut

I try to get my patients to eat foods that support their guts, such as kefir, kombucha tea, and aloe vera juice. It's also important that they take a lot of probiotics, anywhere from 50-100 billion microorganisms per day. Researched Nutritionals has a great formula called Prescript-Assist which is a soil-based organism product that I really like because the types of organisms in it are resistant to stomach acid, and it does not require refrigeration. In general, I recommend a combination of three

types of probiotics: soil-based, an acidophilus-bifidus blend and saccharomyces boulardii.

Treatments for Symptomatic Relief Insomnia

Insomnia is a major problem for people with Lyme. I don't prescribe sleep medications in my practice and instead recommend a lot of natural remedies to help my patients sleep. 200 mg of 5-HTP often works well, as does 5-10 mg of melatonin (the sustained release kind is good for those who can't stay asleep). Hot baths before bed can also be beneficial. 100 mg of oral progesterone before bedtime helps women to sleep, especially if they are peri-menopausal. Also, I have some pre-menopausal patients whose insomnia gets worse during the second half of their menstrual cycle because their progesterone levels are low, so supplementing with progesterone during this time can be beneficial for them. Fixing thyroid problems can also resolve insomnia. Finally, *Eschscholzia californica* (California poppy) is an herb that helps with pain and is also a good sedative at night.

Pain

Treating nerve pain is difficult. As mentioned previously, California poppy can help to relieve pain, as can Vitamin B-12. The supplement that I recommend most for pain is called Soothe and Relaxx, from Researched Nutritionals, which is a company that makes useful formulas for conditions found in chronic illnesses such as Lyme. This product contains glucosamine, MSM, chondroitin, and hyaluronic acid – all of which protect the connective tissue and joints – along with magnesium and malic acid, which are good for the muscles. In addition, it contains 5-HTP, lemon balm, valerian root, and passionflower, all of which sedate the nervous system. Finally, it has holy basil, curcumin and other

anti-inflammatory substances. I find that it helps nine out of ten of my patients who have pain, muscle spasms, anxiety and insomnia. The herb smilax can also alleviate pain since it cleanses neurotoxins from the body. I use this herb extensively in my patients who have neurological symptoms. Also, magnesium, when applied topically as a cream, is a great muscle relaxant and can improve sleep; when combined with GABA, it aids in lowering anxiety.

Headaches

The herb smilax glabrae (Chinese sarsaparilla) can be beneficial for relieving headaches and migraines (since it is a neurotoxin cleanser), as can B-12 and folic acid. Also, avoiding foods that cause inflammation can reduce neurological symptoms and headaches, because a lot of symptoms (in general) are caused by inflammation. In addition, I recommend any of the anti-inflammatory herbs that I mentioned in earlier sections, along with a lot of proteolytic enzymes. All of these things can calm the nervous system and reduce headaches.

Detoxification

I don't have a set detoxification protocol for my patients. There are so many different types of detoxification regimens to address different toxic assaults on the body, but if I had to recommend one substance alone for detoxifying the body, it would be glutathione, especially IV glutathione, which has amazing benefits. It increases energy, lowers pain levels, improves neurological function and decreases the frequency with which people get headaches and migraines. Also, the results are quite immediate and dramatic and can last several days. I have seen patients who have had great pain and debility walk out of my office much more comfortably after a glutathione IV. So I like to use glutathione as my starting point for detoxification; for its symptomatic benefits, because it's a key anti-oxidant and helps to support the healing process. If they can't do IV glutathione, then I recommend that they use a trans-

dermal form of this substance, or lipocetical glutathione, which is a liquid that is formulated so that it can be absorbed through the mucous membranes of the mouth. Some practitioners recommend taking NAC (N-acetyl-cysteine) to increase glutathione in the body. NAC is a precursor to glutathione, but I am concerned that it can flare up intestinal yeast, so I am careful about recommending it to my patients.

The other supplement that I recommend as a starting point for detoxification is methylcobalamin (methyl-B12 or MB-12). The "methyl" part of the methyl-B12 supports the body's detoxification pathways. The B-12 supports the immune system and is also energizing.

For detoxifying heavy metals, lately, I have been giving EDTA and glutathione suppositories to my patients. When these two suppositories are used together, it has been demonstrated that the body dumps triple the amount of metals than if the EDTA had been used alone, so it's a nice combination. Some people don't like the idea of suppositories however, and instead prefer oral chelators.

I used to prescribe oral DMSA on a rotating schedule of three days on, eleven days off, but some people with Lyme don't cope well with this chelator because it causes too much of a detoxification reaction and the dosing schedule is too difficult for them to maintain. Lately, one Lyme-literate doctor has been advocating 100 mg of DMSA every three days, along with NAC and alpha lipoic acid, which may be a more manageable and gradual heavy metal chelation program. I have been using this protocol also, but so far, it's too early for me to know whether I can report the same success as this doctor. In general, EDTA is known to be a better lead chelator, while DMSA and DMPS are more specific for mercury.

Finally, I tend to treat the body for infections before heavy metals. Once patients are either stable and doing well on their anti-microbial treatments, or if they reach a plateau in their progress and I suspect that heavy metals might be getting in the way of further progress, then I will start them on a heavy

metal detoxification protocol. Other doctors believe that it's important to clear the body of heavy metals before attempting treatment for infections. In the end, these decisions are made on a case-by-case basis. It is often difficult to prioritize patients' health issues and know which ones to treat first!

Treating Detoxification Problems

Taking amino acids and trace minerals can help those with compromised detoxification mechanisms, but some patients are so chemically sensitive that I can't even give them supplements, so I might start by recommending that they take a homeopathic detoxification formula, in order to open up their detoxification pathways. I will also sometimes recommend products like Cell Food to feed extra oxygen into their system, or lipocetual glutathione, to help their bodies to get rid of toxins. Unfortunately, some people have impaired sulfur metabolism and glutathione and methyl B-12 can actually make them worse. Such people don't do well on a lot of remedies, so they are a challenging population to treat.

Sometimes, detoxification problems can be corrected by simply opening up the body's phase one and phase two liver enzyme pathways. I recommend medical foods like Ultra Clear by Metagenics to help open up the phase two pathways. Most of the time, people have more trouble with phase two than phase one pathways. I also use artichoke and dandelion root (which I import from Australia) for improving phase two pathways. Dandelion root can be made into a coffee-like beverage. I can't find anything in the United States that compares to it, so I bring it home by the jarful whenever I go to Australia. It's great because it looks like coffee, is made in a French press like coffee, and tastes fantastic. It's a wonderful way for patients to have a coffee-like ritual without the caffeine, and it's good for their livers.

Diet

People with Lyme disease should not consume gluten. This is vital for healing. I know that it's not easy, especially because, to be truly gluten-free, people must be well educated on the issue of which foods contain gluten. Yet it's important, because those who eat a lot of products containing dairy, sugar and gluten are the ones who seem to fare the worst with their treatments, most likely because these are pro-inflammatory substances. I don't mind my patients eating brown rice and potatoes, but if yeast is a problem for them, then any carbohydrate can make this problem worse. If they don't have too many problems with yeast, then they might be able to eat some grains. In addition to not consuming gluten, people with Lyme should avoid refined sugar. One study has demonstrated that one teaspoon of refined sugar suppresses the immune system for sixteen hours. Knowing this might help people to stop and think, "Gosh, maybe I shouldn't have that dessert!" Dairy products are likewise inflammatory.



I emphasize fruits and vegetables for my patients, as well as healthy fats, such as flax oil. I have a breakfast smoothie recipe that I recommend, which contains almond milk as a base. It also has protein powder for the adrenals and to balance blood sugar; ground flax seed for the bowels, a tablespoon of flax oil to provide essential fatty acids, and a bit of fresh fruit can be added if yeast is not a problem for patients. Some of my patients also like to add a healthy "green" powder to the mix, such as NanoGreens.

It's also important for people with Lyme to get their bodies into an alkaline state as much as possible, especially when they are Herxing. Drinking lemon juice in water helps to accomplish this, as does adding a product like NanoGreens to beverages, since it contains concentrated fruits, vegetables and other alkalizing nutrients.

In addition to fruits, veggies and healthy fats, I recommend that my patients eat a lot of lean proteins, such as organic chicken, turkey and wild-caught fish. Also, instead of telling them what they can't eat, I try to focus on what they can, and make food recommendations to help them with this, such as the smoothie recipe mentioned above. As another example, I might recommend cashew butter, raw nuts, hummus or corn chips for a snack.

Finally, I encourage my patients to eat small, frequent meals throughout the day, instead of infrequent, larger ones, because the former regimen is much easier on the adrenals and the body's blood sugar regulatory systems.

Addressing Food Allergies

I recommend doing IgG allergy tests for foods, because I find that a lot of my patients have sensitivities to foods that they wouldn't ordinarily imagine to be a problem (such as blueberries, bananas and garlic). The food sensitivity test involves a finger prick test, which I do in my office. The blood from the finger prick test is then sent to a lab, where it is analyzed for sensitivities to more than ninety-six different foods. I find that eggs often come up as a sensitivity for my patients, but not everyone is the same. I also find that a lot of them don't do well consuming cow dairy but can tolerate goat dairy, so this leaves the option of goat milk, cheese and yogurt open to them. In general, I try to discourage the consumption of dairy products, but goat dairy is the lesser of the evils. Kefir is the exception to the rule, because, while it's a fermented milk product, it contains active cultures and beneficial enzymes,

is much easier to digest than yogurt, and can help to maintain healthy gut flora.

Exercise

The amount of exercise that people with Lyme should do depends upon the severity of their illness. In general, I don't push my patients to do too much physical exercise, especially if they are really tired and sick, or their adrenals are depleted, but I try to encourage them to go outside, get some sunshine and take walks. I especially don't push them to do aerobic exercise. Gentle stretches are better, or, if they are stronger, they can do yoga and Pilates. I believe that it's important, even for bed-bound patients, to incorporate some movement into their daily routine – even if it just means doing a few gentle stretches to enhance circulation, move the lymphatic fluid and maintain movement in the muscles. It's easy for those with Lyme to “cross the line” when it comes to exercise. When they start getting better, they try to do all of the things that they missed out on when they were ill, and before you know it, they have pushed themselves too far and are flat on their backs or in pain again.

Patient and Practitioner Challenges in Treating Lyme Disease

As a practitioner, one of my biggest challenges of treating Lyme disease is that I can't put my patients on every single supplement or therapy that they need. Financially, logistically, and because of what their bodies can handle, it's impossible for them to do or take everything! Therefore, I try to put together their protocol in a manner that's beneficial but manageable for them. I'm not a big believer in sending people home with dozens of bottles of vitamins. I don't feel that this is realistic, so I'm always trying to streamline and pick the most relevant remedies for each patient, which is also a challenge. The rem-

edies that I tend to recommend the most (besides antibiotics) are Soothe and Relaxx (Researched Nutritionals), transfer factor, teasel, smilax and my herbal Lyme formula. Those are my five favorites. Also, I always recommend probiotics.

Another challenge for patients and practitioners is that unless a protocol is all mapped out for the patients, “Lyme brain” makes it easy for them to lose track of which therapies they need to do, and which remedies they need to take. Often, patients will start out “gung ho” with their treatments, but if they are not significantly better after a month, then they get discouraged and quit. I try to prepare them for the fact that treating Lyme can be a long, slow road – a marathon and not a sprint, and that they may get worse before they get better.

Herxing is a challenge for patients, but it helps, I think, when they are educated to recognize and understand the process. Also, there are definitely people who take greater responsibility for their healing and treatment course and who educate themselves on their options and what to expect during treatment. I believe that these people tend to fare the best in their healing journeys.

Limited financial resources can also be an obstacle to healing. Lyme disease is a very expensive illness, and many people are not able to work, which makes the financial burden even harder to bear. I have seen many of my patients deplete their savings, sell their houses, borrow money and live in the most frugal ways just to maintain their treatment regimens.

How Long Does It Take To Heal from Lyme Disease?

The time frame for healing from Lyme disease depends upon the person. I have patients that I have worked with for a year or two or more who are making progress but who are not “out of the woods” yet. Then I have patients who are faster responders who

heal in six to twelve months. In general, I notice that men tend to respond faster to treatments than women. It may be that women’s hormonal imbalances create an obstacle to healing, as may their Vitamin D deficiencies, because Vitamin D is important for proper immune function, and such deficiencies are more common in women.

EFT (Emotional Freedom Technique) for Healing Emotional Trauma

To address the emotional component of healing, I recommend EFT, Emotional Freedom Technique. I find this to be a very powerful strategy for clearing blocks to healing. Counseling, while it can be beneficial in many situations, does not as effectively access the subconscious mind. For that reason, I find EFT to be effective for breaking through into those deeper places. Also, a lot of patients don’t have the money and energy to go to counseling appointments every week, and one of the great things about EFT is that it is inexpensive and people can do it at home, once they learn the techniques. So initially, I might refer my patients to a well-trained energy psychologist, who can teach them the EFT techniques, and after that, they can do these on their own. I find this strategy to be particularly helpful for those who have anxiety.

The Role of Spirituality in Healing

I think people who have strong spiritual beliefs have an easier time in the healing journey, because spirituality provides an outlet outside of themselves upon which they can cast their worries and through which they can draw hope. I find that more and more, I am talking to my patients about their spiritual beliefs and practices, and I integrate prayer into

some of their visits. While I am certainly respectful of others' spiritual beliefs, if my patients have not integrated some type of spiritual practice into their healing regimen, I might at least introduce them to the concept of meditation or teach them deep breathing techniques. Spiritual practices may not involve God for some people; they might involve relaxation techniques or a daily routine that enables them to tune into the universe or their own inner healing capacity. I think that people who have faith have a more positive attitude and more gratitude in their daily lives. They don't tend to fall into a negative mentality as easily. Don't get me wrong – people with Lyme have a hard time and recognition of that is necessary, but those who are spiritually grounded tend to have more acceptance of their situation, which is beneficial for healing.

Is Lyme Disease Always Primary in Patients' Overall Symptom Picture?

In my practice, I see a couple of different scenarios. I have patients that seemed to be doing fine before they had Lyme disease. They were healthy and active, and then everything went haywire! They may or may not be able to track the date of their tick bite, but in any case, it was an "all of a sudden" type of thing. The Lyme infection(s) are probably primary in these patients' overall symptom picture. Then there are other patients who have never felt well throughout their entire lives. They were ill as kids; they had asthma, eczema, or frequent colds, and they may now have immune weakness due to a genetic predisposition, or because they just have so many toxins and infections that got piled up along the way. I believe that for these types of people, Lyme may have been "the straw that broke the camel's back." Also, some may have a methylation defect that doesn't allow them to detoxify and which has contributed to the impact that Lyme has had on their bodies. I think that there must be a plethora

of other people out there who have been exposed to Borrelia, but whose immune systems have effectively dealt with the infection, and so they therefore aren't manifesting symptoms.

Hyperbaric Oxygen Treatments (HBOT) as an Adjunct to Healing

HBOT can be hugely beneficial for those with Lyme. If my patients do this therapy, I try to simultaneously support their detoxification pathways, mitochondrial function and cellular energy production so that they receive maximum benefit from the therapy. At the same time, I try to ensure that their nutritional status supports anti-inflammatory pathways. HBOT accelerates cellular healing and creates an environment that is unfavorable to microorganisms, due to the high concentration of oxygen that it creates within the cells. If my patients have Babesia, then I treat them for this infection prior to having them start the hyperbaric therapy. It is believed by some that HBOT can make patients worse if they have untreated Babesiosis infections. In general, I support HBOT, because while it is definitely a commitment of money and time, the rewards from its use are often great.

Beneficial Lifestyle Habits

I think that connection with other people is really important, and those with Lyme disease can benefit from spending time with others who have Lyme. Lyme disease support groups can be beneficial, as long as they don't serve as forums for negative thinking and are instead used to share hope and information. Lyme sufferers must surround themselves with as much positivity as possible. I also encourage my patients to journal, and if they

spend a lot of time in bed or are not very active, I encourage them to read positive books that are food for the brain and spirit, so that they are using their time productively. Again, prayer and meditation can be really beneficial, as can trying to maintain a balance in their life's activities, so that they don't feel completely deprived and disconnected from life. That may mean inviting friends over and having them bring take-out food to the house. Disconnection from others can be an obstacle to healing.

Getting outside of oneself can also be important for healing. Serving others, for example, is a good way to do this. Sometimes, I encourage my patients to provide an ear to others who are discouraged, even though they may not think that they have anything to offer, because just being there for others who are suffering can be helpful.

How Family and Friends Can Help the Sick

There is a lack of understanding about Lyme disease in general, and I think that while friends and family may try their best to understand their loved ones with Lyme, it can be challenging to know what to do for them. Helping the chronically ill to stay hopeful is important. Family and friends shouldn't take pity on their loved ones, but instead encourage them. Doing little favors for them makes all the difference in the world. When they aren't feeling well, making a bowl of chicken soup or rubbing their feet can be wonderful. Gift certificates for massage, pet sitting or errand services are welcomed by most!

I have a patient whose wife accompanies him to all of his appointments. He has Lyme disease, so she brings along trivia cards and crossword puzzles to keep his brain alert and to keep him busy in the waiting room. It's so great to always see her there, supporting him. I like to see partners getting involved in their loved ones' recovery, and doing things such as accompanying them to their doctors' appointments, so that they can, for example, help them to recall what was discussed during those ap-

pointments, and provide moral support to them.

I had another patient who was sick due to chronic mold exposure. She and her husband had moved into a new house that had a lawsuit against its builders, and she got sick as soon as they moved in there. Her husband, however, didn't believe that she was that ill. I thought, The poor lady will have a hard time getting well, because not only does she feel like death warmed over, her husband doesn't even believe that she is ill!

But then you have the others; the husband who is there with his wife during her doctors' appointments, taking notes, and telling her, "We will find a way to pay for treatments. We'll get you better, don't worry." I think that those people are the ones who have an easier time healing. The role of emotional support in healing is tremendous.

Last Words

Lyme disease can have devastating effects upon a person's life, and the road to recovery can be long and strenuous. However, recovery is possible and those with Lyme should never give up hope for a full recovery. I strongly believe that antibiotic therapy by itself is insufficient for obtaining a cure – instead, a holistic program incorporating nutrition, immune support, detoxification protocol, strategies for digestive health, herbal antimicrobials and lifestyle modification puts people in the best position for healing.

More Information

For more information about Lyme Disease, including diagnosis, testing, co-infections, alternative treatment options, news, research and more visit ProHealth.com/Lyme

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