

How I Treat Lyme Disease by Patricia A.D. Braun, M.D.

In East Texas there is so much Lyme disease, I usually get a positive laboratory test on any symptomatic case using Igenex Laboratory for either a Western Blot or antibiotic induced PCR test. The common commercial laboratory test from conventional laboratories is rather worthless, causing an abundance of false negative results. This is because the wound up spiral Lyme bacterium (a Spirochete) can exist in three forms: the cell wall competent, the cell wall deficient form, and a spore or dormant form. The cell wall deficient form of the organism will not create a cell wall induced immune response thus no antibodies are present which the common tests attempt to detect. The overabundance of false negative results has caused a conundrum: with a high prevalence of this disease in the community, the inadequate testing has caused a complete denial in the conventional medical community that Lyme disease even exists in our area!

Because of the “difficulty” of laboratory diagnosis, Lyme disease, at a very early date,¹ was declared to be a “*clinical diagnosis*”. This means that if the physician *suspects* the disease even with negative tests, then they are *obligated* to treat it. Compounding the problem is that since the test commonly done is worthless, the conventional physician *no longer thinks of* Lyme disease as a condition to rule out (to consider) and cases go unnoticed, misdiagnosed, and untreated. Another problem is that physicians are told that 14 to 21 days of doxycycline will treat the infection. But the bacterium can go into a dormant state when antibiotics are given, and sneak out of dormancy once antibiotics are withdrawn. Improvement does not mean cure, and the illness will wax and wane, recur, change manifested symptoms, become resistant to antibiotics and generally confound attempts at treatment. Also, once treated to a cure, one can always be reinfected!

Since it actually lives inside body cells, it is capable of mimicking many diseases. In arthritis, a common presentation, the organisms are actually in the joint spaces. In cases of dementia, not uncommon, it is in the brain cells. Consider the patients in our area with kidney disease, lung disease, heart disease, arthritis and cancer. Then consider that their work-ups by conventional physicians never touches on Lyme disease, a possible causative agent of these diseases and hundreds more. No body system is immune to this disease.

As explained elsewhere on this site, Lyme has become a *political disease*. Many doctors do not seriously consider a case, nor understand the difficulty of management, and if they do, they do not have the time to treat it properly. In New York, close to the original epicenter of New Lyme, Connecticut, there developed a large cluster of severe cases and a doctor capable of treating them. It required repeated 6 to 8 week hospitalizations with costly, twice daily IV antibiotics. Insurance companies refused to pay due to sheer high costs and denied that it was hard to treat, recurrent or chronic. The insurance companies are thus partially responsible for the current attitude of standard doctors who think chronic Lyme doesn't exist and that short term “doxy” will eradicate it. Doctors who treat the disease, the so called Lyme Literate Doctors, for “LLMD's”, got the reputation of misunderstanding, over treating, and generally making a simple therapy overly complex in order to make money. They are still being persecuted around the country - many losing their right to practice medicine (their license). There may be yet another simple explanation regarding the lack of institutionalized progress towards treating this devastating illness. Read below and make your own decision on that.

The Lyme organism is a manmade bioweapon that was released, probably by accident, from the US government's secret germ laboratory on Plum Island, Lab 257,² in 1974. Scientists who should know say it has the genetics of syphilis (the other single prominent disease-producing spirochete bacterium) with an inserted gene from mycoplasma and perhaps another gene for inducing spore formation derived from

¹ About 1986, I consulted a Dallas, Texas Infectious Disease M.D. expert on my first suspected case and he said, If you suspect it, no matter what test you do, or the results, you must treat it as Lyme D. At that time, all tests were notoriously poor. Texas Public Health Department states in reporting forms that Lyme D requires a clinical diagnosis.

² *Lab 257*, the book by Michael Christopher Carroll, an attorney who studied Plum Island labs for 13 years before writing his book.

another bacillus. Needless to say this organism acts just like syphilis and, coincidentally, it is also transmitted sexually and by mother to baby in utero, and through mother's milk, unpasteurized cow or goat milk, by eating rare meat, by mosquitos, biting flies and, of course, ticks. It is not a question of being infected in endemic areas like East Texas and the entire South, but more of a question as to which stage of disease is present in the patient. Many will test positive to fluorescent antibody and yet not be symptomatic. Once again, Lyme Disease is a clinical diagnosis!

Whatever the source, once infected the organism may express itself in the body as the cell wall competent, cell wall deficient, and spore form.

Using antibiotics that disable the ability for the bacteria to make a cell wall misses the cell wall deficient and spore forms. Antibiotics that get the cell wall deficient forms miss the cell wall and spore forms, and so forth. I have been treating acute and chronic Lyme disease and the usually present coexisting infections (babesia, erlichia, bartonella, etc.) for eleven years using a variety of approaches. I used IM penicillin with some success, oral antibiotics of various classes, herbals and other supplements. I have never used IV antibiotics and never have recommended them, although I have used IVs in Lyme patients for other reasons. In 2002, I read a book, *A Disease Called Fatigue*, about chronic fatigue and rickettsia by Cecile Jadin, MD, of South Africa. After talking with Dr. Jadin several times, I modified her technique and applied it to Lyme. I was the first physician in the United States using pulsed binary rotating antibiotic therapy for Lyme disease. The treatment of the various stages of Lyme using this technique has been successful.

There have been many deaths attached to Lyme disease, often by hindsight. Once infected, symptoms will eventually progress, slowly in some, faster in others, towards neuro Lyme. Read the section on *Lyme the Great Imitator* on this site. Once well seated in the brain, it is difficult to overcome, but it can be managed. While there are different alternative approaches to treating Lyme, don't waste your life on anecdotal remedies. This is a serious infection. Treat it seriously.

PBMD