



5 Top Myths About Lyme Disease

"The Great Imitator" is making its way across the country. What you need to know now...

Your risk of getting Lyme disease is higher than you might think. Until recently, it was estimated that about 30,000 new cases occurred in the US each year. A new report, released by the Centers for Disease Control and Prevention (CDC) in 2013, stated that the number of Lyme cases is roughly 10 times higher—about 300,000 per year.

If you assume that you're safe from Lyme, consider this: Although many people think that this disease occurs in isolated pockets around the country, it's actually now been reported in most parts of the US.

"The great imitator": Lyme, the most common disease that's spread by ticks, causes dozens of symptoms that can easily be mistaken for other conditions, such as chronic fatigue syndrome, fibromyalgia and autoimmune diseases including multiple sclerosis. Many patients with Lyme suffer unnecessarily because they never even know that they have the disease—and those who are diagnosed often are not given the best treatments.

Leading misconceptions about Lyme—and the facts...

MYTH #1: Lyme always causes a bull's-eye rash. People who live in areas where Lyme disease is common are taught to look for a red, expanding rash called *erythema migrans*. It resembles a bull's-eye and generally appears about seven days after a bite from an infected tick.

Fact: About half of Lyme patients develop a rash. But even when the rash is present, it resembles a bull's-eye in only about half of those cases. It's just as likely to appear as a "simple" rash that's easily mistaken for a spider bite or skin infection.

MYTH #2: Joint pain is the telltale symptom of Lyme. Many Lyme patients will develop *Lyme arthritis*, severe joint pain and swelling that usually affects the knees or other large joints. But not every Lyme patient develops this symptom—so you can't assume that the absence of joint pain and swelling means that you don't have Lyme.

Fact: Most Lyme patients have at least a dozen different symptoms, but there is no one symptom that *everyone* with Lyme has. Among the most common symptoms are fatigue, migratory joint and muscle pain, tingling, numbness and burning sensations, a stiff neck, headache, memory and concentration problems and sleep disorders. These symptoms can range from mild to severe. The constellation of symptoms and ruling out other disorders point to Lyme.

MYTH #3: Lyme is fairly easy to diagnose with a blood test. If you have Lyme symptoms, your doctor will probably recommend two-tiered blood testing—the ELISA test, which measures the total amount of antibodies produced by the body in response to the Lyme bacterium (*Borrelia burgdorferi*)...and if that test is positive, the Western blot, which looks for specific protein patterns that are characteristic of Lyme.

Fact: The tests are not very accurate. One study, conducted by the New York State Department of Health, looked at more than 1,500 patients who had been diagnosed with Lyme disease. Two-tiered testing missed 81% of the cases. If tests are done early in the course of the disease or if the patient has received an antibiotic, test results may indicate a false-negative.

Important: I recommend getting both the ELISA and Western blot tests. If your Western blot shows a 23, 31, 34, 39 and/or 83-93 band, this indicates Lyme. Other tests, such as a DNA test called *polymerase chain reaction* (PCR) and antibody titers, to check for other common tick-borne infections, such as *Babesia* (a malaria-like parasite) and *Bartonella* (which causes cat scratch fever), also can be helpful in diagnosing resistant symptoms.

MYTH #4: Doxycycline always cures Lyme quickly. When Lyme is diagnosed and treated within two to four weeks of the tick bite that transmitted the disease, about 75% of patients will be cured with *tetracycline* antibiotics such as *doxycycline* or other antibiotics such as *penicillin* or *cephalosporin*.

But about one-quarter of these patients—and a higher percentage of those who don't get quick treatment—will develop a *chronic* infection that doesn't respond to simple antibiotic therapy. Although some doctors don't think Lyme bacteria survive after 30 days of antibiotic treatment, many studies have shown that they can.

MYTH #5: Medication is the only treatment. Antibiotic therapy is the mainstay of Lyme treatment. But it's usually not enough.

Fact: Many Lyme symptoms—such as fatigue, muscle and joint pain, and memory loss—that persist despite antibiotics may be caused by more than one organism. Chinese herbs such as coptis, artemesia and cat's claw may help treat Lyme and these co-infections.

I often advise patients also to take *low-dose naltrexone*, a medication that helps reduce inflammation. A combination of naltrexone, curcumin (an anti-inflammatory compound found in the spice turmeric) and antioxidants such as glutathione have helped relieve fatigue, pain and cognitive difficulty in my patients.

Also helpful: Diet is important. Some people feel better avoiding gluten, and for others, an alkaline diet with lots of fruits and vegetables counteracts the acidity and inflammation caused by infection.

BETTER TICK PROTECTION

People can prevent some cases of Lyme by carefully checking their skin and removing ticks with tweezers after spending time outdoors—but don't count on it.

Fact: The black-legged tick that causes Lyme is about the size of a sesame seed. Most people never see the ticks that bite them.

My advice: Whenever possible, wear long pants and high socks when you go outdoors during tick season. Spraying your clothing with a product that contains *permethrin*, a flower-based insect repellent, can help repel ticks. If it's just too hot and you prefer shorts or other summer clothes, you can apply the stronger insect repellent known as DEET to your skin, but wash it off as soon as you are out of the tick-infested area to reduce exposure to the chemical.

Source: Richard I. Horowitz, MD, an internist, integrative medicine practitioner and medical director of the Hudson Valley Healing Arts Center in Hyde Park, New York. He has treated more than 12,000 patients with Lyme and other tick-borne disorders. He is a past president of the International Lyme and Associated Diseases Educational Foundation and the author of [Why Can't I Get Better? Solving the Mystery of Lyme & Chronic Disease](#) (St. Martin's). [CanGetBetter.com](#)