

Pertinent Lyme Disease Information for Medical Practitioners

This list is incomplete and partial. Please research and educate yourself on all of the known symptoms, dangers, diagnosis and treatments for Lyme disease (Borrelia burgdorferi or Bb) and all of its co-infections.

General Information that applies to ALL practitioners:

- **50-75% of people infected with Lyme disease NEVER see a tick or get a rash.**
- **Exposure is not limited to endemic geographical areas.**
- **ALL testing for Lyme disease is UNRELIABLE.**
- **Many people who are diagnosed with Lyme disease may also have co-infections.**
- **Magnesium deficiencies are common in Lyme patients** and can be attributed to the following symptoms: nervousness, irritability, mental depression, confusion, twitching, trembling, apprehension, insomnia, muscle weakness and cramps in the toes, feet, legs, or fingers, headaches, nystagmus, mitral valve prolapsed, fibromyalgia, TMJ, restlessness, difficulty breathing.
- **Candida albicans overgrowth (yeast infection) is significant in Lyme patients and can be debilitating or fatal if left untreated.** Antibiotics, steroids, cortisone, prednisone, birth-control pills, estrogen replacement therapy, poor diet, chemotherapy, radiation, stress, and alcohol overuse can cause Candida albicans overgrowth. **Candida shares almost all of the same symptoms as Lyme disease. So this should be ruled out along with other underlying conditions and infections.** The most common symptoms are indigestion, bloating, gas, fatigue, disorientation, poor memory, numbness, abdominal pain, constipation, attacks of anxiety, depression, irritability and shaking when hungry, incoordination, headaches, rashes, vaginal yeast infections, and urinary frequency.
- **Educate your patients on proper tick removal and prevention. Encourage them to SAVE THE TICK and have it tested.** Although tick testing and blood testing is not 100% accurate, this is the BEST way to know if Lyme Borrelia or any co-infections are present and need treatment! DO NOT wait for symptoms or a rash to occur!
- **If a patient is experiencing any of these symptoms, it is NOT ALL IN THEIR HEAD.** There are many other possibilities that could contribute to symptoms including, but not limited to: nutrient excess/deficiency, Genetic mutations, adrenal and endocrine imbalance, Candida, and Parasites. **All avenues, including Lyme disease should be carefully considered and narrowed down.**
- **Please review the flyer that is included with this.**

General Practitioners/Pediatricians/EMT/Misc. Specialists:

- **Clinical diagnosis and education regarding all aspects of Lyme disease are crucial as they are generally the first ones to examine Lyme patients.**
- They should review the rest of this list as well, as many symptoms will first be brought to the GP/EMT.

Gynecologists:

- Reproductive Irregularities related to Lyme disease include menstrual irregularities, abdominal pain, pain during sex, loss or decrease in libido, unexplained milk production, pain in breasts, unexplained pain or changes in reproductive system.
- **Lyme disease is passed in Utero, causes miscarriages, and is believed to be sexually transmitted.**

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Dentists (Teeth):

- **Tooth pain** (especially with no sign of cavities), jaw joint pain or stiffness, chewing muscles, TMJ, periodontal disease (Note: antibiotics can cause stains on teeth)
- **No mercury fillings should be used on Lyme patients.** Existing fillings may need to be removed by a bio-dentist if they are causing Mercury toxicity issues.

Optometrists (Eyes):

- **Photophobia; sensitivity to light, glare, and reflection;** flashing lights/floaters; vertigo/dizziness; headaches/migraines; double vision, blurry; eye pain, eye swelling; droopy eye, deviation of eyeball (wandering/lazy eye); Conjunctivitis (not infectious); unexplained eye or vision problems.
- **Medical terms:** cranial nerve VII palsy (Bell palsy), papilledema, optic atrophy, optic or retrobulbar neuritis, pseudotumor cerebriepiscleritis, symblepharon, keratitis, iritis, posterior or intermediate uveitis, pars planitis, vitreitis, chorioretinitis, exudative retinal detachment, retinal pigment epithelial detachment, cystoid macular edema, branch artery occlusion, retinal vasculitis, orbital myositis, and cranial nerve palsies.

Ear, Nose, and Throat Specialists (ENT):

- Buzzing, ringing, ear pain, sound sensitivity; increased or new allergies, asthma, colds, flu, infections; nose bleeds, deviated septum.

Cardiologists:

- Chest Pain, Shortness of breath, Woozy, Cardiac impairment, Heart block, Heart Murmur, Heart Palpitations, Heart Valve Prolapse, Pulse skips, Cardiac Arrhythmias.
- **Lyme disease can cause permanent damage to the heart (and all organs) and death by heart attack.**

Neurologists:

- Lyme disease often affects many facets of the neurological system. Permanent damage in long term infection is common. The brain and central nervous system are favorite places for Lyme Spirochetes to colonize.
- Numbness, limb pain, limb weakness, Radiculitis (numbness, tingling, burning), Bell's palsy, visual disturbances, poor motor coordination, Encephalopathy, memory loss, difficulty with concentration, change in mood, changed sleeping habits, thinking difficulties, nerve damage in the arms and legs, limb/muscle weakness, headaches/migraines, Vertigo/Dizziness, Meningitis (fever, stiff neck, severe headache)

Psychiatrists:

- **Suicide is the #1 cause of Lyme disease death.**
- Behavioral disorders: aggression, violence, anger, outbursts; bipolar disorder, manic depression, chronic depression, dementia, eating disorders, hallucinations, mood swings, anxiety, panic attacks, paranoia, schizophrenia, and many other personality disorders.

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Orthopedic Surgeons/Rheumatologists:

- **Corticosteroids and immunosuppressant medications can be detrimental, and in some cases, fatal for Lyme patients.** Steroids can activate dormant Lyme spirochetes (bacteria) as well as other bacterial and viral infections and suppress the immune system allowing the infection(s) to progress rapidly and aggressively. (Please review the section on Candida overgrowth above, as steroids can play a part in this infection.)
- **Surgery while infected with Lyme can also be detrimental for Lyme patients.** It taxes/lowers the immune system, and encourages further infection at incision/injury areas. These are opportune sites that allow Lyme spirochetes to thrive.
- **In addition, Lyme spirochetes can and do break down cartilage, bone, and other tissues, causing rheumatoid arthritis;** pain, stiffness, and swelling of joints, particularly large joints like knees, elbows, and shoulders. **A complete understanding of Lyme disease facts is necessary for all practitioners in this field.**

Physical Therapists:

- **Aerobic exercise for Lyme patients in most cases should NOT be allowed. However, vigorous strengthening is necessary.** Ice and electrical stimulation are not recommended if they increase symptoms or inflammation. Heat and ultrasound are encouraged.
- **Swelling, pain, and stiffness in joints, particularly with no known cause or injury, are very common Lyme disease symptoms.**
- **Random sharp pains and muscles twitches, muscle weakness** and deterioration, and loss or lack of coordination are all symptoms of Lyme disease.

Specialists for Hereditary, Auto-immune, and Chronic Progressive diseases:

- **Lyme disease is one of the most commonly misdiagnosed diseases.** Lyme is "The Great Imitator." It mimics many common diseases and symptoms such as Fibromyalgia, Chronic fatigue syndrome, Migraine headaches, Insomnia, Anxiety, Depression, Dementia, Autism, ADHD, Multiple Sclerosis, Lupus, Rheumatoid arthritis, Parkinson's disease, Lou Gehrig's disease, Alzheimer's disease and over 300 hundred more.
- **There are many genetic mutations and factors, such as [MTHFR](#), that can contribute to the severity and persistence of Chronic Lyme disease in some patients. It is important to test for these to see if they are a contributing factor to symptoms.**

Links for medical professionals:

- **Medical Literature:**

[ILADS/Research](#)

[LDA/Science & Professional Articles](#)

[Lyme Disease.org/Research](#)

[The Case for Chronic Infection](#)

[Advanced Topic in Lyme Disease](#)

[Lyme Info/Medical Literature Summaries](#)

[Lyme Info/Research & Science links](#)

[Lyme Disease News & Current Medical Research](#)

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