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Supporting the immune system vital to successful outcomes

By Jerry Simons, PA-C

Lyme disease and associated co-infections are tough to detect and treat. Known as the "new great imitator," it can appear to act like many other medical problems – from arthritis and anxiety to lupus and chronic fatigue. One wonders how many patients with Lyme have never been so diagnosed. The effects of chronic infection on the body may lead to immune deficiency, vitamin/mineral deficiency, and Candida overgrowth, to name a few.

One of the best ways to defeat the Lyme bacteria is to have a strong, functional immune system. I am surprised at the number of chronically ill patients with weak immune responses who have not had a complete work-up. CD-57 is only a start. Complement pathways need to be evaluated (C3A, C4A, and C50), as well as the basic ingredient of the immune system – vitamin C. Immunoglobulin levels (Gig, M, A & E) must be checked. If IgM and IgG are low, it is highly unlikely that Western blot testing for IgM and IgG Lyme will be accurate.

A full work-up of the immune system must include rheumatoid factor, antinuclear antibody, RBC zinc level, and human leukocyte antigen tissue typing tests (about 5% of the healthy population is HLA positive). Additional cytokine and immune messengers may be checked, including interleukin, tumor necrosis factor and others.

For patients with a weak immune system, it's a high priority to get the immune system back on tract. Low dose naltrexone (LDN) has shown great promise both in helping patients heal their immune system and to up-regulate the immune system to allow it to attack infections. In many patients, the naltrexone has helped the immune system "detect" infections, triggering a significant die-off reaction. I often marvel at the Lyme Western blots before and during LDN therapy.

Low or marginal vitamin C levels may be treated with oral replacement (buffered vitamin C) and in some cases, IV vitamin C. Meyers IV vitamin drips can be done for patients on IV therapy). Low CD-57 is helped by mushroom extracts that include reshi. In severe cases of immunoglobulin deficiency, intravenous immunoglobulin may be required.

Aggressive treatment of yeast overgrowth is essential, including an anti-Candida diet, rotating IV, and/or oral anti-Candida medications. According to the Jeffrey Modell Foundation, Candida is best evaluated by regular skin testing. They say it is more accurate than stool or blood testing. Elimination of neurotoxins (oral questran, glutathione, infrared sauna, etc) may be helpful.

After the immune therapy and detoxification have begun, I have noticed that patients respond to anti-microbial therapy (antibiotics or herbals). For example, oral Nystatin or VFend, with LDN, glutathione, reshi mushroom daily and a Meyers IV vitamin drip have triggered significant die-off reactions when combined with the herbals Samento and Banderol. Naturally, basic supplements like fish oils, magnesium, zinc and vitamins B's are essential.

After yeast, immune and anti-microbial therapy is underway, I often turn my attention to cellular health. Cells in our body are surrounded by a double layer of lipids composed of a type of health fat; this is why fish oils are so healthy for us. Medications and infections can injure our cell lining, preventing full recovery. In 2006, Dr. Nicolson published an article in the chronic fatigue literature regarding oral lipid replacement therapy. His published results showed a decline in fatigue in patients who underwent lipid replacement therapy. For our most ill patients, IV lipid therapy has proven highly effective.

The days of treating Lyme and its co-infections with just antibiotics are over!

Jerry Simons currently practices in New York, and previously worked as a PA with Joseph Burrascano, MD.