EXPERTISE

I am not a Lyme Disease expert. I am a physician with Lyme for many years, though I didn't know I had it until 2006. As a problem solver by training, profession, and natural bent, I've tried to learn everything I could about this realm so that I might get well. After thousands of hours of reading, speaking with true Lyme experts, speaking with fellow sufferers, poring over books, studying treatment protocols, listening to Lyme advocates, exposure to 'alternative' treatment approaches, and attending Lyme meetings at the local and national levels, I'm still not an expert. Not even close. The real experts are the men and women who devote their medical practices to caring for Lyme patients day in and day out. These are the doctors and other trained and skilled practitioners who witness the myriad presentations, profound suffering, and diagnostic and treatment challenges of Lyme patients and for whom continuing education is an hourly event. They have spent years with hundreds to thousands of patients apiece for the sort of on-the-job training required to hone the diagnostic and therapeutic skills needed to give Lyme patients the best shot at recovery. They must nourish the personality traits that foster sanity and wellness of the healer in the face of devastating and tormenting illness in their patients. Open mindedness, critical thinking, as well as creative thinking are facets of their intelligence. And ideally, they cannot allow the morbid state of their patients to harden their hearts to the human condition. So, they're good people who know a phenomenal amount and have a depth of experience with the disease that is earned over years and decades. Of course, the same could be said of any physician who has devoted himself or herself to caring for the sick with other diseases, but in this case, Lyme practitioners generally don't have non-Lyme patients. There simply is no time. Each patient is very time consuming. If time is not spent listening, really tuning in to what patients are saying, they cannot be adequately or competently cared for. And, we have A LOT to say. Most of us have multiple symptoms that change over time and with responses to treatment that are another story to be heard and dissected to fully understand what's going on. More time must be spent carefully weighing treatment options. There is no one way or right way to treat Lyme disease yet. That makes the treating doctor's job even more difficult. Add back into the mix the problems with testing limitations, and you have a challenge that only a rare physician would want to embrace. Some Lyme doctors have Lyme disease themselves, or in family members. And lastly, these healers must labor under the potential threats from state medical boards that have signed on to the story, promulgated by the Infectious Disease Society of America, as well as the CDC, that this disease is hard to catch, easy to treat, and that patients who have symptoms after a brief course of antibiotics are whiners, fakers, whackos, or have other relatively simple diseases. The doctor might lose their license for taking care of some of the sickest patients anyone has ever seen.

I must share another perspective on the stance that the IDSA and its followers have taken on late stage Lyme disease. This is a purely logical analysis revealing a huge flaw in reasoning, the consequence of which is a tragic increase of suffering in our world. It comes down to this - there is nothing in the published literature on Lyme that eliminates the possibility that a single individual might have persistent active infection after a brief (up to several months) course of antibiotics. In fact, there is considerable research to support this conclusion, including papers published by the IDSA guideline creators themselves. Lyme experts know that years of antibiotic treatment helps many late Lyme sufferers to get well. If this can be the case for a single individual, there is no reason it cannot be true for two people. Or two hundred, or two thousand. And how can a doctor who has never treated that patient know that this cannot be the case? You see where I'm going with this? The IDSA guidelines are invalid from this purely logical reasoning. Next…