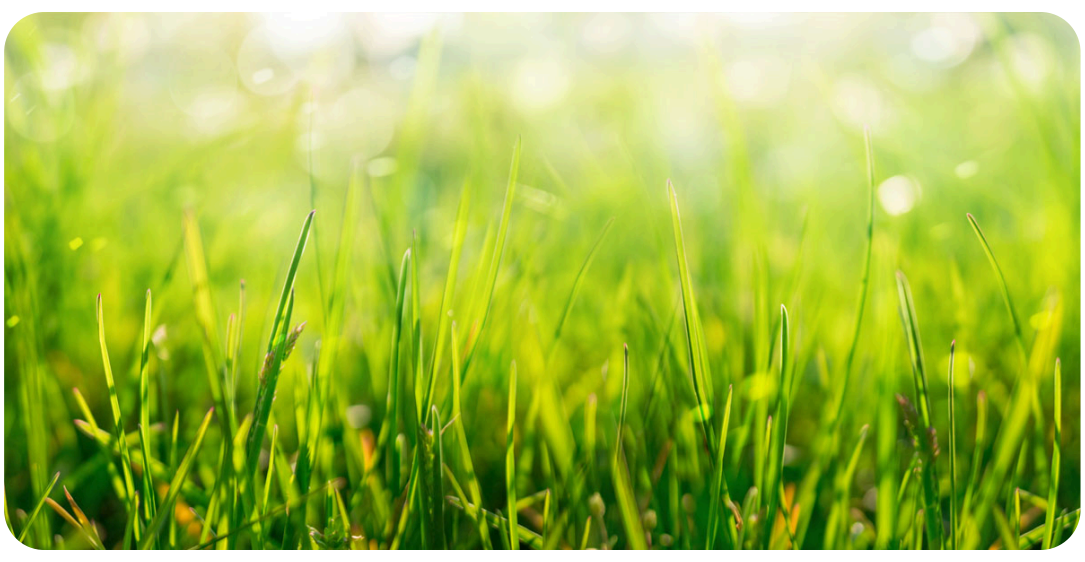
We appear to be in the midst of another heatwave, at least in the Southwest. I hope you're all keeping hydrated and as cool as possible.

A bit of Clinic news before I talk about Lyme disease. After twenty years living in Devon, Emily and I are moving to West Sussex and leaving Exeter. I will be sending an email to all my patients in the Southwest. This will allow me more time in London as I work on various projects. More on those as they unfold.

A recent trip to bid farewell to our treasured allotment reminded me of the presence of ticks here in Devon, which has one of the highest rates of tick-borne Lyme disease in England. This infection is, however, becoming prevalent and, unfortunately, urban parks and walks are no longer guaranteed tick-free areas. Lyme was predominantly a USA-contained disease, but UK deer and other animals became carriers, and so I have, for a couple of decades, considered Lyme or co-infections in anyone with sudden onset, or long-term, unexplained symptoms.



Lyme Disease – Why the controversy regarding testing and treatments?

Lyme disease-bearing ticks (Ixodes ricinus) thrive in warm, humid weather and are highly active during the spring and summer. If it gets too hot and dry, they adapt by hiding in moist, shaded vegetation (like tall grass or bracken) until conditions are right.

Lyme disease is frequently called "The Great Imitator" because its symptoms mimic and cause conditions like chronic fatigue syndrome, ME & fibromyalgia, and arthritis. The role of B. burgdorferi, the bacterium carried by the tick, mimicking symptoms of Chronic Fatigue Syndrome (and other unexplained conditions), is not yet widely accepted in conventional medical circles as a major cause of chronic illness, despite over 34,500 research papers having been published: https://tinyurl.com/4r8u5u9k

Controversy 1 - Testing

The standard testing model recommended by conventional guidelines uses a two-tiered system but contains a controversial flaw. An initial screening test called an ELISA test for the Lyme bacteria (Borrelia burgdorferi) is quite specific; it can be as low as ~56--62% in sensitivity. Because of this, a positive test is confirmed by a secondary test called the Western Blot. That doesn't, of course, capture those 38-46% who didn't show up positive in the first test.

This happens because standard blood tests only measure the body's antibody response to the bacteria, rather than detecting the bacteria itself. Also, if you have had the infection for a long time, Borrelia, and the co-infections that travel with it, can suppress your immune system, leaving you without enough detectable antibodies to trigger a positive result on standard testing.

The Functional Medicine Approach: Advanced Testing

- For more advanced testing from specialised facilities, I use Armin Laboratories in Germany, to look for multiple indicators of infection which include:
- Advanced testing methods
- Measuring a much broader spectrum of Lyme surface proteins (bands) that detect different strains of the bacteria.
- Co-infection Screening: Ticks rarely carry just one pathogen. Simultaneous screening for common bacterial co-infections like mycoplasma, chlamydia, Babesia, Anaplasma, and Bartonella, and viruses such as EBV, CMV and herpes viruses, is important.
- PCR & Cellular DNA Testing: These tools look directly for the genetic material of the bacteria rather than waiting for an immune response.

Once investigations have established the presence of an infection, treatment is aimed at either an acute infection or a chronic (long-standing) condition and involves reducing systemic inflammation, enhancing immune response and detoxification pathways.

Controversy 2 – Treatment

Conventional treatment for acute Lyme is antibiotics and it is the best option unless antibiotics have failed, and/or are contraindicated.

In the case of chronic Lyme or coinfection, treatment has to start with options to reduce symptoms. This generally involves more naturopathic approaches as far as researchers in the USA and Europe are concerned, but these methods are not accepted in the UK. That said, if active infection is identified, antibiotics, with protective support, are considered by doctors on both sides of the fence.

Most controversially, due to a lack of research more than a lack of evidence, are various herbal combination courses and therapeutic approaches using treatments, such as hyperbaric oxygen therapy, heat and photodynamic therapies, as well as prescription-only, off-licence options such as intravenous high-dose vitamin C, methylene blue protocols and others that can be approached. These are even less researched and do not get much appreciation. They are dismissed by conventional sources.

If you would like further information on Lyme testing, my team can send out information on the subject, or, for this and for treatment discussions, you can organise a consultation with me. Please email my team or me at info@drsharmadiagnostics.com with any specific enquiries.

Dr Sharma's next Hale Clinic, London, dates are Thursday, July 16th and Thursday, August 13th, and online or phone consultations can be arranged throughout the week.

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