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The New Great Impostor


Dr. David G. Williams

Last night my daughter asked me to listen to and critique a short speech she had to give for her history class. During her first attempt it was obvious that she had only skimmed the required background reading for the speech. After I "persuaded" her to read the entire assignment, her speech, as you might suspect, took on a whole different meaning. With no disrespect to her teacher, my daughter has come to the unfortunate conclusion—as has most of our society—that history is boring. The idea that if we don't learn from the mistakes of our ancestors we'll be doomed to repeat them hasn't struck a chord with many people these days, obviously. Not only is it apparent when you look at current world events, it's also currently happening in the field of medicine.

In the late 1940s, it seemed the entire medical community had focused its efforts on defeating syphilis, which was spreading at an unprecedented rate throughout the world. Although syphilis had been around for centuries, it wasn't really contained until the use of penicillin became widespread. What complicated matters was the fact that syphilis exhibits periods of active inflammation interspersed with periods of latency, as long as 30 years, where there are no clinical signs of the disease at all. Also, the disease can cause inflammation and destruction of any organ system, mimicking the symptoms and problems of hundreds of different conditions. Based on this last trait, syphilis was given the title of "the great impostor" or "the great imitator" of other diseases.

There's been a very strong effort to contain syphilis during the last half-century, through education of the public and health professionals alike, and great strides have been made. Knowing the specific bacterium that causes the disease, and having the correct antibiotic to eliminate it, have been a godsend. Recently, though, we have seen an increase in syphilis cases directly connected to the spread of AIDS. And while syphilis isn't the threat it once was, a new, even more destructive disease has now acquired the title of "the great impostor." Not surprisingly, it's caused by the same type of bacterium as the one that causes syphilis.

The new "great impostor" is Lyme disease. And, as with syphilis, Lyme is caused by a spirochete, or corkscrew-shaped bacterium. (The spirochete associated with Lyme is *Borrelia burgdorferi* [*Bb*], named after its discoverer, Dr. Willy Burgdorfer of the National Institutes of Health.) Unlike syphilis, however, Lyme can't be cured with a simple dose of penicillin. The spirochetes of Lyme can worm their way into muscles, tendons, and practically every organ in the body. Once imbedded, they can quickly begin to wreak havoc. And, as the latest research has shown, they can dramatically change their shape to avoid detection by the body's immune system. *(Cell Wall Deficient Forms—Stealth Pathogens* by Lida Mattman*)*

Most antibiotics work by destroying the cell wall of bacteria. The *Bb* bacterium of Lyme, however, can exist without the cell wall typically characteristic of other

In This Issue

You will observe with concern how long a useful truth may be known and exist, before it is generally received and practiced on.—Benjamin Franklin

forms of bacteria, which makes most antibiotics useless against Lyme. Apparently the bacteria can also change forms to avoid detection when confronted by components of your immune system or various antibiotics, and then turn back again when a threat to their survival is no longer present. These unusual properties of *Bb* have caused an unprecedented amount of confusion in the medical community—and within the public as well.

Some are now calling Lyme the most over-diagnosed disease of our time, while others are claiming that it is the most under-diagnosed. The truth of the matter is that Lyme is far more widespread than has been reported, and hundreds of thousands of people are suffering needlessly due to misdiagnoses and the treatment prejudices of many doctors, the government, and the insurance industry. This is certainly one case where you don't want to be a victim of history repeating itself; that is, where you suffer needlessly or die prematurely from a lack of information. You need to be fully aware of just how serious the problem is and exactly what steps you can take to protect yourself and your family today.

Lyme was first identified in 1975 in the rural community around Old Lyme, Connecticut, after a large number of children there mysteriously developed large-joint arthritis. It took about seven years of investigative work before Dr. Burgdorfer found the spirochete from the genus *Borrelia* living in the gut of local ticks, and linked it to the disease.

The particular ticks (*Ixodes*) in the area are known to feed on the blood of birds, mice, and deer, and until recently were thought to be the only carrier of the infectious spirochete. In fact, many doctors are still under the impression that one has to be bitten by a tick to contract Lyme, and this misconception has contributed to the confusion.

When the Definition Is the Problem

Part of the problem stems from an issue involving the Centers for Disease Control and Prevention (CDC). I won't get too technical here, but, once you see where the confusion is coming from, it's easy to understand why Lyme is so under-reported and going untreated in this country.

To help monitor the spread and number of Lyme cases, the CDC put out what is called a surveillance case definition. Their "definition" of Lyme was based on the early findings, and hasn't changed since that time. Although doctors are now required to report any confirmed cases of Lyme, most doctors feel the patient must meet the criteria of the early CDC definition for a diagnosis of Lyme to be made.

These criteria include such things as: the illness only comes from ticks; patients would have had to come from or visited areas where animals have been shown to be infected; and patients should have experienced the characteristic "bull's-eye" pattern of inflammation that forms around the tick bite. The CDC definition was never meant to be used as a check-list for clinical diagnosis of Lyme, but, unfortunately, that is exactly what has happened.

Since the CDC's definition was developed, research has emerged showing that many of the initial assumptions concerning Lyme were wrong. For example, we now know that the bull's-eye pattern, originally thought to be the definitive diagnostic sign, may occur in only one-fifth to one-half of those patients.

More than One Way to Spread Disease

More importantly, it has now been shown that ticks are not the only way the spirochete can be spread. When I first learned about the disease, I wasn't personally concerned about it to any great

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degree. After all, the domain of the particular tick known to carry the spirochete was an area in which I spent very little time. I was more at risk for contracting malaria or some other jungle-associated ailment. But newer research indicates that ticks may be the least of our worries when it comes to contracting Lyme.

Researchers and doctors I've spoken with have now found live spirochetes of Lyme in fleas, mites, and mosquitoes. And although it was first thought the disease couldn't be transmitted directly from human to human, the live spirochetes have now also been found in blood, urine, tears, semen, breast milk, cord blood, and vaginal secretions.

Doctors who specialize in treating the disease are convinced it can be passed from one infected person to another by several means, particularly through repeated sexual contact and passage through the placenta in the womb. *(Rheum Dis Clin North Am 89;15(4):657-77)* Given Lyme's syphilis-like nature, this shouldn't be such a surprise.

Even the CDC has now admitted what researchers found years ago, that *Bb* bacteria survive the purification process of donated blood and could be passed through blood transfusions. *(J Infect Dis 90;162(2):557-9) (Transfusion 89:29(7)646-5)* And, as if that weren't alarming enough, there's even a possibility that our food supply could be a source of the spirochete. Researchers at the University of Wisconsin have found dairy cattle infected with the *Bb* bacterium, which raises the question of whether milk or other products in our food chain may be a danger. *(Am J Vet Res 94;55(9):1228-31) (Int J Food Microbiol 91;14(3-4):247-60)*

Testing, Testing, ...

Even the standard blood tests recommended to diagnose Lyme are in question. The most widely used is called the Western Blot test. It checks to see if your body is making specific antibodies to fight various proteins on the *Bb* organism. As I described earlier, however, if the organism has changed forms or is "in hiding," or if your immune system is not putting up a good defense, there may be little, if any, indication from the test that you are infected with the organism.

Many doctors unfamiliar with Lyme also don't realize that if the patient has been taking steroids, antibiotics, or anti-inflammatory medications (even over-the-counter drugs like ibuprofen or naproxen) the Western Blot test can provide false-negative results. To get an accurate reading, patients should be off all medications of these types for at least six weeks—and some are saying for as long as six months—before the test.

Doctors are finding increasingly often that Lyme infections can exist without any symptoms until the patient suffers from some traumatic or stressful event. This event could be mental stress or a physical injury or accident. With a relative of mine, a normal pregnancy happened to be the triggering event.

Diagnosing Lyme has also been complicated by the fact that, in many chronic cases, patients are infected with other pathogens in addition to *Bb*—two in particular. One is a bacterium called *Ehrlichia phagocytophila*, and the other is a protozoa, similar to the malaria organism, called *Babesia microti*. Both of these others are also carried by *Ixodes* ticks.

Name That Disease

The problems and symptoms associated with Lyme, the new "great impostor," can mimic over 350 different medical conditions. Doctors learned this fact by watching many of these problems and so-called "incurable" diseases disappear miraculously, sometimes within only 24 to 72 hours after treating their patients for Lyme.

I obviously can't list all 350+ conditions here, but, after reading just a few, you'll see how widespread the problem of Lyme has become: amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease), Parkinson's disease, Alzheimer's disease, multiple sclerosis, Bell's palsy, chronic fatigue syndrome, peripheral neuropathy, fibromyalgia, schizophrenia, irritable bowel syndrome, coronary artery disease, heart failure, heart palpitations, attention deficit disorder, chronic pain syndromes, sleep apnea, mitral valve prolapse, endometriosis, polycystic ovary syndrome, Ménière's disease, esophageal reflux, gallbladder inflammation, and various autoimmune diseases such as rheumatoid arthritis, Sjögren's syndrome, lupus, and scleroderma. Lyme can even cause SIDS, if the mother was infected early in her pregnancy.

After reviewing this list, it's easy to see how the true incidence of the disease could be under-

reported. It's no wonder that Lyme has been misdiagnosed in so many cases.

Keep in mind that the spirochete associated with Lyme can burrow into every tissue and organ in the body, causing widespread inflammation and destruction. Over time, it diminishes your immune system's ability to mount a proper defense, which opens the door to other pathogens—like those I've mentioned above. Additionally, each of these pathogens releases powerful neurotoxins that tend to gravitate toward the fat molecules that make up nerve and brain cells. This tendency helps explain problems like extreme pain, headaches, sudden deafness, reflex problems, and muscle weakness that many Lyme patients experience when their first bout of symptoms appears, as well as the more severe neurological problems that follow.

The CDC reports that there were just 17,730 reported cases of Lyme in 2000. In 2002, that number only went up to 23,763, bringing their total to just over 157,000 cases since 1982, when their national surveillance program was initiated. *(MMWR 52(31):741-750)*

Doctors on the front line fighting the disease feel that these numbers are unrealistic, and that the real number of new yearly cases could be as high as 200,000, with as many as 20 million people in this country currently infected. Even the CDC admits that their estimate of 157,000 is probably only one tenth the true figure. *(MMWR 49(SS03):1-11)* I don't know the real figure. I don't think anyone does at this stage. I suspect, however, that the number could be in the millions. Fortunately, there are solutions to the problem, natural ones in fact, and the sooner the infection is detected and treated, the better.

A Tick-lish Situation

Ticks may not be the only method of contracting the disease, but they are still an issue. Northeastern and North-central states report the highest incidence of tick-related infections, but reports coming out of California show that the incidence of tick-related infections is just as high in some northern areas of the state. And almost every state now has documented, tick-related cases of Lyme.

If you intend to hike or spend time in wooded areas, it would be wise to use a DEET-free insect repellent such as Shoo-Bug on your clothes. It's also wise to check for ticks after your hike, but keep in mind that the ticks carrying Lyme can be as small as the point of a pencil and very hard to find. If you do find a tick, remove it with tweezers by grasping the jaw area and pulling it straight out. Place the tick or ticks in either a glass jar or resealable sandwich bag, date it, and put it in the freezer. Don't contaminate the tick by adding alcohol, insecticides, or petroleum jelly, or burning it with a match. The tick can be checked later for infection, but only if it is uncontaminated.

Generally the tick needs to remain attached 12 or more hours before it can pass on the infective material, so check yourself and remove the tick as soon as possible, and treat the skin around the bite with alcohol.

The following are signs and symptoms to watch for after either a tick bite or a suspected infection from Lyme.

- From 3 to 30 days afterward: the bull's-eye rash at the site of the bite (in maybe half of the cases); fever; chills; headache; muscle and/or joint pain; fatigue.
- From days to weeks afterward: multiple rashes; facial paralysis (Bell's palsy); stiff neck; fever; headache; weakness, numbness, or pain in the arms or legs; irregular heartbeat; weakness and fatigue.
- Weeks to months afterward: arthritis in the lower joints (usually the knees); nervous system problems.

It's important to remember that not all ticks carry Lyme. Also, the symptoms will vary from person to person. Some people may even be totally asymptomatic until, as I mentioned earlier, some stressful or traumatic event lowers their immune capabilities. There are several reasons the reactions to the disease may be different for different individuals. These include such factors as:

- The initial dose exposure to the pathogen. Increased exposure to the Lyme pathogens from repeated sexual contact, multiple tick bites, etc., places a greater burden on the immune system.
- The strength of the immune system. The elderly, the young, and those who are frail or

weak to begin with will obviously have a more difficult time dealing with the problem.

- Physical and mental stress levels, and
- The body's detoxification capabilities at the time of exposure.

Your detoxification ability is a primary factor in all diseases. I've repeatedly stressed the importance of maintaining good bacterial flora in the lower bowel through the use of probiotics and fermented foods. Research has shown the bacterial flora in the bowel acts like a "secondary immune system" by helping destroy competing pathogens and detoxifying waste products. Proper liver function and adequate levels of glutathione are also crucial to good health. If you recall, lowered glutathione levels accompany, and probably precede, every known disease. I strongly feel that your glutathione levels are a direct "chemical marker" for aging and overall health. I can't stress enough the importance of increasing your glutathione levels through the consumption of cruciferous vegetables, the regular use of whey protein powder, and supplementation with N-acetylcysteine. (500 mg of NAC a day is an excellent dosage. One of my favorite sources continues to be Jo-Mar Laboratories at 800-538-4545. Whey protein is available from Wholesale Nutrition, at 800-325-2664.) Taking these steps will help prevent and/or treat many diseases, not just Lyme.

So far, I've primarily focused on the tick-bite scenario of contracting Lyme, but knowing what I now know, I would suspect Lyme in practically any disease process that seemed to appear suddenly—especially following a stressful or traumatic event. If you have suddenly been "struck" with ALS, Parkinson's, Alzheimer's, rheumatoid arthritis, or any other problem I mentioned earlier, it might be wise to get checked for Lyme. Unfortunately, checking for Lyme isn't as simple as it should be.

Finally, a Test that Works

The conventional tests for the disease involve the Western Blot, which has the problems I mentioned earlier, and another called ELISA, which many doctors still use even though it is very unreliable and may miss as many as 75 percent of Lyme infections. Doctors specializing in the treatment of Lyme, however, utilize a combination of Western Blot testing, physical examination, tests for other related pathogens, and often a new test developed by researchers Dr. Joanne Whitaker and Eleanor Fort. The test, which checks various body fluids for the presence of the *Bb* pathogen, is highly accurate and can provide results within 20 minutes.

This new test is called Q-RIBb, and is available only by a doctor's request through the Bowen Research and Training Institute at 727-937-9077. You can get more information on their Web site at *www.bowen.org*. (The test costs $150 or $250, depending on the sample used.)

Don't be surprised if your insurance company refuses to cover the Q-RIBb test or the proper treatment for Lyme. In fact, many insurance companies are using the CDC surveillance guidelines to help side-step paying for the proper diagnosis and treatment of Lyme. Those that do pay often limit payment to 30 to 60 days of antibiotics, which, in most cases, is totally inadequate. It's apparent that insurance companies are starting to realize the widespread problems that can be associated with Lyme and are setting up roadblocks to reduce their financial exposure. This course of action will undoubtedly become a major issue in the months and years to come as the public begins to realize we're in the midst of a Lyme epidemic.

Our federal government is aware of the problem, and is trying to take steps to remedy the situation. A US Senate committee report states,

> The Committee recognizes that ***the current state of laboratory testing for Lyme is very poor.*** The situation has led many people to be misdiagnosed and delayed proper treatment. The ramifications of this deficit in terms of unnecessary pain, suffering and cost is staggering. The Committee is distressed in hearing of the widespread misuse of the current Lyme surveillance case definition. While the CDC does state that "this surveillance case definition was developed for national reporting of Lyme: it is NOT appropriate for clinical diagnosis," the definition is reportedly misused as a standard of care for health care reimbursement, product (test) development, medical licensing hearings, and other legal cases. *(Senate Appropriations Report (S.1536, SR.107-84))*

For those specializing in the treatment of Lyme, the current therapy consists of antibiotics, either oral (such as Biaxin or Zithromax) or intravenous

(such as Rocephin); these are often combined with an anti-protozoal medication (such as Mepron).

Unfortunately, many Lyme specialists are now being harassed by medical boards and insurance companies across the country. They are being accused of over-diagnosing the condition, treating the disease too aggressively, and overusing antibiotics. Several practitioners have either lost their licenses to practice or had to close their clinics. The doctors who continue to properly treat Lyme are being swamped with patients.

I'm afraid the situation will continue to worsen over the next few years. Long-term use of these medications is expensive, particularly when used intravenously. Even the insurance companies that cover the treatment often limit the use of these drugs to 60 days or so, but to completely rid the body of the Lyme spirochete and other pathogens can take 8 to 16 months of continuous use. An inadequate treatment period is one of the primary reasons for the characteristic relapse of Lyme patients and those who continue to suffer from "chronic Lyme."

Finally, a Solution that Works

Although I don't recommend treating yourself for Lyme, it might be the only option for many people if things don't improve and this horrendous epidemic continues. Fortunately, there are currently some very effective natural alternatives that have been shown to eliminate the Lyme spirochete when used alone or in conjunction with the antibiotic and anti-protozoal medications.

One recent study showed that a particular extract of the Peruvian medicinal plant commonly known as cat's claw (*Uncaria tomentosa*) was actually more effective than antibiotic therapy in eliminating the Lyme spirochete.

The six-month study consisted of 28 patients and was conducted by US cardiologist Dr. William Lee Cowden. All of the individuals were suffering from advanced chronic Lyme, and tested positive for the Lyme spirochete *Bb* using the Western Blot test. Half the individuals were given the conventional antibiotic therapy and half were given the specific cat's claw product.

At the end of the six-month study, three in the antibiotic group showed slight improvement, three were worse, and the rest remained the same. All of those in the cat's claw group experienced a dramatic improvement, and 12 of the 14 tested *Bb* negative at the end of the study. *(Presentation at The International Symposium for Natural Treatment of Intracellular Microorganisms, Munich, Germany, March 29, 2003)*

The particular product used in the study is marketed under the Samento label by NutraMedix, at *www.nutramedix.com*, or 800-730-3130. Their product is different from other cat's claw products because it is devoid of certain chemicals called tetracyclic oxindole alkaloids (TOAs) that can be harmful to the human central nervous system and negate the positive effects of the herb. I don't want to confuse you (or me) by getting too technical, but it's extremely important that you're very specific in choosing the right cat's claw product if you want to successfully treat Lyme. The only product I can recommend for Lyme is this TOA-free cat's claw product. (By the way, I have no financial interest in this product. I just believe it's the one to use. And the company has told me they will offer free shipping on any orders placed with them through their Web site.)

This special form of cat's claw currently comes in either a liquid extract or capsule form, though the company is phasing out the capsules. The dosage being used successfully for Lyme is generally 5 drops added to 4 ounces of water and taken three times daily [a total of 15 drops daily].) You may have to work up to this dosage.

One good source for Samento TOA-free cat's claw is Vitamin Research Products. You can reach them toll-free at 800-877-2447 or on the Web at *www.vrp.com*. Nutricology is another US distributor, at 800-545-9960 or on the Web at *www.nutricology.com*. Their product is called Prima Uña de Gato.

There are several points to keep in mind when using this special form of cat's claw extract.

In severe infections, it's possible that you may experience what is known as a Herxheimer reaction, which most often consists of flu-like symptoms (chills, fever, fatigue, overall aches and pain, etc.), and may last for a day or a couple of weeks, depending on the severity of the infection and the ability of your body to remove toxins. It happens when the pathogens (spirochetes, bacteria, etc.) die in large numbers and then release their toxic waste into your system. You can help minimize these toxic effects by getting lots of rest, drinking

plenty of water, making sure your bowels are moving regularly, and using supplements that support the liver and aid in detoxification, such as NAC and milk thistle extracts. It also helps to eat plenty of fruits and vegetables to help keep your pH in balance. If your reaction to the released toxins is too great, you can always reduce the dosage, then gradually work it higher over a week or two until the reaction begins to stabilize.

Cat's claw can lower both blood sugar levels and blood pressure. If these are problems, you may need to monitor them more closely.

Cat's claw also stimulates the immune system and helps it work more efficiently, so it shouldn't be used if you're taking immunosuppressant drugs (to prepare for organ or bone marrow transplants).

I would also suggest checking with your doctor if you are pregnant or want to give the herbal extract to small children.

As I mentioned earlier, getting rid of the Lyme spirochete is a major undertaking. The bacterium has the ability to transform itself when under attack, and hides throughout the body, including in the fat cells of nervous tissue. The spirochete goes through different growth and development stages. To completely eliminate it from the body, you will probably have to keep taking the cat's claw for at least a couple of months after all your symptoms have cleared. It is not unusual to continuously take the supplement for as long as 8 to 16 months. If you stop too soon, there's a greater likelihood of experiencing a relapse. The Q-RIBb test can confirm that the *Bb* is truly gone from your system.

Alcohol can depress immune function, so avoid alcohol consumption during treatment.

I would also avoid products containing the sweetener aspartame (NutraSweet). Some researchers now feel that aspartame impedes the removal of the *Bb* spirochete and allows it to remain "locked" in the body tissues. I've only heard first-hand reports and observations from doctors treating Lyme, and don't have any firm research to support this theory, but aspartame does seem to interfere with the process, and I'm certain it doesn't help matters.

Cat's claw has been used for centuries throughout South America, particularly by the Amazonian tribes. Researchers have discovered numerous compounds that account for its effectiveness at treating a wide range of digestive disorders, including such problems as ulcers, colitis, diverticulitis, and hemorrhoids. It has also shown the ability to reduce inflammation, blood pressure, blood sugar levels, and cholesterol levels. It is considered quite safe.

Cat's claw also contains significant amounts of a family of compounds called quinovic acid glycosides, making it a very important tool for the elimination of many of the opportunistic pathogens associated with Lyme, as well as the *Bb* spirochete. (These compounds just happen to belong to the same family from which the potent antibiotic Cipro was developed. Cipro, as you may recall, was the drug of choice during the anthrax scare not too long ago.)

Some doctors, however, have found that the cat's claw doesn't always take care of the protozoan pathogen *Babesia* that I talked about earlier. So in addition to prescribing the cat's claw I've mentioned, and other items, some doctors are seeing their very best results after adding the herbal extract artemisinin—an extract of Chinese wormwood that has been used for decades to treat malaria. I first wrote about artemisinin over 14 years ago. The recommended dosage when used in conjunction with Lyme treatment is 1 capsule (100 mg) taken three times a day by itself without other medications or supplements. Artemisinin is available from Nutricology, at *www.nutricology.com,* or 800-545-9960.

The natural products I've mentioned are being used successfully by some doctors in place of the conventional antibiotics and anti-protozoal drugs, while other doctors use them along with mainstream therapies. Being able to test for the different pathogens makes it easier to demonstrate what treatment works best for an individual.

Knowledge Is Your Key to Recovery

I've seen several reports on the growing Lyme problem over the last several years, but it wasn't until a few months ago, when I started talking to individuals suffering from the problem, and to doctors treating the illness, that I realized just how serious the problem was. It got even scarier when I began to dig deeper and deeper into the research. I'm convinced we have a true epidemic on our hands, and very little is being done to stop it.

Several million people in this country are suffering from the effects of Lyme, but have never been diagnosed as such. It's a very frightening situation.

I've been very concerned about the increases we've seen in dozens of diseases that used to be considered extremely rare. The incidence of diseases like ALS, Parkinson's, Alzheimer's, fibromyalgia, chronic fatigue syndrome, rheumatoid arthritis, and others seem to be increasing more and more every day. I still believe changes in our food supply, exposure to pesticides and herbicides, and many other factors are contributing to the increase, but it's often hard to make a direct connection. After a closer look at Lyme, the new "great impostor," the connection becomes increasingly clear—particularly when you compare it to its older cousin, syphilis.

We have a huge, unrecognized threat spreading quickly and silently among us. If you have the least amount of doubt about what I'm saying, I would encourage you to visit one of the doctors in your area that specializes in treating Lyme. Talk to any one of the dozens of patients desperately trying to get in to see the doctor. Two things will become obvious. One, the clinic will be packed. And two, the patient's stories will be the same—normal people with normal lives suddenly struck with some mysterious, often life-threatening illness that no one seems to be able to diagnose correctly.

I'm not trying to alarm you or scare you; far from it. My hope is that you'll be more alert to the problem and realize there are solutions. You need to know why doctors are misdiagnosing the problem, why insurance companies are sticking their heads in the sand, and why record numbers of people are suffering and dying needlessly while bouncing from one specialist to the next searching for answers. Many have been wrongly diagnosed with diseases like ALS and told to go home, get their affairs in order, and wait for death. I don't want that to happen to you.

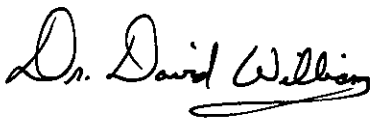
The information on what can be done to eliminate the problem is available, but no one except the handful of survivors and those fighting on the front lines seems to be willing to share it with the general public.

Professional Help Is Crucial

Under ideal circumstances, treating Lyme should not be considered a "self-help" situation. I'm not advocating that. In fact, being able to monitor the situation with tests like Dr. Joanne Whitaker's is invaluable. Having the guidance of a doctor who is familiar with the disease can also be essential. Those treating Lyme on a daily basis are better able to include new knowledge about Lyme in their treatment recommendations. And those who see more patients will be more experienced in tailoring the treatment to the individual, and monitoring results.

To find a doctor in your area that is "Lyme literate," call the Lyme Disease Association's toll-free information line at 888-366-6611. They are a non-profit organization that provides information on Lyme and its treatment, and referral to doctors in various areas of the US. They don't send out the names of the doctors by mail or list them on their Web site, so you'll have to call and leave your name and number so someone can contact you directly. They also have a wealth of information on Lyme on their Web site at *www.lymediseaseassociation.org.* Another excellent Web site for information on the disease (not for referrals) is that of the International Lyme and Associated Diseases Society at *www.ilads.org.*

Take Care,



If you have questions or comments for Dr. Williams, please send them to the mail or e-mail addresses listed to the right. Of course, practical and ethical constraints prevent him from answering personal medical questions by mail or e-mail, but he'll answer as many as he can in the Mailbox section of *Alternatives*. For our part, we'll do our best to direct you to his issues, reports, and products related to the subject of your interest.

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