

# Lyme and Post-Lyme Syndrome: Forensic Case Study from New York

By Simon Yu, MD

Who else committed the crime of Post-Lyme? The [Integrative Medicine for the Treatment of the Tick-borne Diseases](#) Conference will be held in Baltimore on April 20-21, 2018, and the Lyme Disease Association of Delmarva invited me to give a talk. I told them I do not treat Lyme disease, I am not Lyme-literate, nor specialized in Lyme disease, in tick-borne disease. They may not like what I have to say, and may be asking the wrong person to give a talk.

The Association asked me to give a lecture on parasites in the context of Lyme and Tick-Borne Diseases. I told them I am not a parasitologist, but I have written many articles on parasites based on my military experience. As long as they understand that, I will give a lecture on parasites, but also on hidden dental infections that can mimic Lyme disease.

I had a similar experience with the International Lyme and Associated Diseases Society (ILADS) a few years ago, when a board member inquired about giving a talk at their conference. I told him about my perspective on Lyme disease in my book, [Accidental Cure: Extraordinary Medicine for Extraordinary Patients](#), and in my article, "[Lyme Disease Under the Limelight: Are the Diagnoses Misleading?](#)"

I gave him my book to read and said, if he was still interested, I would give my lecture. I am concerned about over-diagnosis of Lyme disease as a default mode based on clinical diagnosis, with too much focus on aggressive antibiotic approaches. This can be a dead-end treatment plan, especially if it misses other contributing factors. He did not call me back.

There is a clear indication to use antibiotics for acute tick bite incidents with associated classic skin lesion of a bull's eye red rash and/or arthralgia and flu-like symptoms after a tick bite. What happens when the symptoms become progressive, and develop into even more weird symptoms after antibiotics? Using more powerful antibiotics may not solve the problem, which is now called Post-Treatment Lyme Disease Syndrome (PTLDS) by the U.S. Centers for Disease Control (CDC), or Complex Lyme Disease.

If *Borrelia burgdorferi* spirochete (Lyme) and co-infections are treated with aggressive IV antibiotics and the patient still has symptoms of Lyme, can we solve the mystery of Post-Lyme Syndrome by applying the analogy of forensic science? Let us investigate what happened after aggressively eliminating *Borrelia* spirochete infection. In other words, who else committed the Crime?

Forensic science is the application of science to criminal and civil laws, mainly during criminal investigation, as governed by the legal standards of **admissible evidence**. Assuming the *Borrelia* is dead, mutated, transformed, or hiding as a cyst form; Lyme specialists look for co-infections as a culprit for persistent post-antibiotic Lyme symptoms, like *Babesia*, *Bartonella*, *Ehrlichia*, *Anaplasmosis*, *Mycoplasma*, and Rocky Mountain Spotted Fever (RMSF).

Let me introduce 60 year old Sharon, a college professor from upstate New York, a classic post-Lyme syndrome patient as a forensic case study. The patient had a tick bite in 2013 and was on doxycycline and initially felt better. In 2014, she was officially told she had seronegative Lyme disease. In 2016, she experienced vision loss with white clouding on her vision, but the eye exam was normal. Since then, she experienced right eye pain, pins-and-needles-like pain, and has seen 13 physicians. She needs to use an eye patch to read, but her eye exam has been completely normal per numerous ophthalmologists.

A spinal tap was done in January 2017 and was positive for *Borrelia*. She was officially diagnosed with CNS neurologic Lyme disease. An infectious disease specialist started her on a 28-day course of IV

ceftriaxone and there was no improvement. She was told her Lyme disease was treated, and she now has post-Lyme syndrome. She experienced persistent tingling arms and legs, incontinence, low back pain, fibromyalgia pain all over, severe fatigue, loss of appetite, weight loss and severe insomnia.

The patient went to a Lyme clinic in Arizona and received a 10-week course of IV antibiotics and six weeks of insulin potentiation therapy (IPT), but developed pancreatitis during the course of treatment. Next she had oral surgery in Colorado for four cavitations and replacement of two amalgams, and “crashed” according to her words. She also had a coffee enema, during which she passed “two different kinds of parasites” - the admissible evidence - and came to see me for parasite problems.

Acupuncture meridian assessment (AMA) showed that 8 out of 40 meridians were out of balance. Her gallbladder, allergy/immunology and small intestine meridians were the dominant problems. She was started on parasite meds: ivermectin, pyrantel pamoate, and praziquantel; followed by anti-fungal meds: fluconazole and itraconazole; and other support therapies.

On her second visit, she reported feeling much better, and all her 40 meridians were balanced. She will be on multiple rounds of alternating parasite/antifungal meds. This is a long process of eliminating several layers of infections - including *Borrelia burgdorferi* and coinfections - with IV antibiotics, dental cavitation (jawbone) infections with oral surgery, and finally, parasites and fungal infections with potent prescribed medications.

It may be premature for me to say she is healing from Post-Lyme Syndrome yet. Time will tell. From the forensic science of who committed the crime, her missing links between Lyme disease and Post-Lyme Syndrome were her dental infections (four jawbone cavitations) and parasites/fungal infections.

It is time to spread knowledge and awareness of [Acupuncture Meridian Assessment](#) (AMA), which provides doctors and dentists an additional tool for connecting the dots on missing “forensic evidence” links: such as dental, parasites and fungal problems. It combines a 5000 year old disruptive technology called acupuncture - part of ancient Energy Medicine – with modern digital bioresonance technology. Physicians, dentists and prescribing professionals who would like to learn more about [Acupuncture Meridian Assessment](#) can register for [AMA Training](#), April 27-29 or August 24-26, 2018, in St. Louis.

Keynote speakers at the [Integrative Medicine for the Treatment of Tick-borne Diseases](#) include Neil Nathan, MD, Julie McIntyre, herbalist, Ann Corson, Thomas Moorcroft, DO, Rosalie Greenberg, MD, Kristine Gedroic, MD, Simon Yu, MD and Edward Breitschwerd, DVM. If you are interested in attending the conference, [register](#) or contact: [delmarvalyme@yahoo.com](mailto:delmarvalyme@yahoo.com). Please share this information with Lyme, Post-Lyme, and forensic minded patients, medical professionals, individuals and groups.

Dr. Simon Yu, M.D. is a Board Certified Internist. He practices Internal Medicine with an emphasis on Integrative Medicine to use the best each has to offer. For more articles and information about integrative medicine as well as patient success stories, and Dr. Yu’s revolutionary health book, [Accidental Cure: Extraordinary Medicine for Extraordinary Patients](#), visit his website at [www.PreventionAndHealing.com](http://www.PreventionAndHealing.com) or call Prevention and Healing, Inc., 314-432-7802. You can also attend a free monthly presentation and discussion by Dr. Yu on Integrative Medicine at his office on the second Tuesday each month at 6:30 pm. Call to verify the date. Seating is limited, arrive early.



**Simon Yu, M.D.**  
**Prevention and Healing, Inc.**  
**St. Louis, MO**  
**314-432-7802**  
[www.preventionandhealing.com](http://www.preventionandhealing.com)



***Weaving Internal Medicine with Integrative Medicine to Use the Best Each Has to Offer***