For so long, I've wanted to bring the truth about Lyme disease to the public.

Yet even now, after decades of helping people recover from Lyme, I'm almost reluctant to write this chapter. That's because Lyme comes with so much baggage—suitcases filled with mistaken theories, clinical misjudgments, and trendy misconceptions.

What I'm about to reveal could cause controversy. That's not what I'm after. I just want people to understand what Lyme disease really is, and how they can get better from it. I've been working and waiting patiently, teaching so many practitioners and clients about Lyme, all the while hoping that medical research would uncover the truth. But another year goes by, and another, and medical communities just follow more false leads.

No one has decades of their life to waste while they wait for answers about why they're ill.

If the real story doesn't surface soon, before Lyme disease gets to the next level, the truth will never have a chance to reach people. We are headed to the point in the next two decades where anyone who has a set of symptoms associated with rheumatoid arthritis, multiple sclerosis, fibromyalgia, chronic fatigue syndrome, Epstein-Barr virus, adrenal fatigue, intestinal tract disorders, or thyroid disorders will be tested for Lyme disease with fallible tests—and told they have Lyme.

To understand the Lyme confusion out there, imagine a snowball. Many years ago, it started rolling down a mountainside, getting bigger and bigger. Soon it started to engulf trees, wildlife, telephone poles, cabins—anything in its wake—picking up speed along the way. With enormous, almost unstoppable momentum gained from ignorance and confusion, it has swallowed up well-meaning practitioners
and those who suffer from its symptoms—and it just keeps going. Now it’s poised to set off an avalanche on the town of humanity.

The easiest thing for me to do would be to stand out of the way. But that’s not how I work.

For the sake of the millions of people who could get swallowed up by the Lyme madness over the next 20 years—our daughters and sons, and the new generations of practitioners, doctors, and healers who will continue to operate with outdated hypotheses—I must do what I can to prevent the avalanche.

In this chapter, you will learn the truth about Lyme disease—and you’ll learn how to protect yourself from the Lyme trap of the 21st century.

A LOOK BACK

Let’s travel back in time for a moment to November 1975, when “several cases of arthritis in Lyme children” were first reported to the Connecticut State Department of Health. This referred to residents of Old Lyme, Lyme, and East Haddam, Connecticut—the area that gave Lyme disease its name.3

First let’s remind ourselves of the technology back then: rotary phones on the kitchen wall, no such thing as voice mail, and Sony was just releasing its first VCR for sale in the United States. In the medical world, kids were getting their tonsils plucked out as if they were apples on trees, with no understanding of the underlying cause of tonsillitis. Even today, there’s no clinical understanding of what’s behind tonsillitis. While technology has made leaps and bounds, advancements in chronic and mystery illness have been at a near standstill. The symptoms that children and a few adults in the Lyme area started to experience—chronic fatigue, headaches, joint pain, and so on—were symptoms that had been seen for decades in every other town in Connecticut, not to mention every state throughout the entire country. Yet somehow in this area around Lyme, the illness was treated as something new and unrecognizable. Doctors, researchers, and townspeople began looking for a culprit—and landed on the deer tick, because one of the patients reported seeing a tick a few weeks before he fell ill. That’s like a train derailing for reasons unknown, and a
passenger mentioning a deer he saw grazing 50 miles back. The clues don't add up in either scenario. Even though no one could explain why a tick would give someone Lyme disease, a 17th-century-style witch hunt began. Based only on rumor, deer and the ticks that lived on them became the targets.

In 1981, an entomologist announced he'd discovered the missing link—a bacterium named *Borrelia burgdorferi* that the ticks passed along to humans through their bites. He was lauded for his discovery, which led to a series of bacteria-focused tests and treatments for Lyme disease.

It was the perfect "out" for medical authorities. No one liked ticks anyway, and the theory of a tick-borne illness fed into the fear of nature already present in society. Medical authorities felt they could give up on digging for the answer.

Unfortunately, all these "discoveries" were wrong.

This is what you won't hear anywhere else: Lyme disease is not caused by ticks.

And Lyme disease is not caused by *Borrelia burgdorferi* bacteria.

When the research was taking place in the 1970s and 1980s, you'd suppose researchers would have realized the problem was happening nationwide—and globally. And today, you'd think someone would wake up and realize that hundreds of thousands of people who have never been near a deer tick receive Lyme disease diagnoses.

As for *Borrelia burgdorferi*, it's a normal part of our environment that's carried by every human being and animal on this planet—including entirely healthy ones. Truth is, this bacteria poses no health risk . . . and has zero connection to Lyme disease. If someone with Lyme disease tests positive for *Borrelia burgdorferi*, it's meaningless.

Nonetheless, virtually all the efforts of medical communities for the past decades to devise methods of diagnosing and treating Lyme disease have been based upon the false premise that it's caused by ticks and bacteria.

When a mistaken theory starts to take on a life of its own, no one's going to want to admit the mistake and disprove it. It's the equivalent of building a house using a poorly drawn set of blueprints. A worker might recognize an issue with the plans, but second-guess himself because he doesn't want to cause a problem or jeopardize his
job. In this situation, no matter how skilled the builders you hire, and no matter how intricate and beautiful the decorations, the first strong wind that comes along will blow the house down.

Similarly, medical communities' acceptance of false assumptions in the 1970s and 1980s has resulted in untold misery for patients who not only aren't helped, but in many cases are gravely harmed by well-meaning doctors acting on tragically inaccurate information.

Something else medical communities don't know is that there are multiple reasons that people experience symptoms associated with Lyme disease. The earliest version, which dates back to 1901, produced relatively mild symptoms. The disease mutated into more varieties and strains by the 1950s. It then began mutating into even more aggressive varieties, which leads us to the Lyme symptoms of the 1970s.

By that time, the disease had actually been disrupting the lives of people worldwide for nearly 60 years, with its symptoms always attributed to other illnesses, or simply considered "a mystery."

We still deal with these ailments today, and have names now for many of them, including chronic fatigue syndrome; fibromyalgia; Epstein-Barr virus; multiple sclerosis; ALS; thyroid disorder; lupus; Parkinson's, Crohn's, and Addison's diseases; and many more. Yet they still cause widespread puzzlement and often account for Lyme diagnoses.

LYME DISEASE SYMPTOMS

The confusion about Lyme disease symptoms is vast. At this point, every autoimmune disease or mystery illness in this book and in existence has symptoms that have been linked to Lyme disease.

If you visit a Lyme specialist with any symptoms, or even a diagnosis, of MS, lupus, fibromyalgia, RA, CFS, or ME/CFS—we’re talking mild to extreme and/or persistent fatigue; muscle pain, weakness, twitching, or spasms; restless leg syndrome; mental fog; joint pain or swelling; or tingling in the hands and feet—you could be deemed to have Lyme whether tests come back positive or negative. Yet if you visit a doctor who doesn’t focus on Lyme, you may get a totally different diagnosis. It all has to do with where the doctor’s interest and attention lies.
I often tell my clients that visiting a Lyme specialist is like visiting a broom store—without realizing all they sell is brooms. You tell the clerk that you need supplies to scrub your shower tiles, clean up spills in the kitchen, and get rid of the streaks on the living room windows. It won't matter that all these tasks are beyond the scope of what the store sells; you'll walk out carrying a broom.

WHAT LYME DISEASE REALLY IS

As mentioned previously, medical communities originally believed that Lyme disease was caused by a bacterium named *Borrelia burgdorferi* transmitted by a bite from a deer tick.

Recently, doctors and researchers have started to realize they may have focused on the wrong bacteria for the last three and a half decades. New patients are now hearing about different decoy bugs such as *Bartonella* and the microscopic parasite *Babesia*. And the new patients aren't being told about the long road others have been down with the *Borrelia* tag, about the traps along the way. They don't have the benefit of that perspective.

You should know, by the way, that *Bartonella* and *Babesia* are also harmless, and most of us carry them. They're once again bait-and-switch theories that promise an answer but deliver only conjecture. In case you're wondering, *Bartonella* and *Babesia* have yet to be clinically found in a tick.

Truth is, Lyme disease isn't the result of ticks, parasites, or bacteria. Lyme disease is actually *viral*—not bacterial or parasitical. When medical communities finally awaken to this fact, there will be hope for Lyme patients.

The true cause of what's being called Lyme disease varies in each individual. People who have different varieties of Epstein-Barr can have Lyme symptoms, as can people who have HHV-6 and its various strains. People who carry any of the different strains of shingles can exhibit Lyme symptoms, with the non-rashing varieties causing the most severe cases, including symptoms such as brain inflammation and other central nervous system weaknesses. It's the same for any number of viruses. So many Lyme patients' blood work also tests positive for EBV or cytomegalovirus—and so many patients have viruses
that don’t even show up in tests. Any of the more aggressive varieties of these viruses can be behind a patient’s Lyme symptoms. All the viruses I list above are in the herpes family and can cause fever, headaches, joint pain, muscle pain, fatigue, neck pain, burning nerve pain, heart palpitations, almost any neurological symptom, and/or other symptoms that doctors think of as so-called Lyme disease. They can dramatically decrease a patient’s quality of life and pose serious challenges if not properly treated.

Even if you’re experiencing symptoms of any number of these viral infections, you might be able to avoid experiencing a full-blown mystery illness that gets the Lyme disease tag by keeping the virus in a dormant state. And if you’re already suffering from more severe symptoms tagged as Lyme, there’s a great deal you can do to combat and overcome the illness.

HOW LYME DISEASE IS TRIGGERED

If you’re experiencing an onset of viral infection and your immune system is unusually weak, you can come down with Lyme symptoms in a matter of days. Much more typically, however, you’ll carry a virus without knowing it’s in your system for years—possibly even decades—before it strikes.

Any number of the viruses we’ve talked about tend to hide in your liver, spleen, small intestinal tract, central nervous system ganglia, or other areas where they can’t be detected by your immune system. A virus can bide its time until some traumatic physical or emotional event, poor diet, or other trigger (which you’ll read about shortly) weakens you and/or provides an environment that makes the virus stronger. It then emerges to inflame your central nervous system—which weakens your immune system’s ability to fight it off.

For example, if you accumulate a heavy metal such as mercury in your system, it will poison you and impair your immune system. At the same time, a virus that can cause the Lyme disease symptoms loves heavy metal toxins; they’re favored foods that make it stronger. This double blow triggers the virus to leave its dormant state and begin growing its “army” of virus cells.
As another example, if you experience a death in the family, your stressful and painful emotions lower the defenses of your immune system. At the same time, they cause your adrenal glands to produce hormones that are another favored food for the virus. Severe stress is therefore a very common trigger for Lyme disease.

A tick bite is at the bottom of the list of common triggers—not causes—of Lyme disease, accounting for less than 0.5 percent of Lyme cases.

It's also worth noting that your overall health can play a major role. Even if two people have the exact same type of viral infection and are struck by the same trigger, the one who eats well, exercises regularly, and gets enough sleep might not become sufficiently weakened to activate the virus, while the one who takes poor care of herself or himself might rapidly come down with Lyme symptoms.

Millions of people globally come down with symptoms of Lyme disease due to the following triggers (listed in order of prevalence). All of these triggers can send you doctor-shopping and eventually land you with a Lyme specialist, who, regardless of your test results, may give you the Lyme disease tag—without truly understanding what Lyme even is.

**Most Common Lyme Triggers**

The substances and circumstances below do not create Lyme disease. Rather, they can trigger existing viral conditions that have previously been dormant in the body—viral conditions that surface in the form of the symptoms medical communities collectively call Lyme disease. The triggers are listed in order of prevalence, with the most common at the top and the very least common at the bottom.

1. **Mold**: if you have mold in a home or office, you're spending many hours each day inhaling the fungi. This can wear away at your immune system until a breakdown occurs.

2. **Mercury-based dental amalgam fillings**: if you have old mercury fillings in your teeth (also called silver fillings), a well-meaning dentist may decide to remove them all at once for your safety. That's a mistake. It
overstresses the immune system and should be handled one filling at a time, as the mercury tends to be stable where it is, while there's a strong chance the removal process will end up sending the toxic mercury into your bloodstream.

3. **Mercury in other forms:** mercury from *any* source is poisonous. For example, frequently eating seafood, especially large fish such as tuna and swordfish that tend to contain significant amounts of mercury, can eventually push your immune system past the breaking point and lead to a viral infection. Always be mindful about mercury exposure. Even in today's modern times, we're always vulnerable to coming into contact with it, especially in the medical field. Do your research, and question what's being offered to you, your children, and the rest of your family.

4. **Pesticides and herbicides:** if you have poisons on your lawn or in your garden, or you live near a sprayed farm, park, or golf course, you're spending time every day inadvertently inhaling their fumes. This both damages you and feeds the viral infection with toxins that strengthen it.

5. **Insecticides in the home:** flying bug spray, ant spray, roach spray, and other poisons meant to kill insects end up poisoning you, too, and also fueling viral infection.

6. **Death in the family:** the emotional trauma of losing a loved one both weakens your immune system and strengthens viral infections—which feed on the resulting "negative emotion" hormones produced by your adrenal glands.

7. **Broken heart:** betrayal by a loved one, an unexpected breakup, a messy divorce, or anything that causes similar emotional trauma is a common trigger for viruses.
8. **Taking care of a sick loved one:** again, the emotional trauma both weakens the immune system and strengthens viruses.

9. **Spider bite:** spider bites are actually much more common triggers for Lyme disease symptoms than tick bites, accounting for about 5 percent of cases from this list. If the bite leaves some of the spider's venom in your skin, an infection can result that weakens your immune system. Roughly 1 out of 5 times, it'll also produce a bull's-eye-like red rash.

10. **Bee sting:** like spider bites, bee stings are much more common triggers for Lyme disease symptoms than tick bites, accounting for about 5 percent of cases from this list. If the sting leaves some of the bee in your skin, an infection can result that weakens your immune system. Roughly 1 out of 5 times, it will also produce a bull's-eye-like red rash.

11. **“Virus-friendly” prescription medications:** viruses thrive on antibiotics, which at the same time weaken the immune system. Medications such as benzodiazepines have a similar effect. If you suspect you have a viral infection, see your doctor and reassess the medications you're on.

12. **Overprescribed medications:** even if a medication is necessary for you in moderation, a prescription for too much can throw your immune system off-kilter, opening the door for a viral attack. Or if you have multiple doctors prescribing different medications, they can combine into an overwhelming cocktail for the immune system.

13. **Recreational drug abuse:** illegal drugs that contain toxins can simultaneously throw off your immune system and provide fuel for a viral infection.

14. **Financial stress:** worrying about losing your job, not being able to pay bills, and even possibly becoming homeless can lead to a number of strong negative
emotions—including fear of failure, fear of dying, loss of self-image, stress, and shame—that can weaken your immune system's ability to fend off a viral infection.

15. Physical injuries: if you twist your ankle, are in a car accident, or experience some other physical injury, it can wear down your body to a point where the virus feels emboldened to strike. That's doubly true if you require an operation to fix the damage—because surgery is usually accompanied by antibiotics.

16. Summer swimming: when the weather is warm, red algae can accumulate in lakes or along the ocean shore. The loss of oxygen they create encourages the growth of bacteria, which can weaken your immune system and trigger a virus to come out of dormancy.

17. Runoff: heavy metals and other toxins can run off from old land dumps into nearby lakes, especially during hot summer weather. Swimming in these lakes exposes you to the toxins, and lowers your immune system's ability to fight off viral infection.

18. Professional carpet cleaning: traditional carpet cleaners use chemicals that are highly toxic for you. Plus many carpets contain toxins already, so the “cleaning” is adding poisons on top of poisons. If you spend a lot of time indoors, you'll breathe these toxic fumes for most of each day, which can both weaken your immune system and feed viruses. Avoid this by buying “green” carpets and organic cleaners, and/or by using a modern “green” carpet cleaning service. Even these are questionable. If you're very sensitive, consider removing your carpets.

19. Fresh paint: most fresh paint fills the air with toxic fumes. If you're in a home or office without a lot of circulation, you can end up weakening your immune system and triggering a viral infection.

20. Insomnia: any sleep disorder disrupts your body, which over time can trigger a viral infection.
21. Tick bite: while medical communities are wrong in believing ticks cause Lyme disease, tick bites can be triggers for Lyme symptoms. As with spider bites and bee stings, an attack that leaves some of the creature in your skin can result in an infection, which in turn weakens your immune system. And if you have an underlying virus and the timing is perfect, a bite can be all you need to instigate a breakout of viral infection. This infection has nothing to do with *Borrelia burgdorferi*; *Borrelia* is not the bacterium that's in this infection. Again, contrary to popular belief, the tick is the least common trigger on this list, accountable for less than 0.5 percent of Lyme disease cases.

Even if one of these triggers awakens a dormant virus, it may take a while before the virus completes its war preparations—such as growing an army of “soldier” cells—and launches its initial assault. Not one of these triggers can actually infect you with the viruses that cause Lyme symptoms, nor can they infect you with the various bacteria that are falsely associated with Lyme disease.

If you’re suffering with what doctors call Lyme disease, then chances are you were harboring a virus in your body for years before you got sick. There's a roughly 75 percent chance that one or more of the above triggers occurred within three months to a year of the onset of your symptoms.

**ANTIBIOTICS**

Medical communities’ mistaken belief that Lyme disease is caused by bacteria (and recently parasites) is one of the greatest mistakes in modern medical history. It has kept so many generations dealing with viral infections from getting the true help they need. I call this the Lyme trap.

The way doctors usually deal with Lyme disease is to prescribe antibiotics, because they’re aiming to destroy *Borrelia burgdorferi* and other bacteria such as *Bartonella*, as well as parasites such as *Babesia*—which actually have nothing to do with Lyme disease and aren’t a health threat. *Borrelia, Bartonella, and Babesia* do not attack the central
nervous system, and symptoms of an inflamed central nervous sys-

tem are the number-one issue among all Lyme patients. Until medical 

communities learn this truth, they will continue to prescribe antibi-

otics that yield no positive results and leave a wake of damage. That’s 

not merely ineffective. It’s dangerous.

Powerful varieties of antibiotics hammer a Lyme patient with a 

double blow. And because Lyme patients usually have inflamed neu-

rological systems from viral infections in the herpes family, these 

harsh antibiotics bruise the nerves. Some doctors are under the mis-

taken impression that the pain and other symptoms a patient experi-

ences in this circumstance are a sign of progress—an indication of 

a beneficial Herxheimer reaction, that is, bacterial die-off as the body 

detoxifies. In reality, the symptoms indicate something is very wrong.

Antibiotics tend to kill all bacteria, not just the ones that are bad 

for you. The good bacteria in your gut are vital for your health, and 

their destruction can wreak havoc with your immune system, as well 

as with your digestion. If a doctor places you on an aggressive antibi-

otic for two or more weeks, then even if you take probiotics daily, your 

gut might need a year or more to recover from the damage. Some guts 

will never be the same, even if the antibiotic is administered intrave-

nously. (For more on gut health, see Chapter 17.)

The viruses that cause Lyme disease symptoms love antibiotics. 

And aggressive antibiotics do for viruses what mother’s milk does for 

a baby: make them grow bigger and stronger.

Because the only significant natural enemy of the viral infections 

that cause Lyme symptoms is the immune system, taking an antibi-

otic that both compromises the immune system and super-charges the 

virus is like trying to put out a fire by pouring a barrel of gasoline on 

it. Yet it’s the standard way doctors have always treated Lyme disease. 

Taking large doses of aggressive antibiotics can transform a relatively 

mild case of Lyme disease into a severe health crisis . . . and over time, 

a potentially dangerous one. Tragically, this happens every day.

With integrated Lyme specialists now comprehending the dam-

age that aggressive antibiotic treatment has caused over the last 25 

to 40 years, they’re starting to lower dosages of antibiotics and cou-

ple them with natural nutritional support, including natural intrave-

nous vitamins. Before we give them a medal for the realization, 

though, we need to recognize that medicine is still decades away from
understanding that no antibiotics are needed—because Lyme is viral. Popular alternative treatments such as ultraviolet blood irradiation therapy (UBI) don’t help either, because they work on the misguided theory that the problem is bacterial and in the bloodstream. In fact, the viruses that cause Lyme disease symptoms are mostly neurological, and they never cause Lyme symptoms when they’re in the blood. It’s when the viruses are in the organs and central nervous system that they cause their trouble.

As long as doctors believe the problem behind Lyme symptoms is bacterial, they’ll be lost at sea in a fog, chasing a ghost ship—at the expense of potentially millions of people. It’s worth noting that viruses that create Lyme disease symptoms do have many cofactors. These include: Streptococcus A and B, E. coli, Mycoplasma pneumoniae, H. pylori, and/or Chlamydomphila pneumoniae; plus toxic molds and the fungus Candida. Bartonella and Babesia, the bugs that have become popular recently in the Lyme field and which are no more harmful than Candida, are also cofactors.

Note that these cofactors do not create the symptoms known as Lyme. To understand how medical communities misunderstand these cofactors as causes, imagine two armies in battle, one army (the medical communities) chasing down a retreating army (bacteria). When the first group of foot soldiers finally reaches the troops they’ve been pursuing and has them surrounded on all sides, they’ll discover that those weren’t bayonets they saw in the distance—they were flagpoles, trumpets, and drumsticks. The army went after the wrong guys. All this time that the foot soldiers thought they were chasing down their enemy, they were really following an infantry band. In this same way, medical research has been pursuing the messengers (bacteria), while the real adversary (viruses) sneaks by unnoticed.

Most of the real damage is caused by the viral infections that are not discovered in the patient—or, if they are discovered, pushed aside as a nonissue. The cofactors aren’t the threat.

Further, the particular bacteria that are cofactors for the viruses behind Lyme disease symptoms are usually resistant to antibiotics, and become even more highly resistant over time. If you have Lyme symptoms, this is all the more reason to strenuously avoid antibiotics.

There’s one exception to this rule: It’s okay to use mild antibiotics to fight an infection. For example, when a normal skin infection occurs
from a spider bite, bee sting, or a tick bite that leaves part of the creature lodged in your skin, your body fights against infection by creating a ringed rash, or red "bull's-eye," around the area. (This bull’s-eye is the ultimate misconception about Lyme disease.)

In this situation, taking a less aggressive antibiotic is okay; the long-term risks of antibiotics are trumped by the short-term risk of the infection. Let’s be clear, though: The infection itself is not Lyme disease. And it is not *Borrelia burgdorferi* within the infection. These bull’s-eye infections are just normal staph infections that result from foreign debris getting beneath the skin’s surface through a puncture wound. For the record, *Borrelia* has never been found and cultured from a bull’s-eye, nor has *Babesia* or *Bartonella*.

**TESTING FOR LYME TODAY**

There are two primary tests medical communities use to diagnose Lyme disease: *Enzyme-Linked Immunosorbent Assay* (ELISA), which detects antibodies to the *Borrelia burgdorferi* bacterium; and *Western Blot*, which seeks to find antibodies to several proteins of *Borrelia burgdorferi*. Both are based on the false assumption that Lyme disease symptoms are caused by *Borrelia burgdorferi* . . . which they’re not. It’s therefore common for a patient to have Lyme symptoms but receive negative results from these tests.

Advanced laboratories have started to discover that these tests never worked to begin with. As they try to develop better tests, though, they are still operating under the same old theory that bacteria and/or parasites are the cause of Lyme. If we go back to that faulty blueprint analogy, it’s like trying to build a whole new house with the same plans as before—without fixing the critical mistakes in the plans’ conception.

If you’ve recently received a Lyme diagnosis from an integrative or functional medicine doctor, there’s a good chance she or he mentioned they no longer rely on ELISA or the Western Blot. Your doctor may have said, “We need to send your blood to more advanced Lyme labs.” When the results came back, your doctor most likely said that the Lyme titers (measures) of your blood work indicated antibodies, or that partial positives appeared for bacteria such as *Bartonella* and
parasites such as Babesia. (If you have the flu, a staph infection, EBV, or even Candida, there’s a good chance you’ll trip a false positive test result for Lyme.)

This is the sly way of diverting from the fact that patients have been wronged for decades, as medical communities went after the incorrect culprit. What these doctors don’t realize is that these new Bartonella and Babesia leads aren’t really progress—because they work off the same mistaken premise as always. Rather than understanding the bacteria and parasites as harmless cofactors, they point to them as the disease itself.

And since it’s exceedingly rare for a patient with Lyme symptoms to have actually been bitten by a tick, medical professionals now tell stories about how Lyme disease can come from a mosquito, deerfly, or horsefly that may have bitten a patient years ago.

There’s an off chance that a bite from a deerfly or horsefly could act as a trigger for viral symptoms to come to the surface, in the manner that the other insect bites mentioned earlier can. However, pointing to these insects as actual causes of Lyme disease is once again acting on the old, misguided theory—and adding to people’s fear of being out in nature. It’s no more advanced than saying ticks are to blame.

The only upside to these recent developments is that medical communities are broadening the scope of what they look for with Lyme. They’re coming to see it’s not just one thing, and that Borrelia burgdorferi was a faulty hypothesis. Yet researchers are still looking in the wrong neck of the woods—literally. I predict that as the years go by, still other bacteria will be blamed for Lyme, and the true viral culprits will be ignored.

And if you’re sick with Lyme disease symptoms, do you have 20 years for research to figure out the real cause?

The truth is that medical communities haven’t yet discovered most of the genuine cofactors of Lyme. And in the case of Babesia and Bartonella, beyond the fact that doctors don’t realize their part in Lyme disease symptoms is minimal, there are multiple problems with testing for them.

First, you can have a viral infection that causes Lyme disease symptoms but not have these cofactors, in which case you’ll test negative. Second, you can harbor these cofactors but not have them
picked up by the tests—which are far from infallible—and so again receive a negative result.

But the biggest issue is that 60 percent of Americans carry around Babesia and Bartonella (which are usually not harmful by themselves). As a result, you can be entirely healthy and yet test positive. Since medical tests often give a patient who has Lyme symptoms negative results and a patient without Lyme symptoms positive results, they're not very useful.

If you tested 100 healthy people with the newest, most advanced Lyme tests from the best labs, more than 50 of them would test positive for Lyme. The titers for those 50-plus study subjects would indicate antibodies present for the bacteria medical communities say are behind Lyme disease.

The most effective way to determine if you have a viral infection causing Lyme symptoms is to focus on your history and symptoms. If you’ve experienced one of the common triggers by which viral infection is activated; and you are or have been experiencing viral symptoms such as twitching, spasm, fatigue, brain fog, memory loss, nerve and joint pain, and other neurological symptoms; and you’ve eliminated other likely causes for how you’re feeling—then there’s a strong chance you’re suffering from a virus that creates Lyme disease symptoms. As I mentioned earlier, it’s most likely one of the many strains in the herpes family such as shingles, HHV-6, Epstein-Barr, or cytomegalovirus.

These viruses can all trigger false positives in the new, progressive Lyme disease lab tests. The viruses create by-products, debris, viral biofilm, and the famous spirochetes (which are viral casings mistaken for bacteria), all of which trip up the fallible testing systems of Lyme labs by making a patient’s illness appear to be bacterial. Blood labs are like any other company—they’re open for business. They want to stay afloat, protect their livelihoods, and so a certain amount of profit-minded perspective guides their motivation. We can’t trust claims about amazing new lab tests as absolute fact. And there’s a big disconnect between blood labs and the doctors who order tests from them; doctors often aren’t told how the labs come up with their results. Keep this in mind, and be cautious about what “facts” you believe.
If you have taken antibiotics and experienced the viral backlash, or if you haven’t undergone treatment but experience the symptoms I’ve described in this chapter, the odds are immense that you can recover your health by patiently and scrupulously following the directions in the next section. Over time, you should be able to destroy 90 percent or more of the virus’s cells, allowing your immune system to send the virus back into a comatose-like, dormant state . . . and free yourself of Lyme.

ADDRESSING LYME DISEASE

When chronic symptoms of Lyme disease interrupt people’s lives, it can be devastating. Most patients have seen multiple doctors and have received either no answers or a diagnosis such as MS, fibromyalgia, RA, Sjögren’s syndrome, migraines, lupus, CFS, or ME/CFS. When one of these patients finally visits a Lyme specialist, the Lyme disease diagnosis can feel like a relief; it can feel like they’ve finally uncovered the mystery.

In the U.S. alone, over 500,000 people a year with symptoms of what are really viral infections are instead being treated as if their illnesses are bacterial—and they’re receiving the Lyme label. It’s becoming the most grievously misunderstood affliction of our time. As it gains momentum, it will become the most popular diagnosis of the future. Patients and doctors alike will be overwhelmed by the validation that this designation seems to provide, even if it doesn’t make sense.

The tag “Lyme disease” will remain a label for a mystery illness that no one realizes is due to viral infection. The tag is not an answer to what’s ailing you. Any name could have been put in the place of Lyme. For all the insight that name gives, you might as well just call it cheese disease, or I-don’t-feel-well disease.

As we’ve explored in this chapter, it’s critical to understand what’s truly behind Lyme symptoms so you can protect yourself and your loved ones from the Lyme trap.

If you’re 40 years old today, it won’t be until you’re 65 or 70 that the medical establishment starts to realize the mistake in how it’s been conceiving of and treating Lyme disease—and that’s being optimistic. However, if you follow all the steps described in this section
daily without fail, you can force your viral infection back into its dormant state and render it harmless.

How long this process takes will depend on a variety of factors, such as whether you have a more or less aggressive strain of virus, have recently taken antibiotics, are in a healthy environment or a toxic one that can be a trigger and feed the virus, and are in the early or later stages of the illness. Roughly speaking, the program requires six months to two years to be fully effective.

And don't stop with the recommendations in this chapter. Also turn to Part IV, “How to Finally Heal,” where you'll find details on heavy metal detox and everything else you need to rid yourself of Lyme symptoms. All the information you need to free yourself from the Lyme trap—or sidestep it altogether—is in this book.

You have the ability to heal. Your body wants to truly heal, and to be well. If you give your body what it needs and take away the unproductive elements, you can tap into your core healing power and recover.

Healing Foods

Certain healing foods can help your body ward off or recover from the viruses behind Lyme disease symptoms. Star anise, asparagus, wild blueberries, radishes, celery, cinnamon, garlic, apricots, and onions are among the best to focus on, as they can variously aid in killing viral cells, detoxification, repairing brain cells, recovering the central nervous system, and other healing processes.

Healing Herbs and Supplements

- **Thyme**: kills viruses on contact. Thyme is especially important because it crosses the blood/brain barrier—that is, it travels beyond the bloodstream to attack virus cells that have invaded the brain stem and spinal fluid.

- **Lemon balm**: kills cofactors of the viruses behind Lyme symptoms, including the bacteria *Streptococcus, E. coli, Bartonella, Babesia, Mycoplasma pneumoniae*, and
Chlamydia pneumoniae, plus the fungus Candida. This reduces the strain on the immune system.

- Zinc: lowers inflammatory reactions to a neurotoxin produced by viruses in the herpes family.
- Licorice root: very effective at impairing the ability of virus cells to move and reproduce.
- L-lysine: impairs the ability of viral cells to move and reproduce.
- Lomatium root: helps flush viral and bacterial excrement and toxins, and the toxic corpses of dead virus and bacteria cells, out of the body’s system.
- Reishi mushrooms: builds up lymphocytes, platelets, and neutrophils, which strengthen the immune system.
- Silver hydrosol: kills viruses on contact.
- Astaxanthin: an antioxidant that helps restore brain tissue and nerves damaged by viruses.
- Nascent iodine: stabilizes and strengthens the endocrine system.

CASE HISTORY:
The Lyme Trap

Stephanie was a happy stay-at-home mom who took care of her husband, Edward, and their two children. When Edward left her for a younger woman, Stephanie was forced to get a job selling cosmetics. Unfortunately, her boss enjoyed torturing staffers with the threat that they’d be fired if they didn’t produce daily results. The pain of betrayal by her husband, the physical and emotional toll of working a day job while also trying to raise her kids on her own, and the stress of worrying about losing that job and becoming homeless, provided multiple triggers for the onset of infection by a virus that had been lurking in Stephanie for years. Within a month, it woke up from its dormant state.
The virus left its hiding place in Stephanie's liver and invaded her central nervous system. Stephanie started to feel exceptionally tired and sluggish, and her mind became foggy.

Concerned, Stephanie went to her family doctor for a checkup. Her doctor conducted a physical exam and ran blood tests, but found nothing unusual. "It's just stress," the doctor told her. "Simply stop worrying, and you'll be fine."

Stephanie's high level of fatigue and mental confusion persisted. And as the virus reproduced and worked its way into the nerves of her legs, arms, and shoulders, Stephanie began to feel neurological symptoms she'd never experienced before. She was especially troubled by pain in her left hip and knee, which was interfering with her daily routine of jogging. All of a sudden she was almost tripping on her left leg, as if it no longer worked properly.

Stephanie returned to her family doctor, who still couldn't find anything wrong. With her joint pain in mind, he sent her to a rheumatologist.

The rheumatologist gave Stephanie another careful physical exam and blood tests, with a focus on rheumatoid arthritis. He couldn't find anything wrong either. "You're perfectly healthy," the rheumatologist concluded. "Stay calm, get enough rest, and these issues will go away by themselves."

As much as Stephanie wanted to believe this, her symptoms not only persisted but expanded. Stephanie felt tired all the time, no matter how much she slept. The pain in her left shoulder became acute. Her left hip and leg grew weaker, giving her a slight limp. And she developed a mild case of anxiety.

While sharing her woes with her friends, one of them said, "What you're describing sounds a lot like what my cousin Shelly has. She was diagnosed with Lyme disease."

"Lyme disease?" Stephanie said. "I live in the city. I haven't been in a forest or within miles of a deer for years. How would I get bitten by a tick?"

"I don't know," said her friend. "But no one else is helping you, so you might as well see a Lyme doctor. What do you have to lose?"

This made sense to Stephanie, so she saw Dr. Nartel, a Lyme specialist.

Dr. Nartel took Stephanie's blood to run two types of tests: ELISA and Western Blot. Both tests primarily look for antibodies reacting to the presence of Borrelia burgdorferi bacteria. Stephanie's
problem wasn’t *Borrelia burgdorferi*, though; it was a *virus*, so the results of both of her tests were negative.

Dr. Nartel was experienced enough to know these tests can’t be counted on, even though he didn’t understand why. So unlike Stephanie’s previous doctors, he took her symptoms seriously. “What you’re describing is consistent with Lyme disease,” he told her. “I recommend you go on a 30-day treatment of antibiotics, which you’ll take daily in pill form. If you really do have Lyme disease, this will kill the bacteria causing your illness.”

That made sense to Stephanie: finally, a diagnosis and validation. She readily agreed.

During the next month, Stephanie felt no difference. However, the antibiotics killed not only the bad bacteria, but the good bacteria in Stephanie’s gut, which actually weakened her immune system long-term. The antibiotics also inflamed the walls of Stephanie’s intestinal lining, causing painful gastritis and spasms.

Dr. Nartel had anticipated some of these issues by also prescribing probiotics. They weren’t enough to counteract the side effects of the medication. Stephanie had trouble digesting food, lost her appetite, and periodically felt a burning sensation in her stomach.

After another month, Stephanie’s fatigue and joint pain were worse than before her treatment. So was her memory fog . . . which now also included periodic memory loss.

Seriously concerned, Stephanie conducted extensive research via books and the Internet. If she didn’t have Lyme, she concluded that she might have CFS, fibromyalgia, lupus, or even MS. Since Dr. Nartel couldn’t help, she decided to try a different Lyme specialist, Dr. Maizon.

Dr. Maizon ran a broader range of blood tests than Stephanie’s previous physicians and also used a lab that tested more extensively. One of the results turned up positive for *Babesia* and *Bartonella*—which wasn’t surprising, considering the different types of bacteria and parasites a person can carry around even without Lyme disease symptoms. Still, Stephanie didn’t know that *Babesia* and *Bartonella* are harmless and had nothing to do with her central nervous system issues, so she relaxed because she felt she was in more experienced hands.

When Dr. Maizon told her, “We need to do a one-to-three month course of intravenous antibiotics, and we’ll use a substantially stronger medication this time,” Stephanie readily agreed.
The stronger antibiotic, which was much more aggressive, took her to a whole new level of pain and suffering. It fed and strengthened the viral infection the way coal fuels a fire.

After two months on this more aggressive antibiotic, Stephanie's fatigue, joint pain, brain fog, and memory loss became so severe that she had to quit her job. She also developed nerve pain and spasms throughout her body. She couldn't fully care for her kids, as she needed to spend a large portion of each day in bed.

Dr. Maizon assured Stephanie that her getting worse wasn't cause for concern. "It just means the antibiotics are working," he said. "We call this situation a Herxheimer reaction. It happens when dying bacteria release their toxins faster than your system can flush them."

What Dr. Maizon didn't know was that if the problem had been bacterial, as he thought, the antibiotics would have made a substantial difference for the better. The explanation he offered is actually a trendy rationalization that medical communities have concocted to explain why patients get worse under a treatment that's supposed to make them better.

In reality, Stephanie was experiencing sensitive, inflamed nerves being further irritated by aggressive antibiotics, as well as an increased viral load. Still, Stephanie believed her doctor . . . and grew increasingly ill.

After a third month on antibiotics, Stephanie had a deep feeling that if she continued the treatment much longer, she'd die. She dropped Dr. Maizon. But with her immune system compromised and the viral infection greatly strengthened, she stayed chronically ill.

Stephanie turned to yet another Lyme specialist, who prescribed natural treatments: multivitamins, vitamin D, co-enzyme Q10, and lots of fish oil. This doctor knew from past experience not to be so heavy-handed with antibiotics, so when Stephanie noticed no change with just the supplements, the specialist recommended adding only low dosages of the antibiotic medication. He argued that she'd been on too high a dosage before, but low dosages daily for three months would bring about her recovery.

Stephanie's Lyme had begun as a mild case, and might have stayed that way if she had steered clear of antibiotics. But the more she took, the more she paved the way for her Lyme symptoms to reach their full potential. Now, choosing to give antibiotics yet another try effectively handed her unidentified virus a loaded gun. After six weeks, Stephanie experienced brain inflammation and
Lyme Disease

nerve pain so extreme that it brought her to what she felt was beyond crisis management. She had to struggle to even speak.

She let go of her current doctor, and in a panic visited a series of new alternative doctors.

Considering the gravity of her symptoms, one of them decided she didn’t really have Lyme disease after all, but Lou Gehrig’s disease (ALS).

Another declared she had multiple sclerosis.

And yet another told her she had Guillain-Barre. (In fact, Stephanie did have a form of Guillain-Barre—which medical communities think is a distinct disorder, but is actually just another name for viral nerve inflammation that affects the brain. This is a prime example of how much confusion revolves around Lyme.)

Finally, Stephanie went to an alternative doctor who happened to be a client of mine. He referred Stephanie to me as an emergency case.

After doing a reading and scan, the first thing I did was ease Stephanie’s mind about her condition. “Yes,” I said, “I’m very familiar with this illness. It wasn’t caused by a tick, horsefly, or spider bite—or by bacteria. Spirit says it’s a strain of a non-rashing shingles virus in the central nervous system causing brain inflammation, and the antibiotics you’ve been taking have been making it much stronger.”

Just knowing what was really going on lifted a great weight from Stephanie and gave her the opportunity to start healing. At the same time, she was furious with the doctors who had transformed a relatively mild unidentified viral infection into a nearly fatal condition. Had she been treated with the appropriate natural methods, she would’ve been spared a full year of agony.

“You’re entitled to be angry,” I said. “You should also know that your doctors were genuinely trying to help. They were operating under the wrong assumptions that started 40 years ago about the nature of this illness. Thousands of others have gone through the same trials. What matters now is that you know the truth and can recover and heal.”

Stephanie went on the foods, herbs, and supplements recommended in this chapter, and followed the instructions in this book for the 28-Day Healing Cleanse. There was a great deal of damage to undo. After six months, she resumed normal household chores, and required only a two-hour nap midday to maintain energy. After nine months, she was active outdoors again: walking without limping, driving her kids to soccer practice, gently
romping around with her dog. After a year on her natural program to eliminate the viral symptoms behind her Lyme diagnosis, Stephanie felt better than she had before starting on the aggressive antibiotics.

Over time, she was stronger than she had been before the very first mild antibiotic. Stephanie finally recovered her full health, started jogging again, and resumed her normal life.

What Stephanie went through was a nightmare. Tens of thousands of people with Lyme disease undergo a similar ordeal every year. Tragically, many of them end up suffering greatly.

The good news is that virtually all of this pain and suffering can be avoided when the true nature of Lyme disease is understood ... and the actual illness is addressed with the on-target methods covered in this chapter and the rest of this book.