

Acute Lyme disease is a well known and recognized infection caused by the *Borrelia burgdorferi* spirochete and associated tick borne organisms. It is endemic to much of the United States and Europe and is carried primarily by several species of deer ticks. Acute Lyme's disease is treated primarily in intravenous Rocephin for one month—this is not a service we usually provide. Post Lyme syndrome or chronic Lyme disease is a controversial diagnosis. The Center for Disease Control and mainstream physicians do not recognize these diagnoses. It is a difficult diagnosis to make and frequently (if not always) involves multiple organ systems if not the body as a whole. To see this as a simple infection is not to understand chronic Lyme. At BEMC, we strive to take into account all the information available before making a diagnosis. This includes a complete history of symptoms, exposure to potential infectious vectors (such as ticks), non-specific markers of immune activation such as C3A, C4A, lymphocyte subsets, natural killer (NK) counts, and inflammation markers. In addition, we will frequently check hormone levels to determine thyroid and adrenal function. If it is indicated, we may look at nutritional profiles or test for heavy metals. If there is adequate suspicion for a diagnosis of persistent Lyme, we use IGeneX labs for our Western Blot IgG and IgM to confirm the diagnosis. The C3A, C4A, and IGeneX labs are frequently not covered by insurance. NK counts are traditionally not covered by Medicare. BEMC is not involved in the billing when it comes to these labs, even if the blood is drawn at the clinic. **You are responsible for any costs not covered by your insurance.** This includes costs for supplements, homeopathics, IV's, and any medications that are not covered by your prescription plan. These costs vary widely. We follow diagnostic criteria set out by experts in the field and not necessarily strict CDC criteria. The diagnostic criteria we use are based on research and the common practice of ILADS physicians (International Lyme's and Associated Diseases Society—an organization formed specifically for the treatment of chronic Lyme and similar diseases). Your practitioner will point out to you whether your results reach CDC criteria or not prior to initiating treatment. Like many Lyme-literate physicians, we use criteria other than those from the CDC to determine who would benefit from treatment.

It is **essential** that you fill out paperwork BEFORE your appointment. We do read all prior lab work and notes ahead of time if they submitted in time. This will save significant amounts of time during your appointment and allow the practitioner to focus on the particulars of your case. We do not need office notes from other physicians, but we do need any and all pertinent labs from any practitioner you have seen previously. Ideally, these should be delivered to BEMC at least one week ahead of your appointment. We understand that sometimes appointments are made at short notice and this timetable cannot be achieved, but please submit it as early as possible. Labs that are ordered by a BEMC practitioner must be done before your follow up appointment, or it must be rescheduled. Remember that many of these labs take 3-4 weeks to get results. It is also essential that if your illness is resulting in "brain fog" or other cognitive issues, you must bring someone with you to take notes to help you out.

Our treatment protocols run the gamut from multiple antibiotic combinations to strictly herbal or homeopathic regimens. It is essential to

remember that using only antimicrobial treatments is usually not enough to resolve chronic issues. Regardless of the primary treatment, all patients require concurrent treatment to deal with the side effects induced by treatment. These adjunctive treatments include nutritional IVs with glutathione pushes, oral agents to improve glutathione, saunas, Epsom salt bathes, supplements, and Rife based foot bathes. These adjuncts are as important as the primary treatment and are required for successful treatment of chronic Lyme and are not paid by most insurances.

History

Do you remember being bitten by a tick?

Where and when did this occur?

Did you develop a bull's eye rash? Where and how long did it last?

Did you develop joint pain? If yes, how long after the bite did this occur?

Did you have any joint swelling? Where?

Do you have unexplained fevers, chills, sweats, or flushing?

Is your sleep disrupted? Describe your sleep pattern.

Has your weight changed unintentionally by more than 10 pounds?

Do you have unexplained fatigue?

Do you have any heart symptoms: chest pain, palpitations, arm numbness?

Do you have headaches?

Do you have problems with your memory or mental focus?

Do you suffer from “brain fog?”

Do you have any muscle pain or twitching, facial paralysis, numbness, or tingling?

Do you suffer from any bladder problems?

Do you have any menstrual issues—irregularity, heavy bleeding, clotting?

Do you have unexplained hair loss or cold intolerance?

Do you have any POTS symptoms (lightheaded on standing, racing heart intermittently, passing out if standing too long, dizziness)

Do you have ringing in your ears?

Have you developed anxiety or depression?

Do you have problems finding the right words, or use the wrong word when speaking?

Do you have any issues with mood swings or irritability?

Do you have any swollen lymph nodes?

Do you have any pets or do you handle any animals?

Is there anything else you want to share?

Please give a list of you current symptoms.

Lab Tests

Please indicate if you have had any of the following tests

Test	Lab	Date	Results
Western Blot IgG			
Western Blot IgM			
Dot Blot			
Lyme PCR serum			
Lyme PCR blood			
Lyme culture			
Immune Tolerance Testing (MY Lyme)			
Other Lyme Test:			
Babesia antibodies (Abs)			
Babesia FISH			
Ehrlichia: HME Abs HGA Abs			
Bartonella Abs			
Bartonella FISH			
Mycoplasma pneumonia			
Chlamydia pneumonia			
Epstein-Barr Please note titer levels For each antibody			
HHV6			
Other co-infection			
Other test			

Treatment Protocols

Please indicate if you have received any of the following and note your response

Treatment	Dates of Treatment	Response	
IV antibiotics: Drug Name;			
Doxycycline			
Zithromax			
Biaxin			
Cipro/levaquin			
Plaquenil			
Bactrim			
Coartem			
Malarone			
Other Drug			
Cowden Protocol			
Byron White Protocol			
Buhner Protocol			
Rife treatments			
Antifungal Nystatin Fluconazole Itraconazole Nizoril			
Other			

