

Lyme Client Case History-

Client is resident of New Jersey

Female, age 55

Chef complaint- abnormal body pains; primarily lower back with redness, swelling and pain of joints that would show up one day and either change location or go away the next.

3/2009-CBC Blood Test + Thyroid panel run by Ob/Gyn nurse practitioner showed elevated TSH - 9.71 (0.45-4.50), Antithyroglobulin Ab-38 (0-40) in range.

3/2009- Diagnos-Techs ASI Saliva test- Results indicate remarkably elevated night time cortisol levels and suppressed Mid-Day cortisol levels

3/26/2009-; 2nd test ordered by self

TSH (9.6), elevated- Normal lab range (0.45-4.50) LabCorp

Free T4 1.0, (0.93-1.71)

Free T3 2.2, (2.0-4.4)

TPO-215 (0-34)

4/2009- Visit with D.O. specializing in Thyroid/ Adrenal Imbalance

TSH 1.8, FT4 -1.13, FT3- -2.3, AntiAb- 42

5/2009-TSH 0.052 (.45-4.50)

Blood Antithyroglobulin Ab elevated 108 (0-40)

Thyroid Peroxidase (TPO) elevated 288 (0-34)

Dx- Hashimoto's

Testing of achilles reflex confirmed imbalance of adrenal and thyroid.

Patient was given Rx for Levoxyl and Tri Iodo-L-Thyronine Sodium (T3)

Nutritional support was suggested for Adrenal and Thyroid

7/2010- D.O. not satisfied with progress as verified by Thyroid panel and Achilles Reflex Suggested patient should be tested for Lyme.

1996 - Patient had clear case of Lyme including bulls eye rash, excruciating neck and head pain and was treated immediately with amoxicillin for 6 weeks.

She had pulled deer ticks off numerous times since but never had additional acute symptoms.

7/2010- Igenex Lab of California. Western Blot with Co-Infection test

IgM Western Blot- 2-Band **Positive**

IgG Western Blot- Indeterminate

8/2010- NeuroScience Inc of Osceola WI- Lyme Immune Tolerance Test (ITT) Blood test measuring the body's **cell mediated** immune response to Lyme specific antigens.

Results were **positive** for Lyme specific antigen
Vitamin D3- 38.6 (32-100)
LabCorp- CD 57= 27 (60-360)

Supplements- list of supplements recommended by DO. List is inclusive of all supplements taken from 2009-2012.

Iodoral

Selenium

Adrenal Glandular

Multi Vit-Min

Quercitin

D3

Reishi Mushroom

Vitamin C

Digestive Enzymes, Probiotics

Cat's Claw, Resveratrol (knotweed), Siberian Ginseng, Rhodiola, Zyflamend
Banderol

Medications- Levoxyl 68.5 mcg (dose was changed frequently)
Triiodo-L-Thyronine Sodium 7.5 mcg Slow Release (T3) TID
From Compounding Pharmacy

Synopsis- Individual became my client after starting to work with DO. DO was treating Hashimoto's but concluded with physical assessment and blood work that thyroid was not responding appropriately to his therapy. He ordered Lyme tests which were positive, Chronic Lyme. He suspected Lyme was driving the Hashimoto (auto-immune). He gave client the option for treatment with antibiotics or nutritional therapy. Because of the amount of antibiotics he would recommend she chose nutritional therapy, feeling she would suffer severe side-effects from AB. She came to me to help her with that therapy, she was reluctant to discontinue DO recommendations.

I chose to support her deficiencies; Ch Stomach/Spleen, Nervous System, Muscular Skeletal, Endocrine. Also included David Winston's Spirolyd Formulas. Focus was on diet, nutrients and herbs.

Typical Herbal Alcohol Extract Formula

Fresh Oat Extract-30

Siberian Ginseng-25

Ashwagandha-20

Meadowsweet-20

Dandelion rt.-15

Citrus peel-10

40-60 drops TID

Discussion with DO prompted her to treat mold in household which was perceivable by smell when house was closed up.

Currently; Client has relatively stable thyroid function. DO does Thyroid panel 4 times per year and adjusts ratio of T4/T3 accordingly. She is back to desired activity levels. Including walking bicycling and gardening. Days of pain and discomfort are much less frequent and less intense. Spontaneous swelling and pain in joints is remarkably lessened with only occasional flare-ups. Less sensitivity to cold and hot temperatures. Sleep is improved and she generally sleeps through the evening 5 nights per week. She is learning to better manage her Type A personality.