



When I first started working with Lyme clients, I can remember saying things like – “hey, Lyme is serious, we can’t mess around here”. And, “this is a time you really need the doxycycline - then we’ll support your long term healing with herbs”... I used the standard “Lyme protocols” that get passed around – high doses of strong plants taken “to tolerance”, hoping to kill off the Lyme.

These courses of action seemed reasonable: we’ve all been told that Lyme is so serious, and we see so many lives just completely collapsed as a result – how can it not be scary? In the towns surrounding Boston, people are given prophylactic doxycycline as standard practice – either to take through the whole summer “just in case, so you’ll be safe”, or to take if they “think they got a tick bite” – all so that people won’t be afraid to go into their backyards and barbeque or to let their children play in the park. (Let me take a moment here to just say, GAH! The cascade of problems with this strategy makes my brain explode.)

But here’s the thing: over the years of working with Lyme, what I’m finding is a giant shadow, but a little bitty demon. In fact, I’ve come to see Lyme as a gift, not a disease, and certainly not scary, and I’ve drastically changed how I work with folks who have Lyme. (Did she just say Lyme is a gift? I’ll have what she’s smoking, please.)

Repeatedly, in fact, with 100% success in our practice*, Lyme responds to our regular old boring methods of dealing with chronic disease. That’s ok. As Paul Bergner said, “be a boring herbalist”. He’s right, and it turns out, there’s nothing scary or exciting about Lyme: it’s as boring as it comes.

*I am not counting in this number the couple of folks who decided not to work with me because they didn’t want to make any changes, they just wanted to “take herbs that will make my Lyme go away”. The protocol, for lack of a better term, which I’m about to lay out will not work for that person, and they’ll need some other kind of work. But anyone who was willing to make some changes, even in tiny steps, has ultimately returned to living symptom free. I hesitate to say “returned to normal”, because returning to the lifestyle people lead just before they got sick is not a goal I promote. This is often what we understand by “normal”, but invariably that lifestyle was wrought with stress and overwork, and deficient in relaxation and enjoyment. This is how people get sick in the first place, so I’m not eager to send them back there. Recognizing this reality is as important as any other part of this “protocol”.

Now, if you’re still with me, I realize I just made a lot of very strong statements in a very short space. In fact, you may be thinking that I’m several shades of completely crazy. Maybe you’ve worked with a lot of



Lyme clients who were really, really sick, and really, really struggling, and these kinds of statements seem counter to your experience. Bear with me here. These protocols represent drastic shifts in the way that I have worked with Lyme clients over the years, and it's working so effectively (here in a part of the country with so much Lyme) that it's definitely worth considering whether or not we should be changing our entire perspective on Lyme. Whether it makes you change your mind or not, perhaps the protocols can be useful, so here we go!

Below are three cases that are representative of the large number of Lyme cases I've worked with. They're not particularly stand-out cases in any way, they are actually just the three that were on the top of my pile of unfiled client files. In two of these cases, the clients had had to stop working, and couldn't even do basic housework. Their lives had been reduced basically to laying in bed without even the energy to read a book: that's the state they came to me in.

As you'll see, two of these cases resolved, and with completely boring methods – changing the diet, resolving sleep issues, changing lifestyle, and changing mindset. Each of these cases included supporting herbs, but the herbs were not the major point of therapy.

The third client I'm including for good measure: this is a client who did not improve, and the story around that.

The first case is a 47 year old female, 5'2", mother of two boys, a psychiatrist. When we started working together in October of 2012, she weighed 88 pounds, she had quit her practice, and she depended on her husband both for income and to do all the work in the home and with their children. She spent most of her time in bed, and was unable to be physically active. She was working concurrently with 7 well known Lyme specialists across the country, which was very expensive, as well as one other herbalist using a standard "Buhner protocol" long distance by Skype. She had taken doxycycline, to which she responded very badly, as well as many other herbs, supplements, and pharmaceuticals.

She remembered her pre-Lyme life as having a photographic memory, living an extreme athletic lifestyle including marathons, triathlons, etc. Her diet was largely vegetarian/"post macrobiotic": generally low fat, with a big emphasis on smoothies and protein powder. She also described herself as an "ice cream junkie". She slept 5-6 hours/night.

Her primary symptoms were pain in her joints, primarily the joints in her legs and her jaw, as well as burning down her legs and intermittent paresthesia in her jaw. More troubling to her, however, were her cognitive symptoms: cognitive dysfunction, in particular memory loss, dyslexia, typing dyslexia, and various forms of aphasia. (I should note:



this is the vocabulary *she* used to describe her symptoms.) Feeling disturbed about these symptoms lead to a very strong fear of dementia (with which her father is suffering) or some other mental condition that would cause her to lose parenthood of her sons, and although this was never an actual threat, she became very involved with this fear. In general, fears around illness were a recurring theme that we worked through.

We've been working together for three years now. Initially, we shifted her diet to gluten free, dairy free, very low sugar, and included considerably more fat and protein. We also removed corn and soy, and added daily bone broth. She has remained largely consistent with these changes, though she's found that in times of stress, she seeks more sugary foods, and typically this would cause a temporary worsening in her symptoms. Over time she became able to understand this cycle and to recognize it for herself.

We worked together to reduce the number of practitioners she was seeing, both to help her financial situation as well as part of our strategy to help her calm her mind. She would frequently have times of panic where she would research Lyme online and start adding famous practitioners (some who charged \$1200 for a 45-minute appointment!), hoping they could fix the problem. Our strategy was to shift that perspective to teaching her how to fix the problem for herself, without needing to depend on any "gurus" to do it for her.

Also in this vein, we worked on ways to deal with her emotions when symptoms would flare up: together we looked at what was going on in her life that could be triggers for her symptoms, emphasizing the factors she could control, such as food, activity level, and sleep, and intentionally de-emphasizing factors she could not control, such as possible mold in buildings in which she ran errands. A big part of the work that we did was to shift her understanding of Lyme as more likely to be impacted by visible, concrete factors within her control than invisible, intangible factors that were out of her control, such as mold, heavy metals, and "toxins". (If she had lived in a home with a significant mold problem, for example, obviously that would fall into a different category.)

Over the course of the first year, her health improved drastically: she gained 20 pounds, was able to be physically active (her preferred daily baseline activity once she regained her health included 20+ miles biking, power yoga, and weight lifting), and began to make plans to resume her psychiatry practice. She was feeling so good that she delightedly signed herself up for a marathon. This happened three times, in fact: each time I suggested that a marathon would be too much stress on her body, but



she enjoyed marathons and felt it would be ok. Each time, she had a significant relapse that put her back in bed. After the third marathon, she recognized for herself that this level of intense activity and training consistently proved to be a Lyme trigger, and gave them up. She still enjoys daily yoga, bike riding, hiking, etc, and certainly is a very athletic person, but she is much more aware now of overtraining and its impact on her body.

Sleep consistently was a challenge for her, and the best we ever achieved was 8 hours a night, though I would have preferred more. However, overall, she has been able to resume her psychiatric practice, be active with her boys, vacation, etc. She has not had a Lyme relapse since her last marathon, which was over two years ago, despite some fairly major family stress events during the past year. Occasionally she will have isolated, individual symptoms that do not impair her daily life when she eats too much sugar or when she recently had a root canal, but the symptoms are manageable and serve as an indication for her to give self-care more focus.

Initially these isolated symptoms would cause her to panic, believing that the “Lyme was coming back”, but she has learned to keep track of any symptoms and to trace them back to probable triggers. She is able to see that although she does experience isolated symptoms occasionally, she does not have the multiple symptom recurrence which would imply a relapse. She is able to track the isolated symptoms back to a trigger, and she’s able to manage them in moderate ways while still meeting her obligations – i.e., she doesn’t have to “cancel everything”.

This client uses herbs as support – they fall into three main categories. The first is nutritive, in her case a Nettles based blend with a high percentage of moistening friends such as Violet, as her constitution is quite dry, as well as Tulsi, Dandelion, and others who come in and out of this formula. She has bone broth daily with nutritive roots such as Burdock and Dandelion, as well as Shiitake and Maitake mushrooms. She uses Marshmallow root in her water regularly, especially when she’s feeling dry. She has a stress tea that she uses regularly, in which Wood Betony, Rose, Linden, and Tulsi figure prominently. She enjoys the milder adaptogens, such as Ashwagandha and Codonopsis, and works with them several times a week, though she’s stopped the stronger, more stimulating adaptogens that she had been using when she came to me. She had been taking all of the herbs typically included in a “Buhner protocol”, most of which she was responding poorly to – they were too strong and too drying for her constitution. She discontinued use of these herbs very early in our work together. She has developed a lot of confidence with the herbs she uses, and has been able to incorporate these into her psychiatric practice.



A second client is a woman, age 32, 5'2, 136 pounds. First diagnosed with Lyme in 1994, "re-infected" in 2011. She also had a diagnosis for Chronic Fatigue Syndrome in 2011 and for Hashimoto's in 2003, for which she takes Synthroid, 112mcg. She was now (January 2014) on a leave of absence from work prescribed by her MD, who had also prescribed 12 weeks of doxycycline. She didn't want to take the antibiotic, but had come to a point of desperation and was considering it.

This client came to me for a second opinion: she was working with another herbalist who employs a "Buhner-style" protocol (not the same herbalist as the first client). She had not yet started the herbs he recommended when she discovered she was pregnant. She called the herbalist to ask whether the herbs were ok for pregnancy, and the response she received was that she should absolutely and immediately go have an abortion so that she could take these herbs and kill the Lyme. She was extremely upset about this phone conversation, and was coming to see me for an alternative opinion. This part of the story is worth sharing because I feel it is not an isolated response. Common attitudes towards Lyme right now, at least in this area, do trend towards that kind of extreme action, and though some herbalists I've talked to found that advice appalling, others agreed with it.

She arrived with a hand-written copy of our intake form, because she didn't have a printer. Ordinarily folks print out our 9 page intake form and fill it out ahead of time, but occasionally someone doesn't have a printer. Usually they come empty-handed, but this client had chosen instead to handwrite the form. That was a very good sign!

Her symptom set centered heavily around extreme fatigue, extreme brain fog, joint pain, and light sensitivity. Her skin was quite dry and pale, and she had impressive darkness under her eyes.

This client described her diet as "pretty much vegetarian". Her diet had very little variation, and she did not enjoy vegetables beyond raw carrots and cucumbers. Her meals were bread or pasta based, always with cheese (often only bread and cheese). She complained of frequent incomplete digestion and diarrhea, and often had UTIs. Nasal congestion was her normal state. She has a strong family history of autoimmune disease, and her mother had had at least five miscarriages. This was the client's first pregnancy. In the past she'd been a yoga instructor and commuted 1 hour by bike daily in all seasons, but currently didn't feel she could walk around the block. She typically slept 6-7 hours a night, lately she was in bed most of the day, unable even to focus on reading a book; she felt she was sleeping 8-10 hours now.



She was very concerned about the pregnancy as she wanted a baby, and felt that if she could hold on to the pregnancy, all of this “non-productive time off of work would be worth it”. I explained that her body might have too much healing to do to sustain the pregnancy, but that there was no reason not to try to go forward and let her body make that decision: I didn’t see any need for her to have an abortion. She was very motivated to make changes and to take any action that would give her pregnancy the best chance of success, and we both acknowledged that she may not have had as much motivation for herself alone. She described herself as “way beyond a work-aholic”.

In our first session, she agreed readily to the following changes: She committed to “doing a Whole 30” – which means following an elimination diet as outlined on the website whole30.com. (I have found this method to be far superior to simply suggesting there might be food allergies, or recommending that someone give up dairy or gluten (or some other thing), for two main reasons: 1. Most people feel they can commit to 30 days more easily than they can face the idea of giving up a favorite food for life and 2. At the end of the 30 days, they won’t need me to tell them what’s next – their body will do that for them. I would always rather folks trust their bodies than trust me, so this method is absolutely ideal!) She also planned to have probiotic foods – kimchi, sauerkraut, sour beets, kombucha, etc - at every meal.

At that time we also talked a lot about rest and sleep, as well as achievement. She acknowledged that a big part of her work in recovery was going to be learning to find self-worth in places other than work achievement, and learning to value self-care. Her goals were to sleep at least 10 hours every night, and to take a very short walk during the mid morning, especially if the sun was out at all.

We agreed she would not use any of the herbs in the other herbalist’s protocol, which included the usual list - Andrographis, Red Root, etc – not because these are “bad herbs”, but because they were not appropriate for her constitution and the general state of her body, including pregnancy, at that time. Instead, the support herbs in her protocol included a Nettle blend (Nettle, Dandelion, Red Clover, Licorice, Violet, Plantain, Raspberry), an adaptogen blend (Codonopsis, Ashwagandha, Chaga, Burdock, Dandelion, and Solomon’s Seal), and to aid in sleeping, Skullcap & Passionflower tincture, several doses over 90 minutes before bedtime.

Within one month, although she was still needing to rest, she was able to read books, to walk a few blocks each day, and to sleep soundly. Initially she was sleeping 14 hours a night, but towards the end of the month



that had normalized to about 10 hours. She reported her hardest part was emotional – she was beginning to feel energy return and felt anxious to “be productive”. She was very successful with the dietary eliminations, but her distain for vegetables was causing her trouble in her goal to increase her vegetable intake. Since she was pregnant, I advised her to imagine what she’d say to her someday child: “they’re good for you, you have to eat them”. She planned to focus more on vegetables for the coming month.

At the second month follow up, she reported that she did miscarry. However, at that point, she immediately noticed a big jump in her own physical improvement, and was able to feel assured that her body was healing and she would be able to sustain a pregnancy in the future. By this time she was able to keep social appointments outside the house multiple times a week, walk a mile, and travel by public transportation. She was able to return to gentle yoga practice. Her skin had much more tone and moisture to it, the darkness under her eyes had drastically reduced. She did increase her vegetable intake, and was eating meat or fish every day. Her big challenges at this point were still around pacing herself; as her energy increased, her desire for “productivity” increased, but her loathing of her job, to which she would return in two weeks, was overwhelming. Her plan, in conjunction with her doctor, was to return to work part time initially.

Her next follow up was two months later, and she was a completely different person. She was still resting what she considered to be a lot, but she was able to work 20-30 hours per week. Better than that though, she’d given notice at work, and was planning a move back to her hometown several states away, which made her very happy. She acknowledged that she was pushing herself somewhat at this time, in order to see all her friends before the move and to get everything packed and ready. She even had made plans to fly across country for a wedding. So far she was able to keep up the schedule she’d set for herself by prioritizing sleep at any time that she wasn’t engaged with work or social activities. We agreed that she should expect an energy crash after the move, given all her energy expenditures now, and that if she plans for an intentional rest period, she might be able to avoid a crash with a return to symptoms. She had begun writing new yoga classes specifically aimed at Lyme recovery, and she planned to find work as a yoga teacher once she moved instead of going back to office work. She was maintaining her diet, sleeping ~10 hours per night, and continuing with the supporting herbs daily. She had had two menstrual cycles since the miscarriage; both were within her range of normal, and within a general range of healthy.



Since then this client has followed up by email to say that the move went great, she's happy in her new home, and that she was able to rest up enough after the move to avoid a recurrence of symptoms. By choosing to rest and take it easy for a couple weeks after her move (instead of immediately unpacking all the boxes and jumping into her new life), she was able to control her situation – resting when it was convenient, instead of having a recurrence of symptoms that would have incapacitated her.

In both of these cases, there's obviously a huge component of lifestyle change. Both women were over-achievers, and both had to recognize that they had some habits and goals that were supported by society but which were not healthy for their own bodies. They both needed to come to terms with how to live a life that didn't use more resources than they had available. That work is absolutely in opposition of current cultural norms, and many people are not willing to go there.

Let's look at a third client. This client was in much better shape than the other two: she was still able to go to work as a paraeducator, which involved, in addition to teaching, regular meetings with parents and, because of the building she worked in, going up and down three flights of stairs in between each class. She was still able to stay up late to do activities she wanted to do after grading papers and get up at 5 am to be at the school on time. But in spite of her much-less-debilitated state, she was not able to make any improvement in her situation. "Yet", I should say: we worked together for about eight months, and currently she is working independently on some goals before we meet again. Let's look at her case:

This woman is 57 years old. She's 5'1 and 110 pounds. She was diagnosed with Lyme and Babesia several years ago by her MD. She'd had several rounds of antibiotics, had worked with several different doctors, and was coincidentally also working with the same herbalist as the second client, though they had no connection to one another. At her first consultation, she wrote an impressive list of pharmaceuticals and herbs she was taking. She did not have any nutritive herbs or supporting herbs – all of the herbs in her list were strong plants such as Red Root, Andrographis, and Lomatium, taken together without any demulcents or nourishing plants. She had not been given any advice with regard to sleep or diet, though she had been told to take a bath every night with hydrogen peroxide and oregano oil in order to "detox".

At this point it occurs to me to note: all three of these clients were dry – two by constitution and one by depletion in her current state, though I don't believe that she was actually dry in constitution. At the time I was working with them, all three were in extreme places of dryness: gaunt,



pulled-tight skin that flaked if you scratched it, dry broken hair, visibly dehydrated muscles – and all three were also drinking huge amounts of water in an attempt to “stay hydrated”, which they felt they never achieved. Yet, all three of them had been put on high doses of Red Root with no corresponding demulcents, on the merit that Red Root would “kill” the Lyme and was therefore absolutely necessary. Red Root can be a handy ally, but it’s also one of the most drying things I’ve ever put in my mouth, and definitely not appropriate for the constitutions of these women.

This woman’s highest priority symptom was severe muscle sensitivity in the backs of her legs, as well as a feeling of burning in her legs. She also described severe nerve pain in her hands, though that was demonstrably tied to her habit of using hand sanitizer with triclosan 15+ times per hour (she was afraid of contracting illnesses because of working with children). That pain began to decrease as soon as she stopped using hand sanitizer. She described tight knots in her piriformis muscle, as well as her calves and hamstrings, which caused her to have a strong aversion to any kind of physical activity. Overall she described her whole body as being sore. She also reported fatigue, gastro-intestinal distress, regular UTIs, frequent congestion, high blood pressure, and depression. She had a history of surgery including bunion and hammertoe surgeries, as well as cosmetic breast and multiple cosmetic facial surgeries. She had undergone chelation therapy several times over the past 3-5 years.

This woman was very interested in adding more herbs to her protocol so that she could “finally kill all the Lyme”. She was quite adamant that she was unwilling to cook, that she was unwilling to try any physical activity such as going for a walk or light stretching (although she noted on the intake form that she always wanted to be a yoga instructor), and that she was not able to compromise on her sleep schedule at this time. At that point I explained to her that I didn’t think my strategies were going to work for her, because I didn’t have any herbs that were stronger than what she was already taking (and because that’s also not my philosophy), and I felt the places that she could gain ground were with diet, movement, and sleep. She decided she’d rather try something than nothing and chose to continue the consultation. At the end of that first appointment, we agreed on a very conservative course of action: she was going to try to choose protein for breakfast at the breakfast bar at school, she was going to take vitamin D and magnesium supplements, and she was going to start putting slippery elm in her water bottles to help combat the dryness. I explained how dryness alone could be a compounding factor in her nerve and muscle pain, and we spent a lot of time discussing how diet and lifestyle can exacerbate the symptoms of Lyme.



In the months that followed, we basically had that appointment over and over again. We kept coming back to two questions, and it's worth a short tangent to explore them here: *How did I get this way? Why doesn't everyone else hurt?*

She had habits that her body couldn't handle – staying up late, working too much, avoiding physical activity except stair climbing, eating junk food. Although she's not wrong – lots of people do those things, and *they* don't hurt – the situation is more complicated than that. In many cases, they do hurt, they just don't talk about it, or it hurts in a way they are willing to tolerate. But it's true that some of them don't feel any hurt at all. I would add “yet” to that statement – there's only so long that a body can withstand certain treatment, and if they aren't displaying symptoms of damage yet, at some point they will develop some. But this is where “Lyme is a gift” comes in: I don't find that Lyme needs to negatively impact someone's life – as long as that person is willing to live within Lyme's parameters. We could make that statement about a lot of diseases, and it wouldn't really be reasonable, but in this particular case, I think there's no problem there: Lyme's parameters are actually the same parameters that will keep your body going for a good long while! Over and over again we see: if you eat well, get a decent amount of sleep, and move your body, Lyme symptoms become a non-issue.

And so, I explained why she needed to rest, why she needed to move her body, why her food choices mattered. I explained my experiences, that I've found it's neither possible nor useful to try to use herbs or drugs to “kill” Lyme, but instead I place my focus on the larger foundational issues that we can more easily affect, and which will also have greater impact. We made notes, we drew pictures, we made lists, then we made the lists shorter and more achievable. We agreed on lots of courses of action: very gentle stretching to try to release the tightness in the back of the legs (which was more likely due to sedentism + stairs – both activities that contract the back of the legs – than to actual Lyme symptoms), trying to incorporate more fat in the diet to combat dryness, trying to eat less sugar. She considered trying gluten free and we agreed that in preparation she would just practice reading labels.

Every month, she had the same old reasons about why she couldn't do any of the things we'd agreed she would do. Every month she'd have questions about some new therapy she'd heard about: new kinds of chelation, coffee enemas, herbs from foreign countries I hadn't heard of, a different kind of antibiotic. We tried flower essences to help her shift her habits: she'd forget to take them, or drop the bottles and break them, or lose them. We tried food, we tried tea, we tried movement, we tried sleep. We tried nut-butter-herb-powder balls, we tried baking powdered herbs into cookies (gentle adaptogens, in both cases). I connected her



with several different yoga teachers who would work one on one with her within her budget. But no matter how fool proof it seemed our plans were, the next month, she'd have lost the list, or something came up, or she'd just not gotten around to it.

That's not to say there was no movement at all. There were some things I was pretty excited about. One day I noticed that her emails were suddenly no longer written in all capital letters, and that she signed her email "thank you". After several months she said in an appointment: "I think I need to change my habits, and I haven't done that" – I was elated! At the very end of that appointment, she felt very positive about her plans to stretch. She said: "I just feel like I'm not really doing enough. I should go home right now and stretch! ...I probably won't, though". I deflated. She often remarked "I'm trying to get the gluten out, but sometimes I just can't help it".

So what did we do? Since she did not typically work a second job during the summer, we both were really looking forward to that as a time that she could make significant change. We agreed that when summer started, she would take two weeks to just rest – sleep late, relax, go for nice walks in nice places – and then she could start a regular yoga schedule. She was very motivated to "live a yoga lifestyle", and very excited to start this plan. We agreed that we would meet again in six weeks, which would mean two weeks to relax and four weeks to get solid in her new daily yoga practice. She knew exactly what classes at exactly which studios with exactly which teachers she was going to take every day; we worked out this schedule together. She was also going to continue working towards healthier eating in whatever ways she could. But as the six weeks drew to a close, she had not taken any action at all. She still had plenty of summer left, so we postponed her appointment, and I explained that we (both she and I) really needed her to take some action so that we could have something to work with. We ended up postponing her appointment through the whole summer. I have told her that when she manages to get to a yoga class at least 2 days a week for a month, it'll be time to schedule her next appointment. Sometimes I hear from her, and so far, nothing has changed.

That's the biggest factor in her experience with Lyme: nothing has changed because she hasn't changed anything. Lyme isn't a disease where you can simply take some pill and make it all go away – frankly, I'm not sure a disease like that actually exists. There must be change in the system in order to change the system. In this woman's case, she will need to have an experience that is sufficiently unacceptable to her that it motivates her to shift from admiring people who are the way she'd like to be to making change in her life that moves her towards what she'd like to be. In fact, that's everyone's case: maybe you've vowed to give up sugar,



maybe you've sworn you'll go to bed early. But those resolutions aren't very easy to keep until something happens that is significant enough in your life to motivate you into sustaining that change.

So where does that leave us? At this point in my practice, I feel very strongly that Lyme symptoms are an indication of existing dysbalance in the system, and not a necessary outcome of Lyme itself. Lyme has been with us for eons – in fact, Lyme is actually older than humans! It's tremendously intelligent, which is part of what makes it so impossible to kill. Historically, there were cases of Lyme, but they weren't as frequent and they didn't look like what we have today. It wasn't until the 1970s that things really kicked into high gear – so what happened? There are lots of theories, from climate change all the way to genetic engineering out on Plum Island, and frankly, some of that stuff is probably true, but getting wrapped up in it misses the point. (Although we can see climate change as an analogy for Lyme as much as a cause: living beyond what our resources can sustain causes climate change on the large scale and promotes Lyme symptoms on the individual scale!)

Wild animals – animals who are living their “traditional” lifestyles – don't present symptoms of Lyme. They often host the spirochete, but they don't have symptoms. Domesticated animals do, and those symptoms are similar to human symptoms – in particular with the joint pain. Why the difference? That part about “traditional lifestyles” is key. Modern Lyme disease is more an indicator of loss of resilience, abundance of stress, and lack of host vigor, than anything else. Let's follow that thought through: if Lyme disease is an indicator of loss of resilience, this is not a situation that we require antibiotics for.

The mainstream course of action, when Lyme is acknowledged, is two weeks to thirty days on doxycycline (or sometimes lesser antibiotics such as erythromycin). There are no studies that show that 14 days, 30 days, or any number of days on doxycycline will resolve Lyme, and I don't think there ever can be. Because Lyme doesn't really like to live in the blood stream and because it can encyst to protect itself in dormancy until conditions are favorable, it's really not the right target for antibiotics, which are specifically targeting blood infections. Many people do experience a reduction of symptoms while they're taking doxycycline, but find that as soon as they stop, the symptoms return. Doxycycline is not just an antibiotic, but also a very potent anti-inflammatory – which means that many Lyme symptoms are simply suppressed by the anti-inflammatory action even though there is no particular effectiveness in killing the spirochete. We can take that idea further as well: what about the case where someone has a strong initial infection, takes doxycycline, feels better, and resumes to their normal life? In that person's case, I'd contend that what really happened was the person went to bed and slept



for a few weeks, and the anti-inflammatory effect of the doxycycline was able to sufficiently manage symptoms in order for the person to rest effectively. This is the type of situation we saw in the second case study: an initial diagnosis in 1994, then “re-infection” in 2011. I would say that’s not a “re-infection” but a relapse – at that point, her stress levels (cumulative: dietary, environmental, etc) became too high for her to keep the Lyme symptoms at bay.

So why do we bother with the doxycycline bandwagon? Partially because that’s what a lot of us were taught. I think there is also an underlying current of wanting to be seen as “reasonable” in the mainstream eye. With Lyme being such a life-disrupting disease, with people being brushed off by mainstream practitioners, with the general hubbub of This Is Really Serious (tm), I think many of us just accepted that position without too much critical thought. What I have seen in my practice, though, is that doxycycline is causing more harm than good, and that anyway, the situation actually isn’t as complicated as it looks. We work with the two pharmacy schools in Boston, teaching about 100 6th year Doctor of Pharmacy students each year, and they report similar experience. They are already aware of Lyme resistance to doxycycline in this area, and they feel very frustrated at the overprescription of the drug.

What I see clinically is that clients who come in having chosen doxycycline have more dysbiosis, more neurological issues, and generally report that the drug didn’t work, only worked when they were actively taking it (ie, as an anti-inflammatory), the side effects were too strong for them to complete their course, or that they observed a significant worsening of their symptoms after taking it. I haven’t seen any client who felt it had been a good idea for them, though, someone who took doxycycline and had a good experience wouldn’t likely be seeking out an herbalist to help with their Lyme, so that data is biased. Biased or not, it’s data and it’s worth considering. Every client who came in choosing to forego doxycycline has recovered faster than any client who came in having taken one or more course(s) of doxycycline.

Their experiences, my experience, and the fact that doxycycline comes along with a picnic basket full of unpleasant side effects, all point me away from antibiotics for Lyme. Given that the herbs generally employed for Lyme are also very strong and are often poorly tolerated, especially at the high doses that are often recommended, I don’t feel that the “anti-Lyme” class of herbs are appropriate either.

If you can’t kill it with antibiotics and you can’t kill it with herbs, then what? Join it! Instead of trying to help people “get rid” of Lyme, I’m looking build a partnership. I talk with clients about what parts of their



lives were unbalanced and unhealthy before they “got Lyme”, and resolve those. This is a good time to point out that a great majority of folks with Lyme did not have a bull’s eye rash, and aren’t aware of having been bitten by a tick at all! Did they “get Lyme” when they got sick, or could Lyme have been in their system for some time now, asymptotically, until their situation became such that the body couldn’t keep the symptoms in check? I stress that since it’s impossible to kill the spirochete anyway, it’s better to look at Lyme as an early warning system – a handy, specialized mechanism in their body that will let them know if they’re pushing their limits.

The foundational protocol is easy: Get all the junk out of the diet. You can do that any way you like, at any speed you like – though the faster it’s done, the faster the symptoms subside. I like the Whole 30 program, but any method that works will work.

Next, get some sleep! Right now, Americans sleep on average 6-7 hours a night, but healthy human adults actually require at least 9 hours of sleep a night. That means your Lyme client needs more like 10, 12 or even 14 hours for a while. They’re probably going to find that pretty inconvenient, but I find framing sleep debt just like credit card debt to be a useful analogy. At some point, you’re going to need to pay that off, but once it’s paid off, things will get easier. I won’t ever want a Lyme client to go back to the 6-7 hour average – getting them back to that point is only setting them up to have a recurrence of symptoms. This is part of the work of helping them understand that even though “everyone is doing it”, it’s not actually sustainable.

Lifestyle is in that category too. Our culture is based on unsustainable growth, “everyone” is doing quite a lot of unsustainable stuff. I want my clients to live full robust lives, but I don’t want them to return to the stress load that they had when they got sick. That might mean reducing work hours in favor of more time to rest and be with family. That might mean reducing the number of evening and weekend activities. This doesn’t mean living a boring life, or that the person is somehow “disabled” – it’s a recognition that we as a society are currently doing too much. We all need to slow down somewhat. Choose the things that really are most important, give them some attention, and otherwise make sure there’s time to rest, to make music, to make art, to move your body every day, to have meaningful conversations with family members and friends.

Herbs are important, but they are allies to support a client’s recovery, to rebuild what’s been depleted not just by the Lyme but by the lifestyle that lead to symptomatic Lyme disease. Herbs can help with the emotional aspect of making big life changes, they can mitigate symptoms as we make these changes. But herbs can’t “get rid of Lyme”, and I make



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that super clear to my clients. Nothing will get rid of the Lyme, and frankly, it's better that way. Consider Lyme your new super power, guaranteed to keep you from living an overstressed, unsustainable life! Lyme is a gift!