

# Lyme Disease: Facts vs. Fallacies

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The 2015 tick and Lyme Disease (“LD”) season is in full swing, and much erroneous information abounds about it. Because of the huge blankets of snow in many parts of the U.S. (and most certainly here in New England), the ticks were insulated and protected, so this is a much harsher season for us.

Moreover, Spring is the nymph-stage for ticks, so they are tiny and VERY hungry... and very hard to spot. There is no “safe” time except in the dead of winter’s deep cold. Aaron and I are very knowledgeable about ticks and Lyme Disease, from extensive research, our membership in a group of licensed healthcare professionals who are “Lyme literate”, our experience with 100’s of clients who became ill with it, and our personal experiences.



## These are some blatant FALLACIES about Lyme Disease:

1. Only deer ticks carry Lyme Disease (*Borrelia burgdorferi*). **WRONG!** Every type of tick, including Lone Star ticks and Dog ticks can carry Lyme Disease, and a whole host of other co-infections, such as Bartonella, Babesia, Erlichia, and much more. Further, *Borrelia burgdorferi* is only one of many sub-species of Lyme. In addition, spiders, fleas, mosquitoes, mites and a number of rodents carry all of the above, and then some.
2. **One only needs to be concerned with LD. WRONG!** See above response about co-infections.
3. **DEET (a harsh chemical) is the best defense against ticks and tick-borne illness (“TBI”). WRONG!** DEET is best as a mosquito repellent. Permethrin (also a harsh chemical) is a tick repellent. If you choose to use it, spray it all over your clothes and avoid your skin, which absorbs the chemical.
4. **Lyme Disease is 100% curable if caught early. THAT DEPENDS!** It depends on what someone is treated with, and for how long. The typical LD “first choice” is Doxycycline, which works for the majority of people, but not all. And ONLY if treated for at least 45 days, due to the replication cycle of LD. Doxycycline does NOTHING for most co-infections, and many people get multiple co-infections from a bite.
5. **A tick needs to be imbedded for at least 48 hours to transfer LD and co-infections. WRONG!** The anti-coagulant that they spit into you as they bite can transmit disease almost immediately. The more they become agitated or squeezed as you try to remove them, the deeper within their bodies they disgorge from, and the greater the infection risk.
6. **A negative Western Blot test means you don’t have LD. WRONG!** Unfortunately, there are no infallible diagnostic tests. However, in general, a Western Blot test done within 14 days of a bite will likely show up negative, even if you contracted the disease. The “magic window” is 14 – 40 days from the bite, yet still may present a false negative. By the time 60 days has gone by, LD and co-infections have morphed and may not show up, even if you are infected.
7. **If there is no classic “Bull’s Eye Rash”, there is no LD. WRONG!** 80% of infected people do not recall “the bite” or get a rash.
8. **LD is only in CT and New England. WRONG!** It is all over the world, various species and various co-infections are all over the U.S., Western Europe, Eastern Europe, and more.
9. **Going to an Infectious Disease (ID) specialist will conclusively determine whether or not you have LD or co-infections. WRONG!** Again, diagnostics are imperfect, and few ID doctors are Lyme literate.

## These are the FACTS about Lyme Disease:

1. **Everyone should take Lyme Disease prevention seriously**, and take responsibility for himself/herself, family and pets. Dogs and humans are extremely susceptible. Although cats tend to be less so, they carry the ticks and other carriers into the house.
2. The people who recover 100% from LD and co-infections are those who combine western medicine (such as antibiotics, anti-parasitics) with alternative therapies (intra-venous vitamins, energy healing, herbals, supplements, energy tools and techniques, proper diet, etc.)
3. **Prevention** is the best option. We mentioned a chemical repellent above. Other options: taking Astragalus and Garlic change the scent of your body, and tend to repel ticks. (TWTB carries these). We have developed a potent essential oil repellent (hard time keeping up with demand at the moment) that helps for 2-3 hours, and must be re-applied. We are in the process of developing BioMorphic Geometry formulas for same. Wear light-colored clothing, tuck your pants into your white socks (sorry, it's nerdy, but you need to see the ticks!) when in a tick-risk area, such as tall grasses, woods, etc.
4. LD and tick-borne illnesses are sexually transmitted, and transmitted in the sperm and womb. Babies are born with LD etc. every day. EVERYONE must get treated once someone is known to be infected.
5. It is important to find a Lyme literate doctor and alternative practitioner, if you suspect you may be stricken with LD and co-infections.
6. LD and co-infections are very under-reported, the maps therefore underestimate it. However, this gives a sense of LD (includes no co-infections) in the U.S. <http://module.lymediseaseassociation.net/Maps/>
7. A Common Allergy Medication May Help Treat Lyme Disease  
Loratadine, an [antihistamine](#) found in over-the-counter allergy medicines, may be able to help kill the [bacteria](#) associated with [Lyme disease](#) (*Borrelia burgdorferi*). Findings from this study are published in *Drug Design, Development and Therapy*. The study showed that loratadine and its metabolite, desloratadine, are able to prevent manganese from entering the cell wall of the bacteria that causes Lyme disease. Manganese is needed for certain metabolic processes of *Borrelia burgdorferi*. The bacteria is considered harmful to the body when manganese binds to the bacteria's transport system Borrelia metal transporter A (BmtA) and enters the cell. The antihistamine inhibits BmtA, thus leading to bacteria starvation and causing it to die in test tubes.

### **RELATED: U.S. Lyme Disease Costs Could Exceed \$1 Billion Annually**

Jayakumar Rajadas, PhD, Director of the Biomaterials and Advanced Drug Delivery Lab (BioADD) at Stanford University School of Medicine and lead author of the study, states that these promising results could lead to the development of the first targeted therapy to treat Lyme disease.

### **NOTE FROM THE AUTHORS (Aaron & Sue Singleton):**

Please check contra-indications as well as potential side effects, before taking these or any medicines or supplements.

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