

Treatment of 'Chronic Lyme': Plenty of Risk, No Benefit



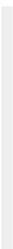
By Josh Bloom — June 16, 2017



Image: Magzian.com

The CDC just issued its latest [weekly MMWR report](#) ^[1], **(1)** and this one needs to be taken seriously. The report, which is entitled "Serious Bacterial Infections Acquired During Treatment of Patients Given a Diagnosis of Chronic Lyme Disease — United States" once again shines light upon "chronic Lyme disease." Not only is there no such disease **(2)**, but this doesn't stop unscrupulous health care providers from extracting large amounts of money from people who don't feel well and do not have a diagnosis to explain their ailments. Typically, such doctors take advantage of vague, non-specific symptoms that can be associated with any number of conditions to exploit patients by convincing that they have chronic Lyme. We have written frequently about the quackery of chronic Lyme, (see [here](#) ^[2], and [here](#) ^[3]). And Edward McSweegan, Ph.D., writing on American Council advisor Stephen Barrett's [Quackwatch site](#) ^[4] debunks common myths about the phantom disease. Our former advisor Dr. Paul Offit has plenty to say about this as well **(3)**.

We are hardly alone. Paul M. Lantos, M.D., of Duke University, and colleagues from six other infectious disease centers published a 2015 [review](#) ^[5] of 30 alternative treatments for "chronic Lyme":



Providers of alternative therapies commonly target patients who believe they have Lyme disease. The efficacy of these unconventional treatments for Lyme disease is not supported by scientific evidence, and in many cases they are potentially harmful.

Paul M. Lantos, M.D. "Unorthodox alternative therapies marketed to treat Lyme disease." *Clinical Infectious Diseases* (2015)

A particular concern is one of the 30 therapies discussed in the review—the use of long-term IV antibiotic therapy. Not only does long-term IV antibiotic treatment provide no benefit for the non-disease, but it can be quite harmful. This is because it drastically alters the balance of "good" and "bad" bacteria in the body.

This phenomenon, which is commonly seen in hospitals, is often manifested by the overgrowth of *Clostridium difficile* (C. diff.), which is both difficult to treat and dangerous. But C. diff. infection is not the only condition caused by prolonged use of IV antibiotics. The MMWR report examines five case studies. Some examples include:

- A young woman with joint pain and fatigue was treated with three courses of oral antibiotics. When her symptoms did not improve, a central catheter (central line) was inserted in order to facilitate a three-week treatment of two powerful antibiotics. She later died from septic shock caused by the catheter.
- A woman in her 50s was diagnosed with amyotrophic lateral sclerosis (Lou Gehrig's disease, ALS). She sought treatment from a physician, who said that she had chronic Lyme as well as two other infections and "treated" her with homeopathic medicines and herbs. Once that failed, she was treated with IV ceftriaxone as well as antiviral and antifungal drugs for seven months. She developed a severe, two-year C. diff. infection, and later died from complications from the ALS.
- A teenaged woman with lethargy, and muscle and joint pain was told that she had chronic fatigue syndrome. But an alternative medicine clinic diagnosed chronic Lyme disease. A combination of four oral antibiotics was discontinued after 3 months because liver enzyme test results suggested liver damage. A central line was placed and she received IV antibiotics for five months, which did nothing. For some reason, the central line was not removed. The woman nearly died from septic shock but recovered after the central line was removed and she was given a course of broad-spectrum antibiotics to treat the *Acinetobacter* infection caused by the central line.

Sometimes quackery is merely harmful to the wallet, but many times it can be far worse than that. If you are seeing a physician who tells you that you have chronic Lyme, turn around and run the other way. Then when you get there, keep going.

Have a safe and tick-free summer.

Notes:

(1) Morbidity and Mortality Weekly Report (MMWR) is a weekly bulletin from the CDC, which alerts physicians and the public of a wide variety of epidemiological health threats. The first report of

AIDS appeared in the June 5, 1981 MMWR

(2) Possibly the best indirect evidence *against* the existence of chronic Lyme is that internet supplement huckster Crazy Joe Mercola believes that it is real. Given that he is wrong approximately 100 percent of the time, I'll take those odds:

"Personally, I find it baffling that physicians would deny the possibility of ongoing infection when these organisms are known to operate by stealth, and are capable of evading detection and most standard treatment protocols. I can tell you first hand, from my experience with my girlfriend Erin who was diagnosed with Lyme disease in 2013 after suffering from a range of hard-to-pin-down symptoms for 14 years, chronic Lyme does exist."

Crazy Joe Mercola, [Lyme Disease on the Rise As Tick Epidemic Spreads Across the US](#) [6].

(3) Dr. Paul Offit, the chief of infectious diseases at Children's Hospital of Philadelphia, and a former advisor at the American Council devoted an entire chapter to fraudulent Lyme treatments his book "Do You Believe in Magic? The Sense and Nonsense of Alternative Medicine." (Harper Collins). **Highly** recommended.

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Links

[1] http://www.cdc.gov/mmwr/volumes/66/wr/mm6623a3.htm?s_cid=mm6623a3_e

[2] <http://www.acsh.org/news/2015/05/27/when-life-gives-you-lemons-its-not-because-of-chronic-lyme>

[3] <http://www.acsh.org/news/2014/09/22/important-discussion-elucidates-forces-behind-chronic-lyme-scams>

[4] <http://www.quackwatch.org/01QuackeryRelatedTopics/lyme.html>

[5] <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4490322/>

[6] <http://articles.mercola.com/sites/articles/archive/2015/07/29/lyme-disease-tick-epidemic.aspx>