

Lyme Disease 101

The History of Lyme Disease in America

by Dr. Gregory Bach, D.O., F.A.A.I.M., P.C.

Lyme Disease just came on the radar screen in 1970's when a nurse by the name of Polly Murray, RN reported an outbreak of young males with swollen knees in Lyme, Connecticut. Her son was one of them. She kept calling the CDC and saying something is going on up here, please send a physician to come to investigate. His name was Dr. Allen Steer who then reported the findings in an article concerning this event. Dr. Steer becomes famous and Polly Murray, RN never did, but continued on to write a book later called *The Widening Circle*, a play on words describing the Erythema Migrans or "E.M. Rash" that expands in the center and now is known as the infamous bulls-eye rash of Lyme Disease.

In the early days of Lyme Disease, these young researchers had labs and would apply for grant monies. Question...



How did the doctors figure out in the early days how long they should treat for Lyme Disease? The answer comes about by looking at the spirochete, the causative organism that causes Lyme Disease. This bacterial organism – called *Borellia burgdorferi* – was named after the Nobel Prize winner who isolated the organism. It was very close in structure to *Treponema pallidum* {the causative organism of Syphilis}, the scourge of the twentieth century.

Syphilis was treated and eradicated in 10 days using the antibiotic Doxycycline. So the logic was simple – this spirochete was killed in 10 days, up to one month of treatment; they assumed so should the Lyme Disease spirochetal organism. But this was not always the case – 10 days, two weeks, one month of Doxycycline didn't always work in all cases. The reason for this we now know – Lyme Disease organism travels with co-infections and they must be addressed when treating the patient. However, this is where the division in medicine about this disease starts, so over the next 40 years the battle over this disease erupted and the perspective of "The Two Standards of Care" was born: the perspective of short-term treatment and you're cured, versus longer treatment until the patient's symptoms resolve.

Nowhere in the history of American medicine has the

modern medical doctor been told only to treat patients for two weeks and they are cured. WHY? The question begs to be asked, what is the usual answer in life? Follow the money trail. Let's take a quick look back at these early researchers. Something was being formed back then, an alliance, between the researchers and the insurance companies. But what? It was an alliance between health care costs and what the young researchers were up against when they applied for research grants. When looking at long-term treatment research, there were no funds to be found. But why? Economics, the costs. You see in this story, how would I know this? Because I sat on a panel of research physicians in the late 1990's early 2000's by Glaxo-Wellcome Pharmaceutical Company and spoke with these early researchers, firsthand. I truly believe that these individuals started out with honest and good intentions but years of pressure on containing this outbreak took its toll upon them.

Question... Is the Medicine we call Doxycycline ever been FDA approved for Lyme Disease? Answer... NO. The correct answer is "Ceftin {cefuroxime axetil}" is the only FDA approved drug for Lyme Disease. And how would I know this? Because as a research physician I worked with a top vice president in this company who was in charge of this drug and asked him to do so, he also helped form the panel that I just spoke about.

Back to the history and economic lesson. Around this time "The Americans with Disabilities Act" was passed by the brave individuals who lobbied for the full treatment of AIDS under the protection of law. Wait a minute, but we are talking about Lyme Disease. What does AIDS have to do with this story? Again, the answer... economics. You see, when this epidemic is addressed, the insurance companies said we are forced by the government to pay for AIDS, we are not going to pay for any long-term treatment of Lyme Disease, and thus the basis for this unique but devastating alliance was forming. The fight progresses on over the next 10 years and the early research scientists continued to form alliances with other professionals and research institutions, and hundreds of thousands of dollars were poured into "the two weeks and you're cured side" and it became so entrenched in corruption that in May of 2008, the Attorney General of Connecticut, who is now Senator Blumenthal, had to bring anti-trust charges and sue them; all this is a matter of public record today.

Did this change anything? NO, the debate wages on, the stakes become much higher, but the story continues (with Lyme 101). Read next time.

Lymes Disease 101 - Part 2

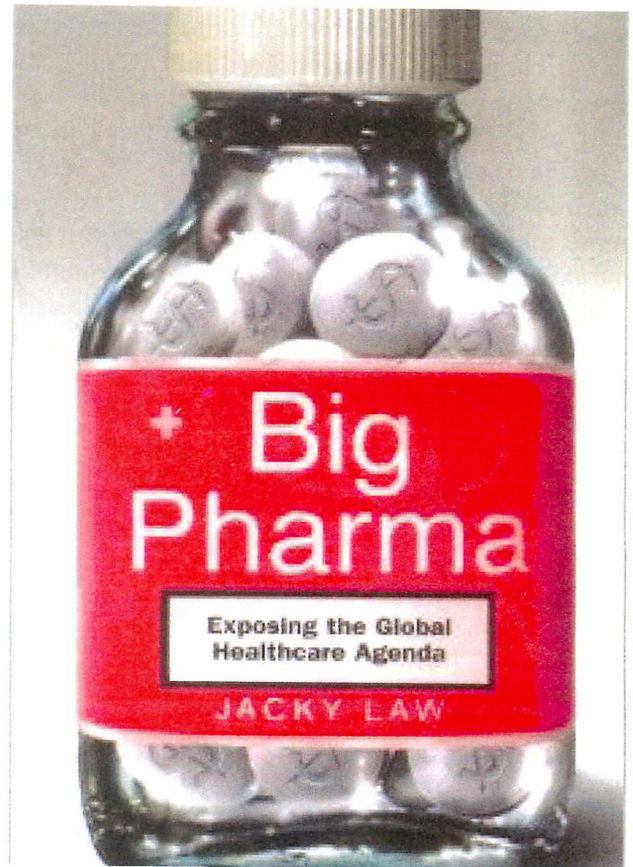
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I just returned from Australia and was able to personally lecture to one of the chief of staff to their senate parliament, and I left them a copy of the Lyme disease article published recently by this periodical. Along with other supporting patient cases and materials. He was taken back, we spent two and half hours together and he said he was going to take the information to his minister of health. You see, in Australia only I D (infectious disease) doctors, I am told, only can diagnose and treat Lyme disease. There is a very rigid control over this disease in that country which shuts out the other doctors. As I return to our story about why can't doctors treat past two weeks or a month for Lyme disease OR suffer the possible investigation from insurance companies and medical boards. It's all about the \$\$ MONEY, PATENTS AND CONTROL.

Time and Investigations seems to have caught up with THE "CDC". I came across this July 29, 2015 article/video, please see: Senator Posey Calls for Investigation of CDC Fraud/ video/C-SPAN.org. It's only a ten minute actual video on this investigation from the floor of the senate – it speaks for itself – someone changing the research data about autism and vaccines with one of the original research scientists spilling the beans. WHY is this important? Because they are part of the Lyme disease problem. It appears they are falsifying and changing research data on this subject of autism and vaccines, why not Lyme disease also, which has already undergone investigation by Senator Blumenthal back in May of 2008?

Did you know that Lyme disease & (TBD) tick borne diseases or coinfections studies published in 2008 and 2015 by the N.I.H. chronic Lyme studies showed functional disability of infected patients was comparable to what you would see with Congestive Heart Failure. Pain is comparable to what you might expect in patients coming out of Surgery. Fatigue is comparable to patients with MS. (1)

Did you know that "The Iceman" who is one of the oldest anthropological remains of the human race had Lyme disease? YES. Published by National Geographic in 2012. They took the DNA of The Iceman who had been suffering Chrohn's Disease by his autopsy. He was first tested for Syphilis which was negative then tested for Lyme disease, which tested positive by DNA. So it shows that this disease has been around since the beginning of early man and in this case linked to Chrohn's Disease. Fascinating. But did you also know that Lyme disease "Bb" Borrelia Burgdorferi was also found in Amber crystals and ancient American Indian remains?



I have found in my research that patients who I have treated in the past with any Native American Ancestry have a more difficult time with these (TBD) tick borne diseases when they go through the treatment. One of my board certification is in Addiction Medicine and I always wondered if there was a correlation between higher rates of ETOH abuse and the Native American population in general. Could this be one of the connecting reasons, because Lyme disease patients have a higher incidence of drug and alcohol overuse due to pain.

Back to who's in control of this disease. Many policy makers controlling Lyme disease have been microbiologists, rheumatologists, "bench" scientists and bureaucrats. They lack clinical medicine (accept for the rheumatologists) have prevented them from understanding the association between Lyme disease and T.B.D. infection and fatigue and the cognitive, psychiatric, subtle neurological and other multi-systemic symptoms.

Doctors and patients must be told and taught that Lyme disease is a clinical disease, signs and symptoms (which means what the doctor sees when he's examining the patient) is how the diagnosis is made and not relying on the Lyme

disease test which is only 46% sensitive (meaning how the test locates the disease). "Even the CDC states that testing should not be used as the sole criteria for Lyme disease diagnosis."

Did you know that Dr. Osler, the Father of American Medicine emphasized history, examination, and judgement, is what is most important in diagnosing a patient "medicine is learned by the bed side and not in the class room". So we return to why the restrictive definition of Lyme disease occurred. First started in the 1970 - cured in two weeks in medicine - if you're not better it's post Lyme treatment syndrome, meaning it's all in your head. Why can't it just be that the patient needs to be treated longer until symptoms resolve. Or is there another coinfection (another disease

patients sick? Law suites are still in place for as long as the patients are alive. This changing of the lab test markers cut out a lot of the positive test results. Did you know that a study reviewing Lyme sensitivity was reviewed from 1993 through 2008 and showed you only have a 46% chance of the test even finding it. (3) (If this was an AIDS test this would never have been allowed.)

Even spinal taps, "they count as the gold standard shown only 1/27 could show by this painful method and was published by Tufts University School of Medicine." (4)

Third Parties - Let's not confuse who has what responsibilities in what areas. The CDC and FDA have no license to practice medicine, have no clinical experience, do not see patients and do not correct their errors by feedback and

 (*Ixodes scapularis*)



Deer tick or Black-legged tick

Vector for:
Lyme Disease
Anaplasmosis
Babesiosis

Deer tick engorged



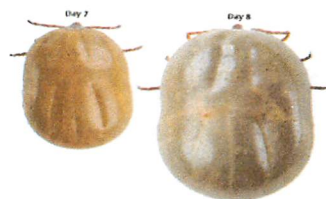
 (*Dermacentor variabilis*)



Dog tick

Vector for:
Rocky Mountain Spotter Fever
Tularemia

Dog tick engorged



 (*Amblyomma americanum*)



Lone star tick

Vector for:
Ehrlichiosis
Heartland Virus
STARI
Tularemia

Lone star tick engorged



traveling with Lyme disease at the time of the infection). At last count there are 23 plus other tick borne pathogens (infections) in the U.S. Did you know only one in a hundred lab tests are CDC positive. Yearly Statistics: 3,400,000 Lyme lab tests ordered yearly - 300,000 to 1,000,000 estimated yearly cases - 30,000 meet CDC surveillance definition - negative lab tests don't rule out Lyme disease - there is a serious national and international health crisis in all 50 states and more than 80 countries. (2)

Did you know that the deer borne criteria eliminated the bands (biomarkers) most relevant to Neurological Symptoms, so they could put out the Lyme disease vaccines, in the 1990's which had to be pulled off the market for making

clinical experience does. The CDC and FDA are not laboratories that perform quality assurance and are not acceptable to references for how to CLINICALLY interpret serological (blood) tests or any tests in the office.

The Role of Government Agencies - The CDC has responsibility for surveillance of infectious disease. The FDA approves drugs and the labelling of drugs. CLIA (Clinical Laboratory Improvement Amendment) approves medical laboratories, not the FDA. A CLIA approved lab has been proven to be proficient by federal standards.

And the answer is? It is apparent there is an attempt to use a narrow definition of Lyme disease to facilitate approval of a Lyme disease vaccines, test kits and NIH grants. Recogn-

nizing as a chronic relapsing disease that can be seronegative (negative test result), defined by a complex clinical (physical) assessment rather than a simple blood test, would prevent cost effective approval of Lyme vaccines and mass produced test kits by the FDA. Post Lyme treatment disease syndrome is simply a contrived medical condition disguising treatment failure. Authors of the IDSA (Infectious Disease Society of America) Lyme guidelines were principle investigators of vaccine trials, test kits and NIH grants, is a matter of public record.

The Plot Thickens. Dr. Willie Burgdorfer, who discovered *Borrelia burgdorferi*, the spirochete causing Lyme, stated –“The controversy in Lyme disease research is a shameful affair and I say this because the whole thing is politically tainted. Money goes to the same people who have for the last 30 years produced the same thing – nothing.”(5) Again who “OWNS THE ELISA PATENTS”? Just look it up. The IDSA Lyme disease guideline authors had: \$92,000,000 in NIH & CDC Lyme grants - \$113,000,000 in NIH & CDC Lyme grants to their institutions and more to other collaborators – 200 Lyme related patents (including Lyme ELISA).

And what put kerosene on this fire? “The Bayh-Dole Act further increased the financial gain from NIH grant money.” The legislation offered universities the opportunity to patent the results of federally funded research on license campus-based inventions and earning royalties in return. After the act was passed in 1980, many of the doctors in academic research shifted their research away from the clinical aspects of Lyme disease towards research focused upon acquiring patents on different parts of the disease.(6) Money is made for NIH grants, patents and royalties only if it's a laboratory rather than clinical (doctor examining patient) based definition.

Missed Opportunities – The failures of NIH and CDC to effectively deal with Lyme disease results in missed opportunity to prevent impairment, disability and sometimes death. Other countries follow the lead of American healthcare policies which magnifies the consequences of our actions. **Freedom in Medicine** – Dr. Benjamin Rush, signer of the Declaration of Independence and personal physician to George Washington stated – “Unless we put medical freedom into the Constitution, the time will come when medicine will organize into an undercover dictatorship to restrict the art of healing to one class of men and deny equal privileges to others.”


Signing off with this history lesson remember (there are two standards of care concerning Lyme Disease) the treatment decision regarding which approach to use rests within the Physician-Patient Relationship, in a medical system that respects freedom. Until next time.....

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This is a continuing article series on Lyme disease and the state of affairs on how pathetically disease has been handled for the last 37 years. As you may remember in Lyme Disease 101 part 2 we discussed the all-important "Elisa Test" which is the control spigot on the handle of this disease. Which has affected the number of cases that are allowed to be reported and why the average "Joe" like you and I have no control over this process. Again it's the MONEY, the patent holders, Researchers and (20 bench scientists) meaning the guys in the Ivy Towers and their connected Universities who hold over 200 related patents and continue making Billions of Dollars, with a B, over the last 37 years. Sadly you probably have a greater chance of getting struck by lightning than getting a positive test for Lyme disease. Remember the CDC has recently come out and admitted that the cases are actually 10 times more than they thought. Just now while I'm writing this, I just got a call from the famous radio show podcast host "Jo Painter", at ThePeopleChronicles.com/lyme disease. She wants us to continue to do a pod cast series on this subject, stay tuned. Back to the story. Again why is this disease the subject of so much controversy, smoke and mirrors? Well some of these diseases it has been reported from governmental records that they have been bio-weaponized by multiple governments and books have been written on Plum Island the famous government Animal research and testing center. But that's for another article. Do you know that in the 1980's when Russia was occupying the Middle East it has been said that there were forms of bio-weaponized Rocky Mountain Spotted Fever that were released only to effect the future generations of soldiers who then brought it home to their loved ones. Last night when I was deciding how and what to right in this article, I had a new patient, we'll say by the name of Phil. Five years ago when he was 19 years old he was an all American athlete, held 4 varsity letters from his high school in track, basketball, baseball, and swimming. He started getting sick in the fall and lives on a beautiful wooded lot in Pa. His father and grandfather were famous airplane pilots and his mom and grandmother were registered nurses. Within 6 months of getting bit by a tick he started to have vertigo, dizziness, multiple joint ached, flu

like symptoms and had a large EM (Erythema migrans), bulls eye rash on his left leg. Again this all starting 5 years ago, his mother the nurse at this time said "It looks like Lyme disease" unfortunately at that time he had a medical resident in emergency room trauma training, living at their house who looked at it and said "No, you have ring worm" and gave him a steroid cream which he took, the rash then faded resurfacing 6 months later with a vengeance twice the size with more aggressive symptoms than before. As you may or may not know, using a steroid on Lyme disease and "TBD" tick borne disease patient is the worst thing to do because it suppresses their immune response and makes them 10 times sicker, and can also in some cases, lead to blindness. He then proceeded to see his family doctor who took a whole 15 seconds, looked at his leg and said "no that's not Lyme disease" and looked at the patient with that famous line from the movie My Cousin Vinny when the judge said to Vinny the new lawyer, "Are you on druuggs?" and proceeded to lecture him on the demons of alcohol and drug abuse. All the while his life continued to take a downward spiral, so for the next 5 years. He researched the internet talking to snake oil merchants and self-serving local support group individuals persuading him to go to this doctor or go use that treatment. He told me "I tried to call you five years ago but the people on the internet said don't go to Dr. Bach, go to this person." It is all too sad that this still goes on, people, for whatever reason give medical advice without being a doctor. My patient is now 24 years old and had to drop out of his college aviation science program only to lead a life of misery. But why? All because one group starts to give out disinformation, it gets compounded by multiple lies, and it multiplies like germs in a petri dish. How he finally made his way to me after all this time was a miracle. It was by way of another doctor who I treated and saw him suffering in his church and finally convinced him to come here. What a shame, about a little lie. What's going on with these people holding themselves to be experts and in the process destroying a young mans' life. Shame on them and shame on all the proponents of these false hoods. At age 24, I will, with God's blessing, help this very promising young mans' life, he can finish his aviation degree and now he is thinking "maybe I could become a doctor too". I hope so, I need the help. Until next time as Lyme 102 the diagnosis continues.

Please be aware of people with all natural treatment and snake oil potions and promising cures because all they want to do is separate you from your money. Please be aware of people who are practicing medicine on the internet without a medical license because as in this case it destroyed this man's life and lead to 5 years of unnecessary misery.