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Dealing with Pathologies

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Your Clients With Lyme Disease

Dear Readers,

I am writing this in high summer, which is prime tick season. Consequently, in this installment, we will examine one of the most mysterious and frustrating conditions associated with summertime activities: Lyme disease. This comes about thanks to the comments of Joy Sablatura in response to my article about Sjogren's syndrome.

One of the things that I have a passion about is educating the public about Lyme disease. So often it is diagnosed as the symptoms that it presents with, such as arthritis, fibromyalgia, chronic fatigue, Bell's Palsy, Parkinson's, Sjogren's, lupus, multiple sclerosis, ALS, ADD, bipolar disorder, anxiety, meningitis or IBS. Reading about Sjogren's makes me wonder how many people with that diagnosis have Lyme as the causative agent? I think it's possible that the Lyme spirochete invades the joints, crosses the blood brain barrier, and spirals into the organs and tissues, causing inflammation. This is why the antibodies attack tissues and organs: They are trying to get to the spirochetes, which are masters of disguise and know where to hide in the body.

Lyme Disease History

In 1974 a group of children in Lyme, Conn., were diagnosed with juvenile rheumatoid arthritis. Because this supposedly noncontagious condition occurred in such concentration in an isolated area and over a short period of time, intensive research was conducted. The conclusion was that the diagnosis of juvenile rheumatoid arthritis was incorrect. Instead, these children had a bacterial infection that had settled in their joints. A scientist named Willy Burgdorfer isolated the spirochete, now called *Borrelia burgdorferi*. He

found it in highest concentrations in the midgut of deer ticks. Burgdorfer's discovery in 1982 began a process of surveillance that continues today. The incidence of Lyme disease rises yearly. About 19,000 cases were diagnosed in 2006, the most recent year for which statistics are available.

Borrelia-carrying ticks have been found all over the Northeast, the mid-Atlantic, parts of the Midwest and in specific areas of the West coast. However, Lyme disease has been diagnosed throughout the country, because the people who have the infection often travel after their tick bite.

It is important to emphasize that a person with Lyme disease cannot transmit it directly to another person. This is a vector-borne infection. In most cases, it is a tick that carries the bacteria from one host to another, but theoretically it could also be spread through contaminated blood products or organ transplants. Humans are not the only species affected; dogs can also get Lyme disease. Of course, deer and mice are the reservoirs of bacteria that infect the ticks to begin with.

Process of the Disease

Lyme disease infection begins with exposure to a tick that carries the bacteria. Only a few species do this in the U.S., which is why the infection is associated with geographic areas where the ticks are common. Deer ticks are very small when they are in the nymph stage and when they haven't taken a blood meal: They are roughly the size of a period in 12-point font. Adult and fully fed ticks are much larger. For an excellent array of tick photos, see www.cdc.gov/ncidod/dvbid/lyme/ld_transmission.htm. Ticks are slow feeders. The risk of transmission within the first 24 hours of having a tick attach are quite low. This is why it is important to do thorough tick-checks every day when spending time in areas where they are common.

Lyme disease usually moves in three stages, although its progression may vary from one patient to another:

Stage 1: Early symptoms generally appear between 7 to 30 days after an initial tick bite. They include a circular red rash (a "bulls-eye" rash) that is hot and itchy, but not raised from the skin, accompanied by high fever, fatigue, night sweats, headache, stiff neck and swollen lymph nodes. If no rash appears, these early symptoms may be mistaken for flu, mononucleosis or meningitis. Many people with Lyme disease have no memory of a bulls-eye rash or this acute phase of the infection.

Stage 2: Systemic symptoms emerge during this phase. These include irregular heart beat and dizziness, chronic headaches, facial paralysis, numbness, tingling, forgetfulness and poor coordination, along with debilitating fatigue.

Stage 3: Many Lyme disease infections eventually involve extreme inflammation of one or more large joints, especially knees, elbows and shoulders. Most patients don't have the infection in more than three joints at a time. The inflammation can be extreme enough to damage the joint permanently, especially if it is left untreated.

Special Challenges

Lyme disease presents multiple challenges both to the people who have it and to the health care providers who are charged with treating it. One of the most frustrating aspects of this disease is that it can be so difficult to identify. Blood tests for antibodies are often misleading, and they give no information about the timeline of the disease. In other words, a positive blood test only demonstrates a history of exposure. It doesn't explain whether current symptoms (which can be subtle and nonspecific) are related to that exposure.

Further, a certain percentage of people infected with Lyme disease don't respond to the typical 30-day prescription of antibiotics. They have what is sometimes termed "chronic Lyme disease" and are often resistant to treatment. Some experts theorize that the bacterial infection triggers an autoimmune response in these patients. In the meantime, the arthritis and central nervous system consequences of the infection can be debilitating.

Finally, the symptoms of Lyme disease are so unpredictable that it is often missed. People who are diagnosed with multiple chemical sensitivity, fibromyalgia, chronic fatigue syndrome, multiple sclerosis or lupus might be interested to pursue the possibility of Lyme disease. Even a disease as serious as amyotrophic lateral sclerosis (Lou Gehrig's disease) can be misdiagnosed when Lyme disease generates similar neurologic symptoms.

Massage therapists who work in areas where Lyme disease is common should know what deer ticks look like and proper removal techniques. With tweezers, grasp the tick as close to the skin as possible, pull up with steady pressure, then disinfect the puncture site. Never put noxious chemicals or a hot match head on the tick, as this may cause it to regurgitate; exactly what you don't want to have happen.

Clients who have been diagnosed with Lyme disease may have any number of infection-related problems that can be addressed with massage. Tendon, bursa and joint pain may be relieved, but of course therapists must avoid irritating inflamed areas. Headaches can be addressed, along with other neurological issues like

facial paralysis and neuropathy, as long as sensation is intact and the client can give good feedback about comfort. Perhaps more than anything else, massage therapists can be receptive, supportive givers of comfort to clients who live with a frustrating and often very threatening condition.

Resources

1. www.ilads.org/lyme_disease/about_lyme.html.
2. Lou Gerhig's disease or Lyme disease? www.wrongdiagnosis.com/news/lou_gerhig_s_disease_or_lyme_disease_.htm.
3. Lyme Disease Transmission. Division of Vector-Borne Infectious Diseases. www.cdc.gov/ncidod/dvbid/lyme/ld_transmission.htm.
4. Surveillance for Lyme Disease --- United States, 1992-2006. Morbidity and Mortality Weekly Report. Centers for Disease Control and Prevention. www.cdc.gov/mmwr/preview/mmwrhtml/ss5710a1.htm.
5. Tick Removal. Division of Vector-Borne Infectious Diseases. www.cdc.gov/ncidod/dvbid/lyme/ld_tickremoval.htm.