Therapeutic Report: Lyme Disease

Lyme arthritis and chronic encephalomyelitis accompanied by paralytic symptoms, occurring mainly in the lower extremities, are typical manifestations of the third stage of Lyme disease. This is caused by an infection with Borrelia burgdorferi, a spirochete harbored by the Ixodes ricinus type of tick.

Isolation of the infecting organism is costly and often yields inconclusive results. Detection of antibodies against B. burgdorferi via the Indirect Immunofluorescence Assay (IFA) or via the Enzyme Linked Immunosorbent Assay (ELISA) is a reliable method for routine diagnosis of the infection. Specific IgM antibodies may be detected as early as a few days after the onset of the disease, with the highest titre level usually occurring after a period of three to six weeks. A few weeks later, specific IgG antibodies form which eventually reach their highest values in stage three of the disease. A follow-up should, by all means, be performed.

From the point of view of conventional medicine, the most efficacious treatment of acute Lyme disease accompanied by the development of an Erythema chronicum migrans (ECM), includes penicillin and tetracycline. Ceftriaxone, (Rocephin®, Roche) a third generation injectable cephalosporin, is an effective treatment for stage three Lyme disease. In all cases, concomitant treatment with antimotocytic medications is of value to balance unwanted side effects of the antibiotics.

Encephalomyelitis

Due to the infectious etiology of chronic encephalomyelitis, oral therapy with Cerebrum compositum, Echinacea compositum, and Engystol, one vial of each three times a week, is indicated. The preparations Coenzym compositum and Ubidichin compositum should be administered as well, at the above dosage, in order to improve cell metabolism and regeneration of cellular enzymes.

Lyme arthritis

Typically, Lyme arthritis presents either as monarthrits or oligoarthritis. The following basic oral therapy has shown good results:

| Rhododendronone | 10 drops three times daily |
| Bryacneol | 1 tablet three times daily |
| Traumeel | 1 tablet three times daily |

Depending on which joint is inflamed, the following preparations may be considered:

- Ferrum-Homaccord
- Rheuma-Heel
- Colanadol
- Colocythemis-Homaccord
- Osteoheel

In addition, Echinacea compositum and Traumeel should each be given orally at the rate of one vial, three times weekly. Traumeel ointment is well suited for overnight application using an occlusive dressing with a plastic wrap followed by an Ace® bandage.