

Treatments

Therapeutic Report: Lyme Disease

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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 antihomotoxic 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 *Coenzyme compositum* and *Ubichinon 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 monoarthritis or oligoarthritis. The following basic oral therapy has shown good results:

Rhododendroneel
10 drops three times daily
Bryaconeel
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
shoulder
Rheuma-Heel
left knee
Colnadul
right knee
Colocynthis-Homaccord
hip
Osteoheel
ankle

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.