Chronic UTIs That Never Go Away? Could It Be Lyme? Transcript

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Introduction to Lyme and Chronic UTIs

Hi, this is Doctor Mariah Hinchey, and welcome to another episode of the Healing Lyme Summit 2.0. Today we're going to talk about what I see as a big issue with a lot of my patients.

And it took me a long time to recognize the link. So a lot of these stealth infections like Lyme disease, because of the level of immuno incompetence or immune dysregulation that these infections cause, we end up with a lot of other what I would even consider to be opportunistic infections in the body that a lot of times, the cause and effect link isn't really discovered.

So today we're going to be talking about the incidence of chronic UTIs in a Lyme patient. And really why that connection is there and what we can do about it.

So here to discuss this topic with me today is Doctor Pamela Soprano. Doctor soprano began her career as a certified critical care nurse in 2011. She then became an acute care nurse practitioner, working as a hospital list.

And after recognizing the need for quality preventative care, she got her doctorate degree in 2016, focusing her research on preventing the progression of prediabetes to type two diabetes.

And she was one of the first practitioners in Connecticut to open her own independent practice. So welcome, Doctor Cyprian. It's an honor to have you here.

Tell our listeners a little bit more about yourself and how you came to specialize in treating chronic Lyme disease. Thank you so much, for the introduction.

Thank you so much for having me on your show. So I became involved with Lyme disease when my son was 19 years old, and we went scuba diving. He had some, pressure in a lower abdominal area.

Turned out to be, Tony's hernia that I could find when he had surgery, though. When they opened him, they found his entire abdominal wall to look like Swiss cheese.

And at the time, I had no idea what that was. A surgeon didn't know. They called in specialists, and no one could figure out what it was. He was. He didn't have any risk factors.

He was, tall and lean, very muscular. And no real reason to have something like this.

Doctor Soprano's Lyme Journey

And and at the time, the surgeons never saw anything like this either, which was really concerning. It was right after the surgery that all the symptoms started.

So that was his trigger. So make a long story short. He was six years old when he was bitten by a tick. He never saw the tick, but we did find the bullseye rash from him to the pediatrician who put him on, if I have to guess, about ten days worth of antibiotics and he never had any symptoms at all.

At 19 now, you could think, well, maybe he got bit by other ticks because he's teenagers and all that kind of stuff. At 19, when he had the surgery and all the symptoms started.

It was the brain fog and testicular pain and, joint pain and, exhaustion. Exhaustion was overwhelming. And at the time, we honestly didn't know what we were dealing with.

None of the doctors seem to know. He went to so many different doctors, different surgeons, a contact the surgeon to make sure that he did isolate the ilio lingual nerve, to make sure that that wasn't the cause of the problem.

Made sure that was going to mesh. Problem. At 25, the inflammation got so severe that we had to learn how to self catheterization because he could no longer get the urine out of his, his bladder.

And then at 29, I found one research article. It took me that long to find one research article that had his symptoms. Exact symptoms. It was in the Journal of Urology, and it was a case study.

And I contacted the researcher who referred me to the International Lyme and Associated Disease Society, otherwise known as Ilaje. And that was the first time I ever heard of it.

I never even knew they existed. And so I became a member. I found Doctor Horowitz. I went away for training. I did a preceptorship with him afterwards and got my son on treatment.

And, luckily he's 36 now and so much better than he was. But it's it's a it's a real epidemic, especially in Connecticut. And the sad part is, is the mainstream doctor doesn't know anything about Lyme disease.

You know, my second, my second, meeting was in 2019, and, I had asked just doctors sitting next to me, how did you get involved with Lyme disease? And it was always a family member.

It was always somebody in the family that had all these very vague symptoms, and they took it upon themselves to try and figure out what was going on.

Yeah, that's such a such a common occurrence. I think most people that I, that I speak to that specialize in Lyme disease and really get it, it's because themself or them or their family member had an issue that they literally were just trying to solve and came across it.

But that's amazing that over a decade went by before you finally got answers. It was it was horrible. And you know when you so fibromyalgia I've never believed in the diagnosis of fibromyalgia I believe obviously have the symptoms.

Right. But if you think about when fibromyalgia and Lyme disease first came out, it was exactly the same time, when it really became more popular. And fibromyalgia is diagnosed because everything is negative.

So you just get labeled with a diagnosis without anything just to support it. And my son would have fallen right into that category if it weren't for me.

Just delving into figure out what's going on, because it's. He looks fine. You know, people would think you're lazy. You don't feel like working because you don't show the outward signs of the disease process until it gets really advanced.

Then, you know, you'll see some of the outward signs. But, you know, in the beginning, especially in the first ten, 15 years, you really don't have a lot of, external signs.

A lot of it is, more, subjective, where the objective findings. And that's really upsetting for some patients that just don't get diagnosed correctly.

It is. And it's a shame because, you know, patients mostly people don't realize that fibromyalgia, chronic fatigue syndrome are kind of like a catch all diagnosed disease.

They just feel so much better that they have a diagnosis. But it's like, what does that diagnosis actually mean? And when it doesn't really mean anything, there is really no treatment that works.

And again, like you said, the symptoms are very, very real. I don't want anyone listening to think that I'm dismissing

or saying that it's not, you know, the symptoms are real.

What they're experiencing is real, but the diagnosis is kind of B. S., you know, it's like what is actually going on? What is the mechanism of action or the pathophysiology behind those diagnoses.

And I always when I'm training other practitioners say look like those are two huge red flags. Like if you have a patient that's been diagnosed with either of those two things, there is something else going on, get to the bottom of it.

And I have never had a patient with either of those diagnoses who hasn't had an underlying vector borne disease as well. So. All right. Well we could keep going down that road forever.

But for the sake of time let's, let's dive in to the chronic UTI. So let's start with a little bit of background. So tell our listeners in your opinion like how does Lyme disease impact the immune system in a way that might dispose them or predispose them to having recurrent urinary tract infections.

So the bladder specifically is a is a reservoir.

Why Lyme Can Cause Recurrent UTIs

And that is where a lot of times the, spy rockets or bacteria of Lyme disease will migrate to. And because they are corkscrew shaped bacteria, they can actually corkscrew themselves past the, the bladder membrane and embed themselves into the bladder wall.

And a lot of times patients are misdiagnosed as having interstitial cystitis. Because it's all the signs of it is the inflammation. It's difficulty urinating, it's pelvic floor dysfunction.

It's chronic urinary tract infections. You know, you go on an antibiotic and your symptoms feel better, but they never actually go away. And so, I think more and more people having chronic urinary tract infections don't realize it.

It's actually because it's a vector borne disease like Lyme disease. Yeah, absolutely. So why do you think they are recurrent. So the way the bladder works, you know, if you have that protective membrane covering the bladder wall and you take antibiotics, the antibiotics are going to be able to get rid of an acute urinary tract infection.

If you're postmenopausal and things start to thin out in the marginal area and the urethra is exposed, now the area where you urinate from, that's when you'll have more urinary tract infections.

You know, doing something like a gene therapy or gene cream vaginally will help to decrease those and usually gets rid of them. It's when they don't go away.

It's when you've tried those preventative, options and you still have the same kind of chronic urinary tract infection. That's when we know that there's something else going on, and it's usually when it is embedded in the bladder wall, where we have to do some specialty testing to figure out, you know, what type of bacteria is it, because local testing isn't going to show you the DNA of the bacteria.

And what are the best types of antibiotics to use? Right. And then also like when you have the disruption of the normal flora and the normal microbiome inside of the urethra and the bladder, and that's being disrupted because of immune dysfunction, because of inflammation, because of the actual spiral kids.

As well as using chronic antibiotics. Now you're also taking away part of the body's defense to actually keep that bacteria from migrating, as well. So we have like the actual spiral kids causing inflammation, causing what can feel like symptoms of UTI, but then also the disruption of the microbiome, allowing other bacteria to migrate up and cause persistent infection as well.

And then we also have the role of biofilms. Right. Do you want to explain that a little bit more? Yes. So when my

son had all these urinary tract problems, I found Ruth Cruz, who's a nurse practitioner and specialized in, in, in, chronic urinary tract infections.

And, it wasn't until I started seeing patients with chronic urinary tract infections that, I started testing for Lyme disease because of the biofilms.

So any bacteria can create biofilms. But when it's related to Lyme disease, it just seems to be a little bit more aggressive. They pretty much do everything to try and hide.

Now you have somebody who has is on antibiotics frequently, for sometimes several months at a time, several years on and off. And now not only are we destroying the microbiome of the bladder, but the microbiome of the gut.

So now we're having even more issues with trying to get rid of the symptoms and the bacteria itself. And so generally what I'll do is, microbes and testing because they'll do the same culture that a local lab would, but then they go a step above to do phase two testing where they do, DNA analysis.

And that's when you can actually find out what is actually going on in the bladder. And, you know, I could treat patients for those bacteria that I found in the bladder.

But until I actually test them for tick borne diseases is when I really am able to treat them and get rid of everything that's that's affecting the bladder itself.

A lot of times they don't realize that it's not only the bladder, but it's the brain fog and it's a joint pain that they were contributing to something else.

Right? Yeah. And a lot of times, other medical professionals too, could say, oh, well, you know, you have a low grade chronic infection. And so that can explain some of like the fatigue and not feeling well on the systemic symptoms.

But really, you know, you're kind of missing the boat. And again like for our listeners, you know Lyme infects every single cell in the body. And therefore it has the potential to affect every cell and organ system in the body.

So, you know, when you start to feel like you're having a problem in almost every part of the body, that's a huge red flag to right that something else is going on.

So when we're talking more specifically about UTI, eyes, I know that they're part of this can be like, like a neuropathy, right? Or like there's there's also other nervous system symptoms that can be going on, with chronic UTIs.

Can you talk a little bit more about that? Sure. So with Lyme disease or other vector borne diseases, there's a lot of inflammation throughout the entire body, including the central nervous system.

And because of that, sometimes the message from the brain to the bladder just doesn't get there the proper way. And the bladder in those cases simply can't contract.

So the patient has a full bladder, and sometimes they just can't urinate because the bladder is not contracting properly. And you'll see, you know, you'll see something like this a lot with multiple sclerosis, otherwise known as Ms..

Which, you know, I am fortunate my son got tested for literally everything. Yeah, before we figured out it was from a tick borne disease. If I could backtrack for a second.

You know, I was talking about how he had had this for such a long time. I think the biggest thing that I could say about the bladder is that the bacteria will continue to grow the, bacteria, because it does affect the entire body, including the central nervous system.

Your symptoms are so vague that I think that the mainstream provider doesn't even know where to start. And I think that's where people will have, you know, somebody telling them that all the testing is negative.

They can't really find anything wrong with them because local testing isn't very accurate and that it's all on their head, which is a terrible thing for anybody to ever hear from a professional that they respect and trust.

Absolutely. So I think yeah, the bladder though is just it's just that one area that, you know, Sister Scopes, I mean, no matter what you do, you're not going to find this bacteria that is embedded in that bladder wall.

Right. And no one's looking for for aspire Kit. No one's looking for Borrelia. Right. So that's another reason why they're missing it. And if you can't culture it out, then it's like, oh well, nothing's there right?

Right. Do you find a lot of times that there are because I have found this. So you do a traditional urine analysis. You know, you work a patient up for, for a UTI and it comes back negative.

And I've had so many patients come up with this, like, in their history. And it's like they have all the symptoms of a UTI. But nothing will culture out.

You know, the urine analysis does not look like it should. Do you see this a lot with your patients where it's the symptoms are there, but they're testing negative for a UTI.

They're testing negative. And what I'll see is from the lab that they'll say that there was a less than 10,000, bacteria. And so it's not something you would treat or they'll say it was contaminated.

That's the biggest one I get is that it's contaminated. Well, it's not contaminated. It's because you're they're seeing a low level of bacteria that they can't culture out because it's it's only looking for the bacteria in the urine and not in the bladder wall.

And I think that that's the biggest thing. I don't think I've ever had gotten a negative culture. I tend to get the contaminated or the less than 10,000, whatever.

I can't remember exactly what the measurement is, but that's generally where I'll see. And that's usually my cue that this is going to be something more tickborne related.

Right. So can you explain like, like the, the mechanism of action or like the pathophysiology behind like why patients are having these symptoms when they have Lyme like, is it neurological.

Like is it a is it a neurological phenomenon. Is it an inflammatory phenomenon.

Neurological Effects on Bladder Function

Like what's what's actually going on there where there isn't like a secondary infection, but you're having all of the symptoms of a UTI, like the urgency, frequency, pain, tingling, etc..

So I think it's it's multi-system. I think it affects I think it's because of how the brain is affected, how the nervous system itself is affected, how the nerves in the bladder are affected, how the inflammation that is in the bladder affects the nerves inside the bladder itself.

I think it's, multifactorial, where there's not one simple reason why this is occurring, but a compilation of everything. So you have somebody who has a tick borne disease, usually Lyme disease.

What I'm seeing from my patients with chronic urinary tract infections. And I think it's also because the shape of the bacteria itself, how it's able to literally corkscrew its way out of a vein and into the tissue and out of the bladder and into the wall, but then also into the nervous system.

So I think it's a lot I think it's a little bit of everything. I haven't had a patient yet that only had bladder pain or chronic frequency or, urgency.

I think what happens is that's the main problem and that's what I'll focus on. And then when you start them and treatment for the chronic urinary tract infection, then all of a sudden their brain fog gets worse and their joint pain gets worse.

And all of a sudden they're like, well, I started this antibiotic and then I have all these other symptoms that I didn't hear before, but they did have them.

But the bladder was such a significant part of it that they kind of ignored everything else. That I think is the biggest thing that people don't realize is humans in general ignore a lot of things.

You know, there's a lot of things that are going on in our body that we tend to just ignore, thinking they're going to just get better on their own. And sometimes they definitely do.

But whenever you have brain fog, joint pain, difficulty urinating, you know, chronic urinary tract infections, if, if your if your provider has not been able to find the root cause, I would definitely try and find either somebody who is with the international, Associate Disease Society or functional medicine naturopaths, homeopaths, chiropractors, they think differently.

They they treat based on the root cause of the disease process. After my doctorate degree, I did go back to school for functional medicine. You can't imagine what I didn't know you.

You can't imagine what I did in nursing school. My, my, like, my diploma in nursing is a registered nurse. That was actually, you know, three years, and it was much more like functional medicine then I when I became a nurse practitioner, it was very medical.

And just what medications you prescribed for what disease process? Nothing like when I was in nursing school. How to prevent the disease process, how to get to the root cause of the disease process.

And you're talking 30 something years ago that I graduated. So I don't even know if that kind of curriculum even exists any longer in nursing school. Yeah.

You know, unfortunately, it seems like today's world of medicine is more based off of like, diagnosing and matching up the correct pharmaceutical with that diagnosis.

But I think you're right. You know, I think functional medicine is where it's at. And getting to the root cause and helping to heal the person sitting in front of you, you know, by investigating their terrain and their, you know, their process in their body and then helping them to to basically turn it around.

So I'm excited to hear you tell us about the various integrative and holistic treatments that you're using. To get your patients better. So it's it's pretty much the same thing I do for Lyme disease.

First of all, I always do the microphone testing first because I want to see what bacteria we're dealing with in the bladder wall, and I'll treat the patient that way.

Their symptoms never completely gone after that. Then we start. You know, I usually have to convince them to test for Lyme disease because none of them have ever seen a tick.

Or I have patients in Australia right now that their government told them that their ticks do not carry any, Lyme disease or other type of bacterias, which I don't know if they had a little caucus with all the ticks to make sure that they didn't. But you know how you know something like that and it's a tick.

So it's going to, you know, it's going to be pretty much anywhere that a bird can go. You know, it doesn't there's no

logic behind it. I guess that's the best way to say it.

And unfortunately, there's a big political thing going on, with Lyme disease, regardless of what country you live in, which makes it even more difficult for a patient.

I'm, I kind of went off on a tangent. Could you repeat your question for me? Sure, yes and no. But I mean, I think that's really important. And for, you know, everyone listening who you know, I know you've heard this in other episodes, but, you know, since I know you all pick and choose which ones you listen to, you know, Lyme disease has been found in every state in America.

Testing Challenges and Missed Diagnoses

And it's also all over the country. It's in all of the countries. So, you know, you can't just don't fall into that trap of thinking there's no Lyme where I live because it's all over the place.

And we all travel to different states and different countries and vacation and etc. so, you know, just don't listen to any of that. But my question was, what are your integrative or holistic treatments that you like to use?

So once I do know that it's Lyme disease, then we go on to then we go into the treatment of Lyme disease. And so I combine antibiotics with, antimicrobials from nature.

I don't do it at the same time. I did do that in the beginning. And I found patients got really sick when I was treating their Lyme disease. So what I do now is I'll do between 1 or 3 months of antibiotics, depending on if they only have Lyme disease or if they have co-infections as well.

And as soon as they get a little bit more stable, then I switch everything over to all natural. While they're on the antibiotics, I incorporate liposomal glutathione on to try and clean out the liver so that all of that inflammation is going to be out of their system. A lot quicker.

The liver is supposed to make glutathione, but with a diet in the United States, it's very difficult, no matter how hard you try and eat, to actually have a healthy enough diet where the liver can function like it's supposed to.

I incorporate, liquid stevia and sirup peptides. Liquid stevia was found by, doctor Eva Sapi. She is a researcher at the University of New Haven, and, tried pretty much everything to break open biofilms in a petri dish, including gasoline and bleach.

She was very comical when she gave her talk and, found that the liquid CVA was the one thing that was able to break it open. So it's a botanist by trade, and plants by nature are supposed to be able to fight off biofilm.

And using that information, she found that it was stevia that had the ability to break open the biofilm. And then incorporating that with sera peptides, which is a derivative of silkworm, for a silkworm to be able to break out of the cocoon and become a moth, it has to excrete something called sera peptides and sera peptides.

Taken internally, will help to get rid of any non-living structure in your body. So it's like harmless, cysts. Treated like scar tissue sometimes coronary artery disease.

It kind of depends on how long you've had it for. But still in the, in the soft phase or if it's turned into calcium now it's a little bit too late for that.

But it's an amazing thing that you can take to try and just get certain things out of your body. I get, I get those cysts on the head. And actually, I haven't had to see a surgeon since I started taking care of peptides because, wow, amazing.

It works. It really, really does. And before that, it was probably every 3 to 4 years I'd wait till I got a ton of them and then go in to have them removed.

And it's been, gosh, well over 15 years since I've had to do that. Wow. That's amazing. Yeah, yeah, it really is. I also recommend, apple cider vinegar with the mother organic apple cider vinegar.

It's going to help to alkaline. The body in an alkaline environment is very difficult for any, cells to really survive. They're not supposed to be in the body.

So cancer cells, Lyme disease, viruses, anything that really shouldn't be there. It's really hard to survive in an alkaline environment. On the contrary, if you have a diet that is very acidic, that's you're you're going to have a lot more issues with your health and a lot more problems getting rid of Lyme disease.

So when I treat I really treat the entire body. I give them the antibiotics. I have patients that don't want me to biotics, so I do All-Natural. I'll do that as well.

And your talk at the summit was fantastic. I have all of your notes as well. I do for, how to treat without antibiotics. I was very appreciative for that. And, you know, it's it's a, it's a, it's a combination of everything, including diet.

I have an anti-inflammatory diet that I created for my doctorate degree to get people off, you know, reverse their pre-diabetes. I have an infrared sauna at the office.

I encourage if you can't come here and you're, you know, a patient that's somewhere else in the country, I encourage you to find some place. It has an infrared sauna. You can purchase it yourself.

And then we have halo therapy as well, which also helps to alkaline the body and, really get rid of the a lot of different types of infections. So for our listeners that don't know what Halo therapy is, can you explain that a little bit?

Sure. It is Himalayan salt that is dispersed for us. It's like it looks like a telephone booth dispersed into the air. And it is, gets into your body when you're inhaling.

Integrative Treatment Approaches

It also goes through your hair follicles, your skin cells. So the less clothing you have on in there, the better you're going to have. It's your own private room nobody gets.

You can kick back the door. You can do whatever you want in there. And it's anything to just get somebody healthy without having to use a lot of medications.

I'm not a fan of medications. I mean, if you need an antibiotic, absolutely. I'm just tired of Band-Aids as medicine. That's what I'm really try to avoid is just giving a Band-Aid.

If I get you on a Band-Aid and you follow my advice, now we're talking like, more primary care. I promise I'll get you off of that Band-Aid. But if you continue on your path, you're going to stay on the Band-Aid.

Unfortunately, because it's healing, it's going to be able to help you. Well, and sometimes patients need Band-Aids. You know, I'm sure you see the same thing, but sometimes patients come in and they're just so, so sick in the beginning that they can't do anything, you know?

So sometimes these Band-Aids are necessary to hold them over, you know, while we're treating the underlying cause, you know, I always tell patients like, look, if you break your leg, you're still going to use a crutch, right?

Like, while you're getting your leg to a certain point of healing, you know, we're not going to just throw the crutch away because we're doing other things to accelerate the healing of that broken leg. So.

I know you have to definitely agree with. Yeah. So it sounds like you do a lot of lifestyle medicine, a lot of functional medicine. As well as so so you're doing the whole integrative approach.

I am, I am, you know, I had the I had the best possible first job after high school. I took off a year before I went back to school, back to college. And it was, with a local chiropractor, doctor Robert Portillo.

And at 18 years old, he was an amazing person to work for and learn from because he was young, he was in his 30s and, everything with him was all about all natural.

That was probably the best thing that happened to me, to get me on the path of health and wellness without medications. So pretty much, I have to say, since I've been 18 years old, and because of his guidance, I really, you know, if I if I've had medical problems, it's because of things that were outside of my control that I had no control over.

But other than that, my diet has always been healthy. I've always exercised. I can't remember when I didn't exercise, always had an anti-inflammatory diet, always the nag with my family and my friends, which it's kind of funny.

I got so excited when I became a nurse practitioner and started doing seminars and things like that, and called my my sister and said, I actually have people paying to hear me talk.

Yeah, because my thing is, everybody thinks I talk so much, you know, that's amazing. You have a lot of knowledge to share. So that's great. Thank you.

Yeah I, I love what I do I it's a passion of mine to keep people healthy. It's really a passion I love it. So if we have listeners that want to see you as their physician, as their doctor, how would they get Ahold of you?

Are you accepting new patients? I am, the name of the practice is the Practice of Health and Wellness. We are in Thomaston, Connecticut. The phone number here is 860880 2525.

And we have a website, the practice of health and wellness.com. And you can send us an email through the website too for any additional information that you need.

I have amazing staff here. I they're they're so knowledgeable I really can count on them so much. It's been it's been wonderful. That's great. And having having a great staff is the key to having a successful practice.

Really? Yes. And it wasn't always like this. Okay. So do you have any upcoming events that you'd like to share? So once a month we do free seminars here.

We took the month of December off to such a busy month, but starting back in January, we do free monthly seminars open to the public. We can usually accommodate between 20 and 30 people.

We have a beautiful foyer in my office here, and it's our PowerPoint so that people can follow along. And we talk about everything from tick borne diseases, vector borne diseases, Parkinson's disease, s health and wellness, nutritional counseling, exercising anything that the that the, people are requesting.

So on my Facebook, I just started posting the video to just sort of videotaping them. So I started, posting on Facebook and then I have a YouTube channel, too.

It's awesome. Some Doctor Pamela Soprano. Wonderful. So if there was one piece of advice that you could give the listeners about anything regarding Lyme or a chronic vector borne disease, what would it be?

Don't get it. So there's a that's. Easier said than done. It is. It definitely is. However, I you I really promote this all of it's essential oils. It's, through.

Nantucket spider. And I use it all the time when I'm mowing my lawn because I live on four acres. We have our front of our house. If our wetlands. You know I do all that, that you just can't find a tick.

There's also a company called Insect Shield that I first found out about when I was my son went to University of Rhode Island, my younger son, and, they were there and they not only you can purchase clothing from them that is impregnated with permethrin.

Yeah. Which works so much better than to spray the permethrin on your clothing yourself. It last up to six months of washings until it has to get retreated.

But you can also send your own clothing to them. That is going to be the best way to really prevent a tick bite. So if you're somebody who's a hunter or a fisherman or you love to hike or you're outside all the time, regardless of where you are, a rich recommend being very proactive to try and prevent a tick bite.

If you end up with chronic symptoms and you go to your your provider and they're unable to figure out what's wrong with you, don't ever stop trying. Fight.

You know? Go on. I labs.org try and find somebody who's local to you who does know how to treat, tick borne diseases because there's so many of them. Lyme disease is only one right there.

Right now I'm doing a research project, right in this. Right in the process of submitting it to a peer reviewed journal. And it's more about, what the experiences I've had with patients going to walk in clinics, urgent care centers, emergency department through, primary care with a bull's eye rash that most people don't get, and having it misdiagnosed, as, you know, ringworm or cellulitis or something else.

Always listen, you know, make sure your provider is listening to your story. You know, for me, it was this one was really, really kind of got me on this path.

It was, a young woman in her 20s who was working at a local overnight camp for kids and two other counselors had gotten Lyme disease, and she went to a local urgent care center.

And they looked at it, and she's, you know, she said, I'm I'm a camp counselor. I'm outside all the time. We have two of the camp counselors who have Lyme disease right now, and they diagnosed her with with ringworm.

I mean, if that was a board question, yeah, they would have gotten it wrong. You know, it's funny. It's not funny. I mean, it's it's it's terrifying.

Prevention, Misdiagnosis, and Closing Advice

And as a medical practitioner, it's humiliating. But I had a patient who, you know, had a not the classic am rash, but I mean, it was an M rash for sure.

She went to the doctor, she was told that she had cellulitis from an insect bite, but it definitely wasn't a tick bite. Literally. Within 24 hours, it had doubled in size.

Yep, she went back. They still insisted that it was cellulitis, not a tick bite. I mean, it's it's maddening. And, you know, fortunately, they put her on antibiotics for the cellulitis.

And then, you know, she was on vacation when this happened. She was able to come home. And, you know, we ended up taking care of it, but it's just I don't know what it is.

I don't know if it's ignorance or if it's just, you know, a lot of medical professionals just don't want to be involved in treating Lyme disease. They don't want to be involved in the controversy, which is just a shame and disgraceful that it's even a controversy.

But what you're saying happens more often than not, and it's just it's terrible. So for me, luckily, her girlfriend is my stepdaughter and she sent my stepdaughter all these pictures.

And you're right, you know, it started off as a smart first look, like a bull's eye. I mean, it wasn't even something that didn't look like a bull's eye, which most of them don't. Hers was a perfect bull's eye.

And it was expanding and expanding and expanding. And now she's feverish. She has joint pain. She has all these symptoms. And Emily showed me the, pictures, and we got her in the next day, I think, actually, a telehealth visit with her because she couldn't even leave the camp.

The poor thing. I put our mental cycling to try and decrease the sunburn because it's the middle of the summer. She's outside of. Right. And you can't call out sick.

You know you can't. It's not something like you could take a sick day with your camp counselor, right? You got to work through it. But she was on antibiotics for about six weeks before we switched everything over to antimicrobials, because it was so acute and it was unfortunately misdiagnosed.

And luckily, you know, my stepdaughter is her friend and sent me the pictures immediately. Yeah. So I think two important things to point out to listeners.

Number one, if you have any, rash, it is diagnostic of Lyme disease. It doesn't matter if you test negative even using one of the specialty labs, if you have any, rash that is diagnostic of Lyme.

The eye lids treatment recommendations are 4 to 6 weeks of doxycycline if doxycycline is not contraindicated. Number two the absence of the M rash does not exclude Lyme disease.

So depending on the source, it is stated that the M rash is present only 20 to 40% of the time. And again, that's only with Lyme. That's only with Borrelia.

You're not going to get an M rash if it's busy a Bartonella and a plasma or liquid, Rocky Mountain spotted fever post and virus. Right. All of these other bacteria and viruses that these ticks can carry.

So all right, thank you so much for being here with us. Thank you so much. Appreciate it. Thank you. So do I, thank you to all of our listeners. I hope that this was helpful and it helps you on your journey to healing Lyme.

And we'll see you next time. Bye bye.