Hey, everybody, it's Robbie Besser, and we're back with another great episode and part of our lime series. And today I have an unusual, extraordinary guest, Doctor Stephen Bok.

And he is one of the foremost Lyme specialists on the planet. Yeah. Can you just spend a few minutes and give us a little bit of your background? Yeah.

Well, I started out in board-certified and family practice and upstate New York, which is like the epicenter of Lyme and, very soon after I was doing family practice, I became interested in integrative medicine.

It's interesting. I went to a seminar in, knew about seven doctors there who were interested in integrative alternative medicine. And we talked and we said, hey, you know, this is great.

So we met every three months in a hotel and it got bigger and bigger. We had 14 people in 21 people. So I just really got into integrative medicine on top of my family practice.

And I did acupuncture. Then because I was seeing a lot of Lyme patients with, you know, immune problems and chronic pain and, you know, cognitive difficulties, I got interested in Lyme.

And I think at that time I was not in existence. This was probably 36 or 37 years ago. Wow. That's amazing. I got in touch with Doctor Bruce Garneau. And, you know, we ask him about patients, and that's when I found out about a hoax.

And, you know, things that, as in medical school, you don't learn about. And so I just gradually found more, you know, learn more about Lyme. And then as I saw more and more patients, the patient levels got difficult.

And it's just been kind of carrying on from there. So what how I would classify my practices. I it's an integrative, tickborne disease practice. So what that really means is I treat the patient that has Lyme, I don't treat Lyme disease, you know, because sometimes you know IDSA which is Infectious Disease Society of America, hate three weeks of antibiotics and that takes care of Lyme.

But we know that that's not true, because over time now, over the last 25 years, we've learned so much more about co-infections. We've learned about things that happen to the body.

When you get Lyme like information, like mast cell, which is activation of your allergy cells, the sentinel cells, which can create all different kinds of symptoms.

So the patient coming in with Lyme disease just has a myriad of symptoms. And it's really important to differentiate that. And one of the things that I find is primary care doctors take a Lyme test.

It's negative. And then they say the patient's in front of them with all these symptoms that we don't have Lyme I don't know what you have. And then they send them to what I call the usual suspects, which is psychiatrist or cardiologist or neurologist or GI.

And they don't look from their view that you were saying of what is going on in this patient. And what's causing their dysfunction. Yeah, that's really interesting that you mentioned that.

It kind of makes me think about when before we got together today, I was kind of thinking through our friendship and our history together. And, you know, so much has changed.

I didn't realize if you went back 36 years, I was just thinking about you going back 20 years. Like what has, like what's changed for you being sort of sort of in the forefront, sort of a pioneer from a practitioner point of view, in

the whole Lyme process, like, you know, what, what do you think has changed for the better?

And you know what hasn't changed? Like, I know there are certain rules so many doctors, you know, are kind of stuck by those rules. That's what I sort of love about your multi-discipline approach, because you're looking at that integrated, functional piece.

You're really looking at the patient and how they're presenting and addressing that, not just looking at textbook stuff and that separates you from everyone else.

So give give the audience to the viewers is we're hoping to have a whole bunch of people looking at this, and not just for the month of May, but over time.

So what kinds of things have you seen happen in the industry that you know that you're happy about? You're not so happy about, you know, can you give us a little bit of a cue on that one?

Well, I think things have changed. There's some, you know, always new research and there's always new things that we learn about co-infections to put into our practice.

Probably the thing that hasn't changed is the chasm between Lyme letter docs or I led physicians and IDSA. There's still, you know, a gap and patients can feel it.

It's palpable. So when they go to their doctor, their doctor will say, you know, well, I don't believe in in I labs approach. And then the patient says, well, what's going on?

I'll say, well, you don't have line, but I don't know what it is. So there's, you know, I think it's really important for patients to understand the differences between the regular approach, which is which is important when you have a specialist, like infectious disease, they're they're great for meningitis.

They're great for sepsis. If you're in the hospital, you definitely want them. That's what they're trained in. But they haven't. Lyme is not a hospital illness.

It's an ambulatory illness. So they're trained in the hospital, but when they get out of their training, they become Lyme specialist because they're infectious disease.

So that that that split is still there. The testing, while it's gotten better, is still not sensitive. So one of the things I always impress on patients is it Lyme is a clinical disease.

If you have the symptoms, the test is supportive or hopefully guide you, but it always should be a clinical impression. I think, things that have improved, many treatments that we now do.

In other words, besides antibiotics, there's herbal treatments, there's homeopathic treatments. I love ozone and, phototherapy, treatments. Lately I'm doing a new treatment that's about a year old, which is called S.a.t, which is, you know, in some people, a game changer where, you take someone's blood and you send it to, a lab in Europe, and they make up an mRNA, which people have heard of with Covid.

But this Imani goes right to bind to the DNA of the pathogen, be it Bartonella, be it Lyme, and then it can't replicate and it dies and it can create a hoax like antibiotics, but it doesn't have the treatment length that you need for antibiotics.

Like if you're treating Bartonella, you may be treating for 4 to 6 months, if not more. But with the s.a.t. I'll give you an example. I treated someone who had Bartonella symptoms for a year and was debating doing s.a.t, and then I did the s.a.t and two weeks later she came in and said, what a game changer, 95% better.

So when you when you get that from a, person with tick borne disease, it's really gratifying because they have so many, you know, things with their illness.

Sure. Well, we all can relate to that. And I, I really want to zero in on this whole concept or definition of Lyme literate doctors because it, you know, it could be, regular a practitioner that just went for a weekend seminar on Lyme disease, and all of a sudden they come out like four days later and now they're Lyme literate because they took this course that's a very different doctor than someone like you that's focusing 100% of your energies on innovations and the different kinds of combinations of integrated medicine that will treat the individual case and the symptoms that are presenting.

That's a very different kind of doctor. And why it's important out there for all of you. Because, you know, even in our history, we probably found, you know, a bunch of different doctors over time.

And many times Lyme patients, they they get some result, they go into remission, then they relapse again and they find another doctor and they go on from doctor or doctor.

And so you have to be very discerning as to which practitioner and, and why, and what their history is and what their history of success working with patients and their overall philosophy about their approach.

And that's part of your intake, right? You interview the patient, they interview you, and then you have a like minded game plan that you put together, and then you go for it, you know?

So I think that that is really important for the people out there to know. And it also helps the doctor because, you know, a big part of the relationship has to do with patient compliance.

And the success of the program is really on both parties. Like making sure that everybody buys in and is is, is part of it. By the way, if you need to get Ahold of doctor, doctor, doctor at any point, probably the best way to do it is just calling his practice directly, and you can dial it at eight, 4 or 5 8760 300 and just ask for his intake practice.

Pa a woman by the name of Christina, and she'll get you all hooked up and get you directly in touch with Doctor Bock. And then you can work things out.

You can always go to his website, which is Bock Bock, md.com, and you can find and take a look at some of the things he's doing there that are very interesting.

But the best way to get directly to Doctor Bock is just going to his practice. How simple do you make that right. So let's go into integrated medicine in general.

Like what does that mean and what's the value to a line patient that you go to a practitioner. They have a traditional approach versus someone like yourself that's looking at it in an integrated way or a functional way, and combining all these different modalities.

You you touched on it, but let's dive in a little bit like in the beginning, you know, you you get some people who go to a weekend course. So so you have people who have done integrative medicine, integrative medicine is functional medicine.

And how that's different from how we're taught in, Western medicine is Western medicine is concerned with pathology, problems with the gut, problems with the brain, which is a neurologist or a psychiatrist, problems with the heart, which is a cardiologist.

And one of my mentors once, gave a picture of a circle of all the information that we know. And then he he drew pillars up from that circle for each specialty.

So immunology, cardiology, GI but, so you need specialists, but sooner or later when these pillars go up and up and up in the whole circle of information, the specialists know more and more about nothing.

And I'm not saying that to be arrogant because you need your specialists. But if they don't relate to the patient in the context of what their illnesses, that they're just checking for cancer or checking for a heart attack.

And, you know, a lot of my patients go to cardiologists with palpitations and, chest pain, and, and they don't have a heart attack, but they have Lyme cardiac problems.

And the cardiologist as well. What do you want me to do? You know, you could have Lyme. I don't really know about it, you know, so it's important. So the thing about integrative medicine, it is, it's different than regular medicine in the duality.

Medicine is black and white. So it's like for instance IDSA concept and islet concept duality. Lyme don't have Lyme duality. The the body is a duality.

The body is like positive negative catecholamines, serotonin, the neurotransmitters, both sides of, of things. So you have to be aware that there is this polarity in the body.

And it also deals with when you see a patient, how to prioritize what's going on. And this is where I think you touched when someone goes to just a weekend course and they come out and say, well, I know about Lyme, I'm going to put you on five antibiotics.

And they don't look at the person's other symptoms, how their level of toxicity is, how the level of their GI function. So I think what an integrative Lyme practitioner does is prioritize you.

You get the concept of who's in front of you. They tell their story. Usually I my first visit is an hour and a half. I get all the information about what's happening and then I prioritize.

When do I kill the micro groups? When do I support the body? When do I support the immune system? When do I support the endocrine system? When do I detox and when would antibiotics be too harsh?

Maybe using herbs? When do I think about ozone, which can not only kill the pathogens but can dampen down an overactive immune system while also kind of fighting the immune system?

So it's kind of it's a two pronged attack and stuff like that. So I think, you know, I find that patients nowadays, in addition to their Lyme, have so many problems with, toxins, you know, just in the environment, pollution, you know, medication that they had taken, stress.

And, and also the tick borne disease, which causes, you know, problems. Yeah. Actually, you segue perfectly into the next area that I wanted to talk to you about, which was detoxification.

But before we go there, I just want for people that just tuned in, you know, doctor, back, what you just described is you, like, if we were playing football, you need a quarterback like you're the quarterback.

As an integrative, functional doctor, you're looking at all the components as opposed to the different players like the halfback and the cornerback and all these other guys.

They're specialists and many of the patients out there, many of the line community, they fall prey to just what you described. They have a symptom. They think they go to the specialist.

The specialist knows a lot about neurology or psychiatry or whatever, but they're not looking at it from the line perspective, like like you like you do in a sense.

And so they treat that little specialty area without understanding all the other components. And as you described in a few minutes ago, it's a complex situation.

Everybody's body interprets mind differently and in different stages and in different ways. And so knowing the order to do that, your therapies and and the ways to dose and fine tune that order, each of those components is such as is makes the difference between sort of an average mediocre result or an optimal result as a therapist and obviously as the line patient getting getting back to their lives.

And that's really a huge difference. And what everybody out there should look for in their practitioner. So we're giving you sort of the ground rules of the kinds of questions to ask and the things to look for.

And this is so beneficial. So let's move into now that we've made you a quarterback doctor back, let's move into, the discussion about detoxing and why that's important and why why, how that plays into it.

Because at least from my experience in our way, because we make infrared devices and that's used for detoxing and so forth, the saunas and all that stuff.

We notice that if we get a line patient, or challenged a person that has a chronic challenge and they've come from a doctor that's just going after, let's say, the underlying source, but they've already got a big toxic load or burden in their bodies.

It actually is sort of like throwing gasoline on the fire rather than calming down their toxic event and their internal chemistry before they went aggressively after the underlying cause.

That just that subtle difference makes all the difference between, you know, the patient, you know, having kind of a smooth ride versus a bumpy potholes and, you know, feeling yucky and all that stuff.

So let's talk about detox a little bit. Unpack that. That was expressed very well. You expressed that very well. Yes. So first, first thing to do when you see a patient and I give him a in part of my intake questionnaire is kind of a, a survey, a metabolic survey.

And I look at that. And so a lot of times, maybe if they're in my practice and they're 40 years old, they should have 25 points on that. I might see someone who has 100, 140 points.

So that tells me like, well, they're they're globally overburdened to a toxic. One of the ways that I show that to people is I take everybody as a visible and invisible.

You want to keep your, fluid in your vesicle, you know, half way or a quarter so that you have room to grow. And, you know, transform your life if it if you have different things like nutritional problems, stress, infection, mold, obviously Lyme co-infections, adrenal problems, endocrine problems, immune problems, that level goes up and all the sudden your pails overflowing.

So how I look at the patient very simplistically. They come in and they they have their symptoms and they have that questionnaire. And my physical shows that they're really overflowing.

I look at it two concept. There's, there's a vesicle that is rigid and they're overflowing. Those people are toxic. But then there's the vesicle that's kind of wonky.

So you have this vesicle that's weak. Now if you're not aware of this and you detox them, they will just collapse. And you'll get a call a couple of days later.

Like, what did you give me? I'm on the couch. I can't move. So you have to do what you do to the person. So that's the first thing global detoxification.

Then you have to look at different systems. You have to look at G. I. They may have GI problems or biliary problems. So you have to approach GI detox bile detox Then of course the lymph system may be congested.

So you, you want to do that to these herbal treatments. You can do there's homeopathic treatments. You can do these nutritional treatments. Then you have to always look when someone's having toxic problems, what's their food situation?

What are they eating? What might they be missing. But also what might be having food allergies can cause a lot of problems. I sometimes calls that call that the common denominator.

So if you have symptoms of tick borne disease or you have, symptoms of toxicity, or if you have symptoms of food allergies, sometimes they can all overlap.

So you so you have to just decide again what I said. Where do you prioritize. Do you start them or detox. Do you start them on a food elimination. Do you start them on low levels of antibiotics?

You don't too much of a hooks, which will makes it toxic symptoms worse. Right? Right. And then you waste is doing sauna which is, you know very good for detoxing especially for chemicals because so many of my patients have chemical toxicity.

So getting it out would show. And I particularly like, doing sauna with people, having them do exercise before taking some herbals, taking things to their mitochondria like which virtual and then doing a sauna and also taking niacin because that helps detox.

Right? That's a good key later. Exercise could be just going for a walk or going for getting on a trampoline like a rebounder or just to move your lymphatic system and get things going.

And we found that, toxicity and inflammation sort of travel on the same highway together. And so if you can lower the toxic burden, you also lower inflammation.

Now the patients already starting to feel a little better. And it's much easier to deal with the patient that's happier, feeling better, feeling like their life's getting, you know, a little more under control than the other way when you're just sort of spiraling into this, oh my God, what's going on?

I have, you know, I'm trying so many things. It's not working for me. And and that's kind of like a whole different psychology. So there's an emotional component to this too, by the way, all of you out there earlier I mentioned you can get to Doctor Bok directly in his office at (845) 876-0300 and just ask for Christina.

But he he doesn't. He has a local practice, so he sees a lot of people in, like, ground zero from many states around the area of upstate New York. He is, but where he is.

But he also works virtually. So you don't have to necessarily kind of come all the way over to New York to see him. He can do a lot of work just, you know, through his telemedicine practices.

So that also gives you many ways to get to him. And, you know, you mentioned all these different ways to get toxic, but we also have environmental toxic toxins on top of all that, like glyphosate and the things that are the household chemicals.

And then what about electromagnetic fields like EMF and what they call smog, all those other exaggerated influences and stressors on the body. These when you add it, if it was just one of them, probably we could get through all this.

But when you start adding this one and that one and this one and that one, after a while it just becomes so overwhelming for the body. And especially if you're chronic Lyme and you've got an internal struggle or battle going on.

So, I wonder makes one of the most important things is to ground a patient and to really get them on ground zero, because a lot of patients will come in, they'll have a list of supplements that they got from this person.

And that person, and it it's it's, it's not consolidated so that, you know, they're taking so many things, they don't even know what it was. They're taking it, but they're just taking it.

So you have to kind of, you know, get them down to, Supplements that have pointed to what, what their particular problems are, instead of just being all over the place.

Now. And and that could change over time, right? Oh, yes. Sure. Yeah. Yeah. So you that's a something sort of a constant little tweaking that needs to go because it's almost like peeling an onion, you know, you, you peel one layer or two layers and then you see some other symptoms come up and some other ones go away.

And you have to constantly be fine tuning that process. But one thing I always loved about you, you're big on the educational part. Like you're not one of those doctors that wants to keep it all secret to himself.

You're happy to share with the patient as much as they want to know, you know what they're doing and why they're doing it, so that they can really be an active participant in their their relationship with you in the process of getting better, their journey.

And that that makes a huge difference. I wanted to just shift to testing and why you think that's what's happening in the testing world. You mentioned it a little bit earlier that things have changed a lot.

And I remember way back when there were only a few companies you could go to for blood testing, and there were the false negatives and the false positives.

And when do I test and and, and and how important is testing? So can you, can you, talk a little bit about that for a minute for, for all of us out there.

Yeah. Some of the, you know, testing is has always been troublesome with tick borne disease. For instance, the Lyme Eliza, which is a screening test, is 49% sensitive and most doctors don't even know.

But when they order that the lab will do that, if that's negative, they will not even do the second test, which would be a Western blot. And so they'll see the Eliza's negative.

The the sensitivity of the Eliza is 49%. So it's like flipping a coin. But the western blot is is a little more specific. The, the problems with testing or there's variation between the labs, even a good lab.

So you can have one of the labs that I use a lot is I Jennings. And but and then another lab that I've been using recently for Bartonella is galaxy that.

So they're really good labs, but sometimes you'll get a positive galaxy for Bartonella and a negative, one I Jennings or vice versa, you know, so it's important and sometimes cost wise it can be a pain to do multiple.

You don't want to depend on just one lab because, you know, you may not be hitting the test with the patient at the right time. What happens is in the lab, the tests measure excess.

So if you have an antigen, which is the bug, and an antibody which is the person, and you're testing for that, if you have it in their body at the exact moment that you're testing that they're equal, you won't get the antibody excess, which is making the diagnosis.

So it doesn't a negative test doesn't always mean you don't have it. It just means that it didn't pick it up at that time. So that's why I always go back to the clinic.

You have to always go back to your clinical diagnosis. You might have to retest them like that. Yeah. That's interesting. Really interesting. So really it's how you present and what your symptoms are and how you articulate that.

And I think that that's kind of an important, way for us to get into the next area that I'd like to cover with you, because as a line patient, like you're the doctor, what's the best way that people out there that's going to see you could prepare their information or their, you know, what kinds of things do you want them to think about?

So when they come in, they can use their time efficiently and also be able to communicate to you exactly what's going on, what's the best kind of way, either give me some homework.

Like what? What I have in my office. We send out the intake form, which is unfortunately about 30 pages. And what it really does is help the patient organize, you know, and, you know, when I see a patient has really bad Lyme and they came in, come in and, and they, they writing things all over the page, it becomes really hard to, to discern what's going on.

But if they don't fill out the form, sometimes. It means twice as much work. So what a patient could do is fill out the forms, think about it, not do in the night before.

If if we send it to you two weeks before the visit, go over it. Always go over you. Past records bring you past records because it's always important to find out what's happening now.

What you've been through, who you've seen. So chronological history is great for the patient to do. Sometimes they don't like to do it, but if you sit down and go from hey, this started 14 years ago and I saw so-and-so 12 years ago, and then I, I did this ten years ago.

What they, what they might have been helpful but stopped doing and what they might have not been helped for really help. When I look at the whole totality totality of what to do for them.

Yeah, what a great what a great idea. And oftentimes when we're talking to people, just even on the infrared side, because we do a little bit of coaching at their side and just knowing how to use the A to try to get an optimal result, I'll, I'll tell people if they're not feeling well and they've got chronic challenges to just start journaling their experience.

And so really, you're saying the same thing. You know, many Lyme patients out there, I'm sure all of you guys out there can relate to part of this, that you get kind of brain fog or you get your brain, doesn't you?

You don't want to remember a lot of those bad moments. You know, it kind of gets a little unclear. It's just because your brain doesn't really want to be in that sense of pain all the time.

So it kind of mutes it out and makes it a little bit, sort of opaque. And so the best time to actually write down these impressions is at the moment, rather than having to recreate it from your memories.

And so getting a little book out in a journal, writing down the dates and the times takes all that pressure, all the memory, all the frustration about that, and then helps themselves and helps you as the practitioner, understanding the chronological part of what they went through in their process before they came to you.

So that's super great advice. So on an ongoing, even as after the first visit, it's always important to have that journal because then you can go through things.

Give an example when I, when I see a patient initially. So I take whole history and everything and then I see them and follow up, I'll say how you do it and they'll say I'm no better.

Okay. Then I'll say, what about, you haven't headaches. Have a little oh, no headaches. You're about 70% better. Oh, good. How about that? Right knee pain that you haven't.

Oh, yeah. No, I'm not limping anymore. I'm walking. You know. How's your energy? Well, I used to be on the couch a lot. Now I'm doing pretty good, and my sleep is better.

So then you then at the end of that, you say so if you were zero when I saw you in ten would be a great. Where are you from? About a 5 or 6. Well, that's a lot different than I'm no better because the concept of if you're if your glass is half full, you still think you have full, even though you've gone from that vesicle being full to to half way.

So that's really important just to, you know, think in terms of where you are rather than what's present because present could be I'm still sick, you know, I have light, I'm still sick.

But wait a minute. You know where were you, where do you come? And then where are we going? Where do you want to get? You know, so people say, I don't know.

Yeah. What? You know what would be normal for me? You know, I love what you just said for a bunch of reasons. Because, you know, many of the line patients that are out there that are struggling for years, they haven't been feeling well for years, then they get diagnosed, and now they're sort of figuring out a game plan on that part.

But but, then they start actively working at trying to get better. And there's frustrations that are built around that because it's not just a straight road.

It's sort of like a little bumpy road, you know, some successes, some setbacks and so forth, you know. But I remembered a sequence with a Lyme patient years ago, and they were talking about their pain, their body pain.

And I said, you know, I'm I'm generally feeling pretty good. So it's hard for me to relate to, you know, when you say you're in pain. So just put a number on it.

And so they said, well, if I said to them, if ten is the greatest amount of pain and one is the least, what what are you today? And, and he said he's I'm about like an 8 or 9.

So then you start them on a protocol. And so the beginning of the month, they're eight nine at the end of the month, there are, let's say a 5 or 6. So there's been maybe 30% progression in lowering their pain threshold.

Now if they just went into the normal practitioner and the doctor said, are you in pain? This the patient would say, yeah, I'm in pain, but I'm A56, not an eight nine.

Now that difference is showing the patient a few things and the doctor one, the protocols the doctor's giving the patient are working because the pain, you know, is coming down.

And secondly, from the patient point of view, there's some light at the end of the tunnel now, because you can see that whatever that therapy is, is actually moving them in a positive health, optimal health, status.

And so where sometimes the patients are, they feel stuck. There's no way out. I'm never going to get out of this thing. I'm just going to get worse. What we're trying to do is instill a sense of hope that there is things.

There are things you can do, things you can do by yourself, and things that you need practitioners for. But that to that journaling piece really helps the patient understand that subtle changes as their bodies are healing and getting better.

And that could be food sensitivities are coming back or going away. So they're not as sensitive or chemical sensitivities. Maybe they're getting better night's sleep like you mentioned.

Maybe they wake up and they're more energetic, or they're less brain fog and more focused and can really start enjoying their lives and applying the things that they that, you know, that they used to do, like their hobbies or, yeah, just being in the family unit.

So after watching the, you know, the NCA games, you know, which I like to watch those in March. But it's just important to, that the coaches will tell the players, you know, let's say you're down 15 points and you're going into the second half, you know, you're not looking at getting those 15 points reduced.

You're looking at five points, you're looking at three points. So you go step by step. Because if it's too much frustration I'm not going to do this. It's not working.

But if you go small points, you know like you said, perfect. Wow. Excellent. Wow. All right. Look, we're we only have a few more minutes with you. And I think that you've given us so much information today before we close the interview, are there any other things we may have left out that you want to cover, or less style points that you want

to leave us with?

Because the tips you've given us are so amazing today? Well, I mean, I think we touched on co-infections, but it's important that people know that if they're being treated for Lyme, you know, and they're not better, you know, they they have to change their regime or do they have to think about co-infections and, and things like that.

The other thing is, a big thing is how to deal with their primary care or their specialists. One of the things I find that patients have difficult with is, when their doctor tells them you don't have line.

So all of a sudden they feel up in you and, 50% better. But I went to see my primary, and he doesn't believe in chronic Lyme, so I, I always tell them, you really can't talk to you.

You know, you can't argue with your doctor because they know too much. They're going to, you know, it's you're going to walk out feeling very depressed.

So I always tell them, you know, have you doctor call me if he wants to find out what's going on. They never do. They won't do it. And that and so, I, I leave that to patients to have you that say, look, isn't it ethically, isn't it medically ethical that you should talk to my other physician, you know, rather than.

No, I, you know, what does he know or something like that or. I don't believe him puts patients in this really dilemma because they love their doctors that, you know, the doctors taking care of them for ten years, but now they have Lyme disease.

He doesn't know about it. He you know, he has his referrals. He'll refer to infectious disease. He'll come back and say, no, you know, have it. The other thing I want to say is, we should put something in about ticks, which we talked about prior to this, and it's important, what happens for a lot of doctors, a lot of primary care, a lot of urgent care go by this false, study that says after a tick bite, you can take two dogs to cycle, and you're protected.

And I've seen so many times where, like, I show somebody, last year. Who? A nurse who that bit went to urgent care, had two caps, and then a month later had the onset of Lyme disease.

And I see that so, so much so patients should know that, if you have a tick and then, of course, it depends on how long that takes on if the tick is just walking on you.

You don't need prophylaxis. If a if a tick is on the on you and you know, was there for an hour or two, it probably can't transmit because it has to suck up the blood and go to its system and then put the bacteria in, which takes time.

One of the things you can do is you can take a tick and send it to the tick check or tick report to find out what's in it. So then you have a better idea about treatment regimes for a tick bite.

There are there any good ticks out there these days? I'm still trying to figure out. I mean, to me, and I'm being honest about this, as I have been throughout, the the all.

If you do find the tick and you are able to extract it, if it is has gotten inside of you completely and that means not just pulled the body off, because if you leave the head inside, you still can have bacterias and, communicated to the body.

So let's say you get a perfect extraction and you send the tick out in this Ziploc bag, and you're relying on some laboratory that may or may not do everything exactly right.

To determine whether or not that tick has bacterias or co-infections or not. Right now, when I look at all of that and the possibilities of there being a bad testing service or process and the way it was handled as opposed to, you know, and not doing a prophylactic treatment and then finding out that the lab messed up.

Now I've got Lyme. To me, it just seems like a no brainer. If you discover that you have a tick on you and it's bitten you and so forth, that you just go through the process.

Because if there is a chance that the labs are wrong, then you're living with dealing with everything that happens and the way your body determines or interprets Lyme as opposed to, you know, taking a antibiotic, knocking the potentially knocking this out and then dealing with maybe some of the cleanup of the antibiotic and rebalancing your, your interior and your floor of your gut, which seems a hell of a lot easier to deal with than dealing with, chronic Lyme.

For some, it always, it always, entails finding out the circumstances, finding out what the patient, needs are and fears are, whether, you know, I always if someone, says to me, you know, just like like that, you know, you can send it off, is it?

Right? Hey, if you want three weeks of antibiotics, take it. Then I have to. Of course. Give them the the, pros and cons of antibiotics, you know, like the gut, but also doxycycline.

You have to always tell them photosensitive. You can't have any dairy around around it. And you can't go to, take the pills right before you go to sleep, because they could lodge in your softgels and cause, perforation.

So you didn't, you know, you just have to have them know what they're doing and what what's the risks, but I. I agree with you. Sure. Yeah. The rules.

The rules know the rules. It's it's always important to know the rules before you start to play the game. Doctor Buck is also. It's also important to know, someone you can rely on.

Like, I see a lot of people who who do just that. They, they go to their pediatrician and then I get a call from them because they're not they're not feeling good with what the pediatrician did, you know, like to the pediatrician, instead of give them the three weeks, we'll give them two pills or give them like a week's worth.

And they play smart. And people research people communicate people. No one's call my office to say, you know, look, the, my son had an m rash, which I don't treat for less than six weeks, and the pediatrician gave them two weeks of antibiotics.

They'll call me and say, you know, can I come to you for a smaller visit just for you to evaluate whether we need four more weeks of antibiotics? And there's so many people that fall into that.

So it's really important for patients to know that even though they trust their doctors, they have to make sure that they are up on the latest things with Lyme disease or with their child may not be getting what they need.

So that's that's another amazing. Well, you're in the know. So know what you're doing and when to do it. Doctor Stephen Bok, thank you so much for joining us today.

You're amazing. (845) 876-0300 yep. Thank you for joining us. You made an amazing contribution. We love you. And thank you for all of your hard work and dedication to the Lyme community.

And, here's someone in the know, Doctor Stephen Bok. Thanks again. We really appreciate it. We can. We can. Everybody. It's probably best nurse. Thanks so much for joining us today.

Please share this content with anyone that you think might benefit from it. And we're looking forward to have you with us tomorrow for another great interview.