

## Lyme Disease

Silvio Nixon, DC

Lyme disease, also known as the great imitator, is receiving more notoriety as more cases are diagnosed. This is a disease that the chiropractic profession must be aware of. Its myriad of presentations are a constant challenge to all clinicians.

The causative agent for this disease is *Borrelia burgdorferi*, a spirochete vectored by ticks. At first it was believed that it was only carried by the *Ixodes dammini* (eastern U.S.) and *Ixodes pacificus* (western U.S.) ticks. However, more recent studies have found the spirochete in other species of ticks, biting flies, cat fleas, and in animal urine. How effective a vector these others are is still to be determined.

To the clinician in everyday practice, and in almost all the presentations I have seen, the patient has long-standing neurologic and musculoskeletal complaints. These symptoms have evaded diagnosis or have been diagnosed as a vague fibromyalgia. However, in far too many cases patients are being treated as hypochondriacs, left to suffer their chronic pain with little support, understanding, or help.

In the classic case of Lyme, the patient will report a tick bite and have erythema migrans (EM), flu-like symptoms, and lymphadenopathy. The rash will have a bull's-eye appearance with a necrotic center. However, of the five cases I have seen, only one had the rash, and only one ever remembered having been bitten by a tick.

The one patient with the rash was in the acute stage and was referred out for the proper medical treatment. The one patient who remembered being bitten by a tick has had her symptoms since she was in high school -- for some 26 years. She has been treated for arthritis, bursitis, chronic fatigue syndrome, and PMS. None of the treatment was appropriate and her condition continued.

In each of the cases I have seen, when the appropriate medical therapy was applied, the patient improved. However, in the most chronic cases, the treatment has not been permanent. The chiropractic treatment given these patients did give relief; but, such relief was short-lived. As in the medical treatment, the more acute the condition the more effective the treatment. No matter how effective your treatment seems to be, the patient should also receive the appropriate medical attention since, in the chronic stages, the disease does attack organ systems. This can include the central nervous system (CNS), the heart, the spleen, and the eyes.

James H. Katzel, M.D., gives three classifications of Lyme Borreliosis in an article in the January 1991 issue of *The Ticked Off Track*, a Lyme support publication: 1) early Lyme Borreliosis -- erythema migrans, with or without the flu-like symptoms; 2) disseminated Lyme Borreliosis -- any acute organ system involvement; 3) chronic Lyme Borreliosis -- symptoms persisting more than three to four months.

Dr. Katzel then lists the presentations of Lyme Borreliosis. In general you will see flu-like symptoms: chills, fever, headache, nausea, sore joints, muscle aches, fatigue, and malaise. An expanding rash may or may not be present. This general presentation is most descriptive of the

acute stage, and will probably not be seen by most chiropractors.

The early rash is usually found around the area of a tick bite. This is the erythema migrans (EM) an expanding lesion with a color that can vary from pink to purple. It can have a bull's-eye shape or it can appear oval, triangular, and comma shaped, or as a series of commas arranged in a circle. In the disseminated state you will see multiple EMs. In the chronic state it is acrodermatitis chronica atrophicans (ACA), a series of ill-defined lesions suggestive of other systemic or dermatological conditions. *Borrelia burgdorferi* can be cultured from both early and chronic skin lesions. To date there are no accurate blood tests available for Lyme disease. The diagnosis must be based on the clinical presentation and a good history.

In the dermatologic aspects, probe for a history of rashes, as well as a history of tick bites. Neurologic signs can include cranial nerve dysfunctions of nerves III through VIII; poor memory, headache, decreased attention or concentration, decreased motor functions, or radicular pain in the dermatome of the tick bite. The cardiac involvement can include AV blocks, though usually not permanent, and congestive heart failure. The musculoskeletal involvement includes chronic arthralgias, fibromyalgias, synovitis, tendonitis, and bursitis. Erosive involvement of the knee should be suspect of Lyme disease with any of the other symptoms listed above.

A patient with a history of chronic, flu-like symptoms, joint pain, fatigue, and unexplained rashes, who has seen a variety of doctors and been treated unsuccessfully for different arthralgias or pain syndromes, should be considered a possible victim of Lyme disease. You, as a chiropractor, should contact a Lyme support group in your area, and find out what treatment facilities are available to receive your referral of any suspected patients.

Lyme disease is now found in most parts of this nation, as well as in Europe, and as man continues to encroach upon rural areas, his contact with the vectors of this disease will increase the number of cases seen by all health care providers.

*Silvio N. Nixon, D.C.*  
*Coalinga, California*

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