

FOREWORD

by Steven J. Harris, MD



Connie Strasheim's latest work, *New Paradigms in Lyme Disease Treatment*, begins where her previous work, *Insights Into Lyme Disease Treatment* left off, to further help us explore and refine the leading perceptions about chronic Lyme disease and chronic illness in general.

The book could not be more timely: we are in an age where once-held medical truths do not carry the same weight, promises or hope as they once did. Individual and disciplinary assumptions and beliefs about the human body and the diseases that can afflict it, as well as about illness in general and concepts of wellness are as varied today as they have been throughout recorded history. As our collective scientific and experiential knowledge base expands, so do we increase our interpretations and extrapolations of our discoveries to make sense of what is known and unknown. The ability to appraise and appreciate how the course of medical history has branched and bifurcated in so many ways over the last several decades is quite a study in itself. The philosophies that underpin many of the numerous healing disciplines do not even agree upon such basics as the physical nature of matter; much less how matter interacts under various conditions.

Those practitioners involved in disaggregating chronic illness often work in parallel to one another, not interacting and sometimes even feuding with each other, leaving the patient caught somewhere between competing medical systems and beliefs. Chronic Lyme disease has emerged as an ideal example of health care at a crossroads. This book not only provides detailed treatment ideas, but also shares numerous philosophical assumptions about disease that cannot be ignored.

In conventional Western allopathic medicine, the term “chronic Lyme disease” has become a fighting term within the medical community. The position that practitioners take on Lyme immediately defines their stance in what has become an entrenched debate. The proponents of one side zealously cling to their belief that Lyme disease is simple, limited and straightforward to diagnose and treat. The other side believes that the condition is complicated beyond reasonable expectations.

Since the early days of Lyme disease, in the 1980s, when John Drulle, MD, Charles Ray Jones, MD, Joseph Burrascano, MD and a handful of other pioneers were re-treating curiously ill patients over and over (with some real success) and their colleagues at Yale and Bethesda wrote paper after paper excoriating their efforts, Lyme disease diagnosis and treatment has been a focus of controversy.

As more evidence about Lyme has emerged, scientific studies have been utilized to promulgate a certain viewpoint, rather than create a bridge of understanding among practitioners with divergent opinions. The International Lyme and Associated Diseases Society (ILADS) and Infectious Diseases Society of America (IDSA) are ostensibly reading the same studies and seeing the same evidence. But these scientists and practitioners can hardly stand to be in the same room together, much less agree on how to treat the people that are coming in to their offices. At the same time, more para-peer reviewed health systems are addressing patients who are suffering this scourge called Lyme. Both patients and practitioners are working

outside the realm of expected, historical healing modalities and often finding answers and recovery in everything from ancient healing systems of the South and East, to modified combined health systems, to completely novel health systems. For example, rather than following the conventional allopathic model, where one takes a medicine that is meant to steer a disease process in the opposite direction (such as anti-hypertensive drugs, antibiotics, etc.), some patients may follow a completely different medical system based on totally different assumptions. Homeopathy, German Biological Medicine, Ayurveda, Jin shin Jyutsu, or some combination(s) thereof, (among other systems) have become commonplace.

With ILADS so entrenched in the scientific battle against the apparent academic and medico-political elite, it is my observation that its members have had a hard time openly embracing other systems of medicine that are not based on producing studies that conform to the same scientific rigor that is required of conservative medical peer review boards. Understandably, in order to maintain scientific legitimacy in the eyes of those who may never embrace integrative medicine, ILADS as a society has maintained a more conservative approach to Lyme diagnosis and treatment.

Notwithstanding that evidence-based philosophy, an increasing number of ILADS doctors are expanding their treatment approaches as their positive patient outcomes multiply. Incredible lectures, reviews, exchanges and outcome studies are proliferating as members of this organization and others are seeing the same types of complicated patients and experiencing the same snags at various stages of the treatment process. Many practitioners have been able remain humble before the unknown, and acknowledge that even a cookbook megastore does not fit all treatments that may be needed to treat people with chronic Lyme.

The seminal work *Why Can't I Get Better* by Richard Horowitz, MD, has recently begun to bridge the evidence-based approach to medicine with what we, as practitioners, have been finding on the ground

for years. His Multiple Chronic Infectious Disease Syndrome (MC-IDS) model elucidates many of the factors that are involved in this complex called chronic Lyme disease.

For many of the contributors to this book, and other practitioners out in the field, these concepts are not new. For example, in Connie's 2009 book *Insights into Lyme Disease Treatment*, Lee Cowden, MD describes the Lyme co-conditions which have now become an implicit part of the chronic Lyme diagnosis and treatment model. Dietrich Klinghardt, MD, PhD, has been espousing the multidimensionality of illness for years, while Eric Gordon, MD has brought together trailblazers of all kinds to get to the root of this illness complex. David Jernigan, DC, has been having success with energetic attunements to Lyme since the 1990s, and Qinghai Zhang, MD, has been using Traditional Chinese medicine (TCM) for chronic Lyme disease since before I was in scrubs. Hundreds of other practitioners have been finding phenomenal success using multiple healing modalities. What this current book provides is the practical wisdom of these healers, combined with the use of all these modalities, all at our disposal, and all directed at the overcoming of an epic, tangible disease.

It was especially encouraging to read about the practitioners' descriptions of the various layers of the disease process. Each of these practitioners has "gone the distance" to truly understand that the infectious process of Lyme is textured and nuanced, and that the surface problem that patients have may and does change over time, and that the treatment steps are often in flux. More importantly, these practitioners have found out through hardened experience that the recognition and management of these moving layers of disease is a learnable and trainable skill to be forever improved upon, which many do, hoping for the elusive mastery of it.

The practitioners featured in *New Paradigms in Lyme Disease Treatment* have brought much to this emerging paradigm of balance and wellness. Whether it is the incorporation of new scientific understandings, such as methylation pathways, mold toxicity or cell

membrane chemistry, or a fresh understanding of a new agent involved in the disease, our ability to help our patients achieve a more complete level of healing is made much more possible through their work. Some of the practitioners have found a novel method of diagnosis that has provided them with consistent results with their patients, while others have discovered a philosophy upon which to base their treatments and which echoes the likes of Beauchamp: “terrain is the key; not the bugs.” Nearly all of the contributors recognize that the patient’s symptoms will change as the treatment priorities do; and that energy, divinity, cellular experience and psycho-emotional imprinting play a role in illness and are not secondary in healing but rather, crucial to overcoming disease. All of the practitioners acknowledge that the need for self-care, self-empowerment and positivity is a theme that cannot be understated.

Obviously, nobody yet has the perfect answer to this great problem of chronic Lyme disease. Otherwise, every practitioner would be using that method. But we are making enormous progress. The hope for patients is greater than ever. With the continuing communication that occurs among the various practitioners that treat Lyme and related conditions and their open communication with patients, the obstacles will fall quickly enough to break this disease wide open. When doctors truly listen to their patients and to the disease, remain open to new modalities and new philosophies of treatment, and find the active and the passive principles that achieve wellness, then we will be well on our way!

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