

Lyme Borreliosis: A Homeopathic Perspective

Anne C. Hermans, D.V.M.

Certified Veterinary Homeopath

Academy of Veterinary Homeopathy 2007 Annual
Conference, Philadelphia PA



It could happen to you



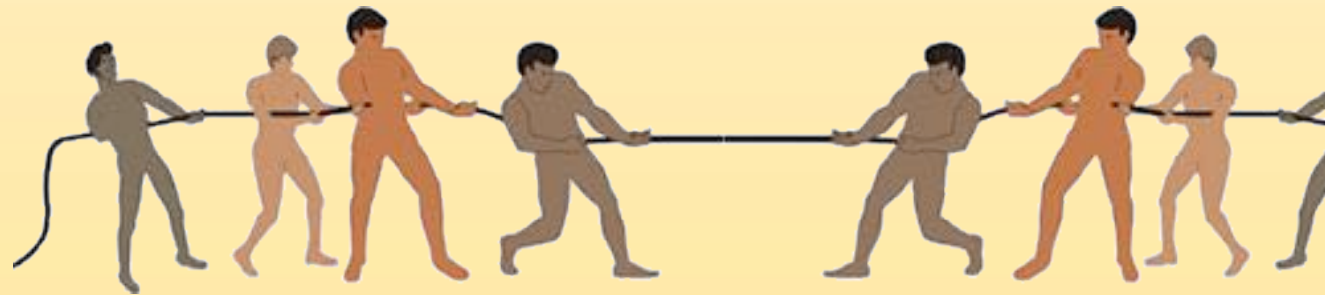
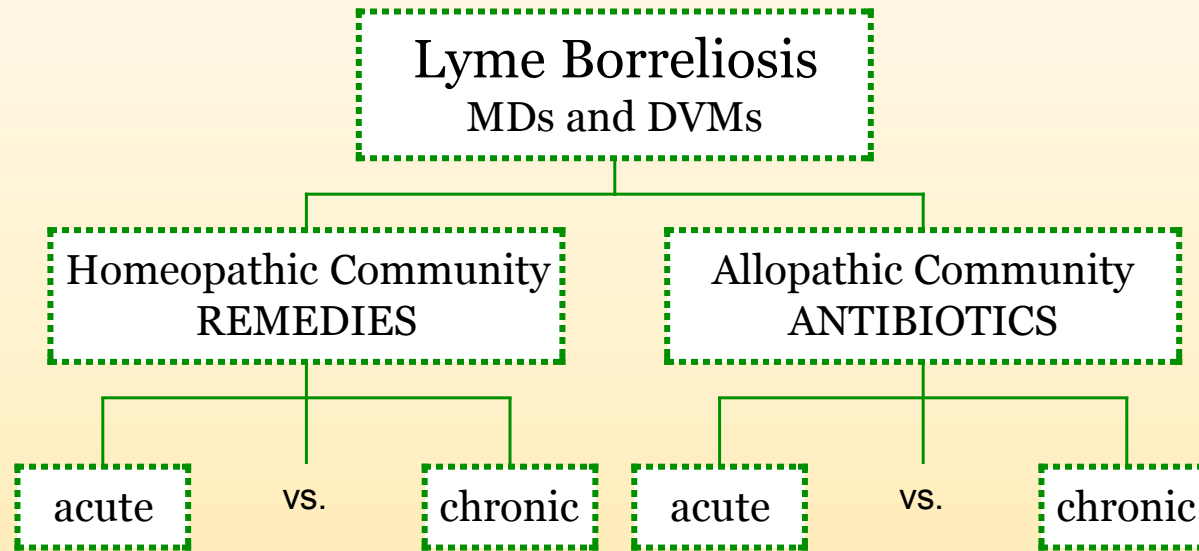
What we will explore today



Institut für Geschichte der Medizin der
Robert Bosch Stiftung, Stuttgart, Germany

- Review basics of Lyme borreliosis as understood within the conventional veterinary community
- Establish common vocabulary and nomenclature
- Evaluate Lyme borreliosis within the context of Samuel Hahnemann's work
- Consider Lyme borreliosis as a regional bacterial endemic influence that can lead to acute disease or precipitate chronic disease
- Case discussion
- Question and answer

Differences of Opinion



The basics: What is disease?

- “disease [is] a state of being in which the organism is dynamically altered by a morbidly mistuned life force” S. Hahnemann, *Organon*, footnote 8, §8
- “*diseases* are nothing other *than alternations of condition in healthy people* which express themselves through disease signs . . .”
S. Hahnemann, *Organon*, §19

Samuel Hahnemann 1755-1843



- Louis Pasteur (1822 - 1895): “The terrain is everything”
- Stuart Close (1860 - 1929): “the first proposition is that disease is not a thing but only a condition of a thing; that disease is only a changed state of health, a perverted vital action; and not in any sense a material or tangible entity to be seen, handled, or weighed, although it may be measured” (*The Genius of Homeopathy*)
- Gregory Troy (written 2003): “immunological responses by the host to infection produce the clinical manifestations in the dog . . .”

The mistunement of the vital force, in response to impingement by inimical potenc(ies) on a susceptible individual, results in disease expressed by the individual as a unique totality of symptoms.

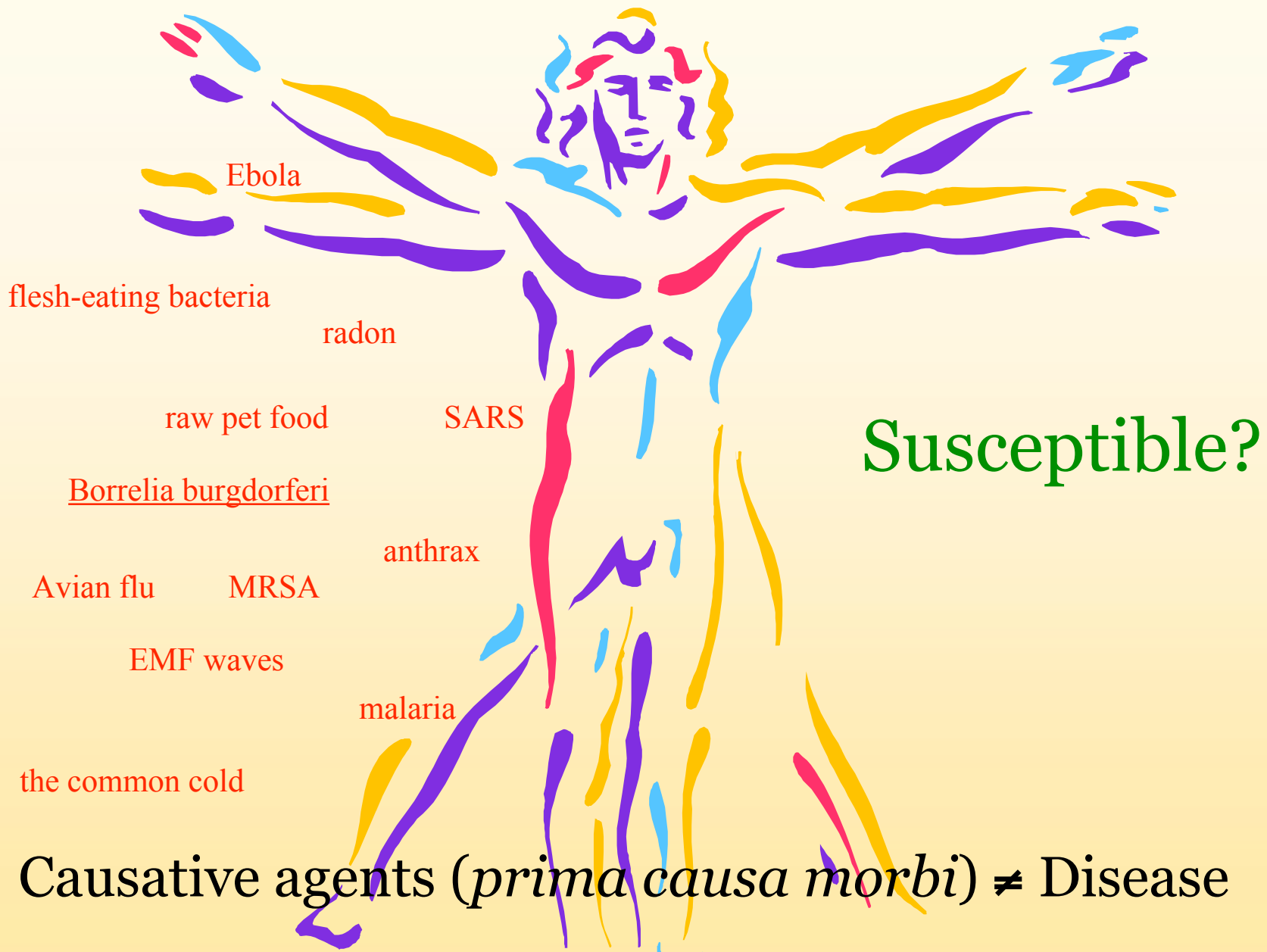
Infection \neq Impingement



Dr. Sherwood Casjens

- Active vs. subclinical infection
- Seroconversion which may persist
- Opportunistic overgrowth

Impingement may be defined as the non-material action of an external force against an individual



Borrelia spp.

Division of Vector-Borne Infectious Diseases
Lyme Disease

[Lyme Disease Home](#) | [DVBID Home](#) | [Contact Us](#)

Image: *Borrelia burgdorferi*

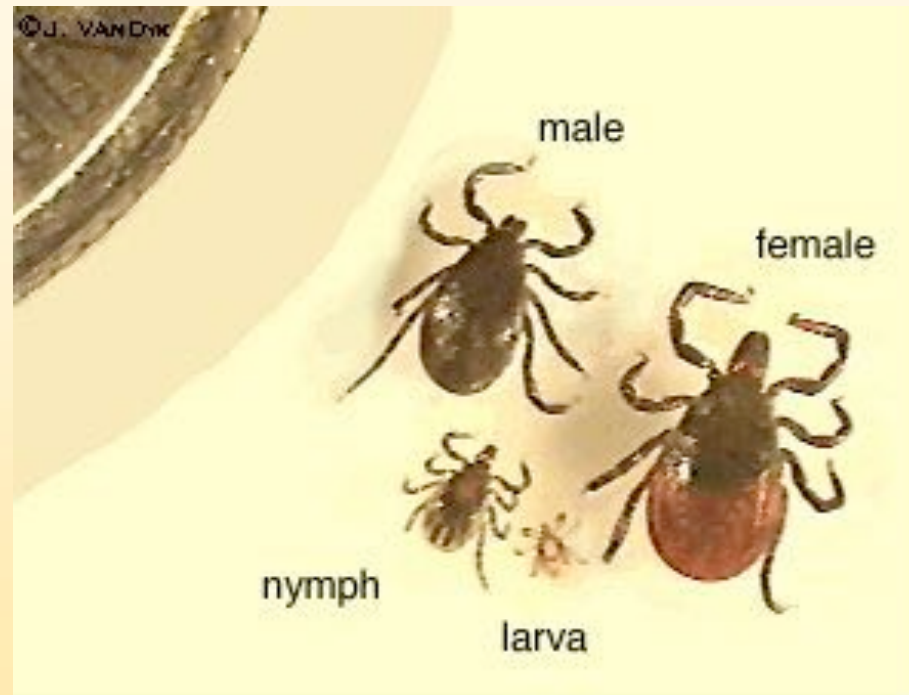
Borrelia burgdorferi,
the spirochetal bacteria that
cause Lyme disease.



CDC
CENTERS FOR DISEASE
CONTROL AND PREVENTION

The image shows a microscopic view of several *Borrelia burgdorferi* spirochetes. These bacteria are characterized by their corkscrew shape and regular, rhythmic flexing. They appear as thin, yellowish-orange lines against a dark background. The CDC logo is located to the left of the microscopic image.

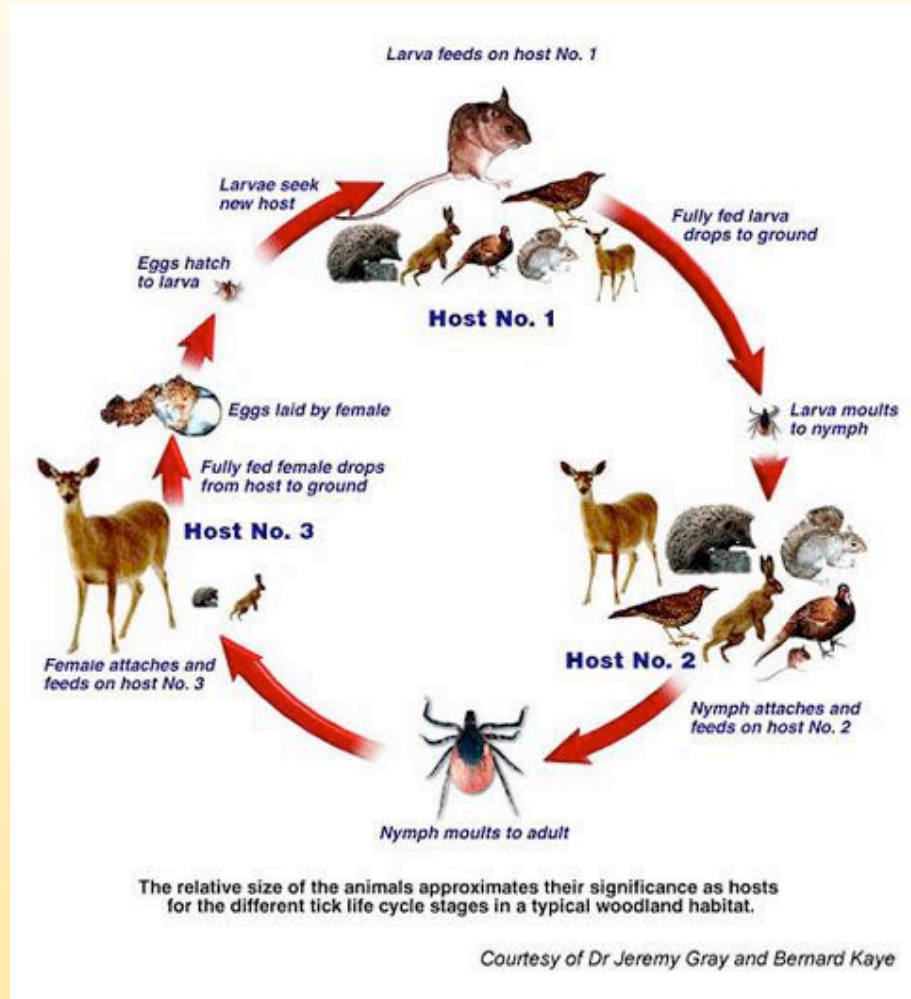
Tick Family Robinson







Ixodid Tick Biology

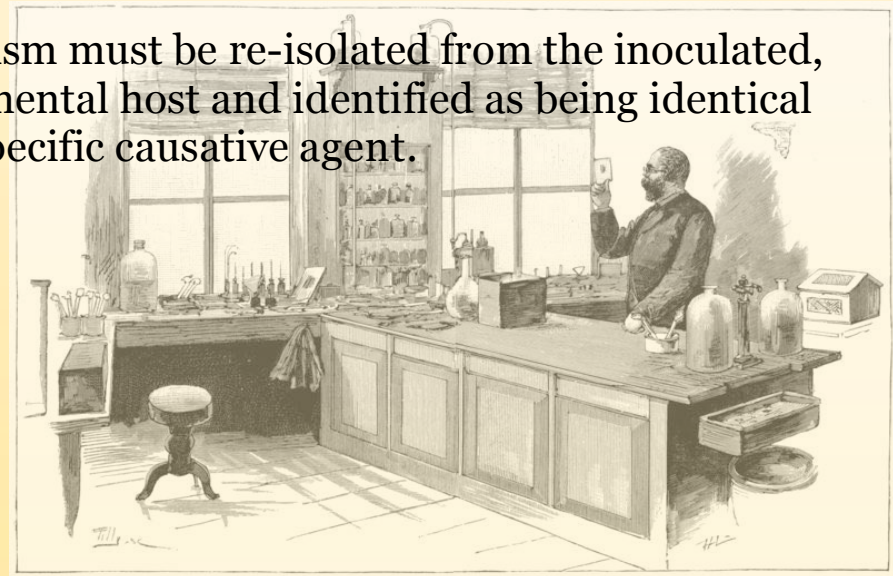


- Tick-borne diseases usually require at least a day of attachment to be transmitted
- Not every deer tick is infected with Borrelia spp.
- Only the female ticks transmit tick-borne disease
- Cold weather does not kill ticks
- The entire tick life-cycle takes two years and requires three hosts
- Many ticks are becoming resistant to prescription pesticides
- Borreliosis is not directly communicable between host species
- Not all inflamed tick bites indicate transmission of Borrelia spp.
- Unlike humans, dogs do not usually develop *erythema migrans* (bulls-eye rash) at the site of a Borrelia-positive bite; however, Borrelia can easily be biopsied from that area for some time
- The incidence of Borrelia positive ticks does not correspond directly with tick population

Robert Koch's Postulates (1890)



1. The microorganism must be found in all organisms suffering from the disease, but not in healthy organisms.
2. The microorganism must be isolated from a diseased organism and grown in pure culture.
3. The cultured microorganism should cause disease when introduced into a healthy organism.
4. The microorganism must be re-isolated from the inoculated, diseased experimental host and identified as being identical to the original specific causative agent.

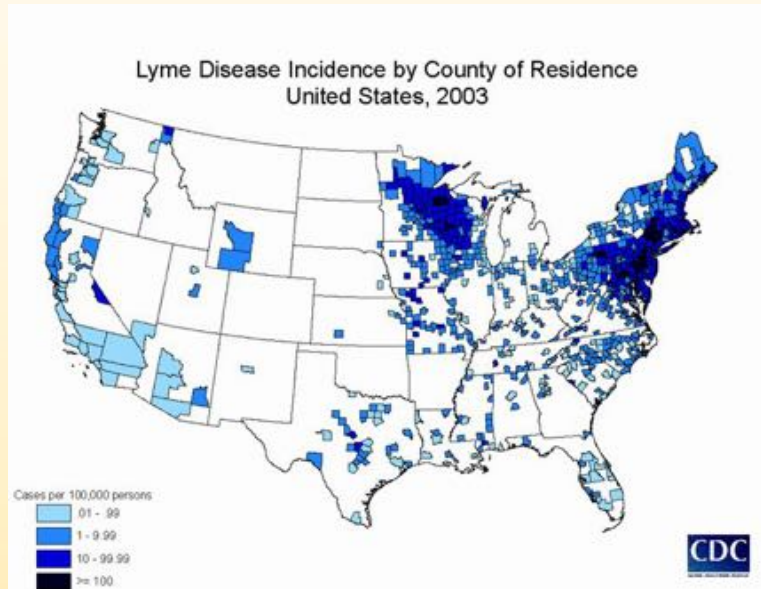


Experimental study of natural disease

Histopathological Studies of Experimental Lyme Disease in the Dog: B. A. Summers et al., J. Comp. Path. 2005 Vol. 133, 1-13

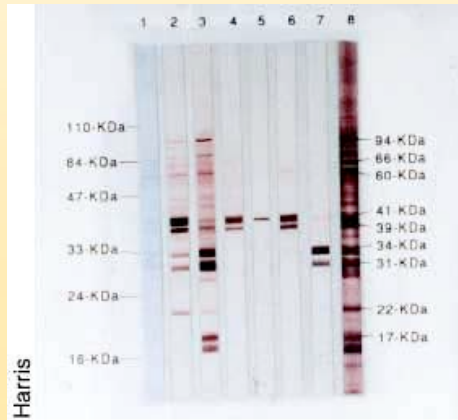
- 62 “healthy” sero-negative beagle dogs (age 6 -11 weeks) exposed to Borrelia burgdorferi via Ixodes scapularis ticks
- Clinical signs developed in 39 dogs (63%)
 - Episode(s) of transitory (3-4 days) sudden onset lameness
 - Antigen/culture tests + for 18 months (end of study): persistent subclinical infection common
 - Lymphadenopathy and inflammatory changes in joints: acute and chronic arthritis
 - Complex immunological changes in lymph nodes
 - Widespread microscopic changes including joints not clinically affected
- Remaining healthy 23 dogs seroconverted (37%)
 - 19/23 dogs without clinical signs had microscopic inflammatory changes (31%)
 - 4/23 dogs without clinical signs had no microscopic changes (6%)

Where Lyme Disease is reported



Modified from Flipova NA, editor: Taiga tick, *Ixodes persulcatus* Schulze (Acarina, Ixodidae). Leningrad Nauka Publishers, 1985.

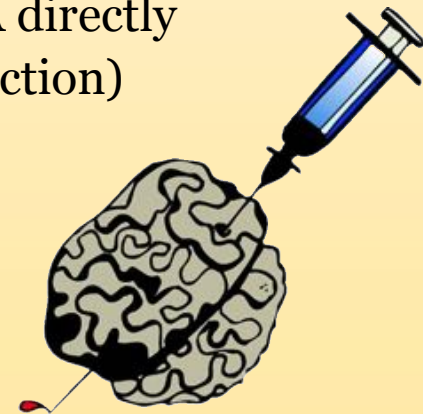
Diagnostic Tests



- Antibody tests
 - ELISA, IFA (first-tier)
 - Qualitative or quantitative
 - IgG or IgM
 - Common tests: Idexx snap or Quant C6
 - Western blot (second-tier)
- Antigen tests
 - Look for Borrelia spp. DNA directly
 - PCR (polymerase chain reaction)
 - Tissue culture

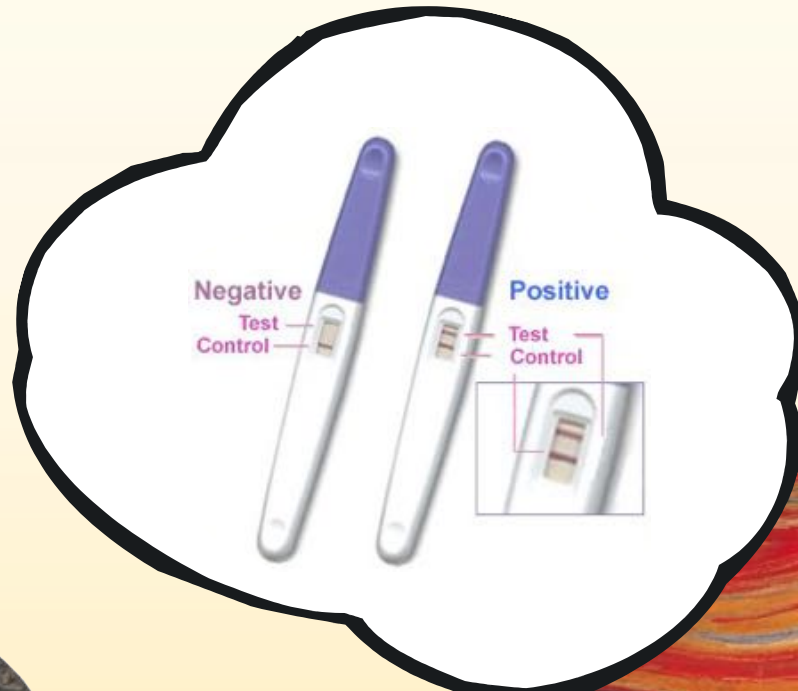


Ouch!



What will you do with the information?

- Standard screening tests for Lyme disease are antibody (immune response) tests, not antigen (bacteria) tests, and indicate exposure only.
- The tests do not diagnose or predict active disease.
- The antibody titer does not equate with level of infection.
- In some areas of the United States, an estimated 50-90% of dogs are seropositive. A very small fraction of these dogs (less than 10%) are ever clinically affected.
- It is difficult to distinguish between persistent borreliosis and reinfection, even in winter months when ticks are dormant.



A. Hermans DVM

AVH 11.11.07

Edvard Munch, "The Scream"

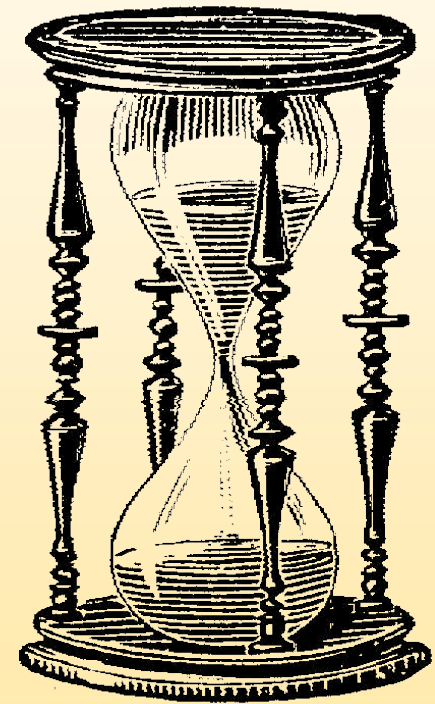
Theoretical Homeopathic Models for Understanding Lyme Disease



Monument to Dr. Samuel Hahnemann, Scott Circle, Washington D.C., erected by the American Institute of Homeopathy and dedicated and presented to the U.S. Government on June 21, 1900. Sculptor, C.H. Niehaus. Architect, J.R. Harder.

Is Lyme disease acute or chronic?

- “*Acute diseases* are rapid illness-processes of the abnormally mistuned life principle which are suited to complete their course more or less quickly, but always in a moderate time.”
S. Hahnemann, *Organon*, §72
 - Generally self-limiting or fatal
 - Short temporal course
- “*Chronic diseases* are those which (each in its own way) dynamically mistune the living organisms with small, often unnoticed beginnings . . . [they] arise from dynamic infection by a chronic miasm.” S. Hahnemann, *Organon* §72
 - Ongoing, non-self-limiting
 - Prone to “acute” flare-ups including febrile



The acute face of Lyme borreliosis

- Previously asymptomatic and seronegative individuals
- Bitten by Borrelia positive tick
- Become seropositive, acutely febrile and lame, with or without a rash
- May not be distinguishable from flare-up of chronic disease

The result of an external influence on a susceptible individual

The chronic face of Lyme borreliosis

- Recurrent symptoms over long periods of time
- May be repeated episodes of fever and lameness
- But symptoms can be varied and vague
- May or may not be associated with repeated exposure or seropositive state
- Symptoms are not self-limiting: patient is “stuck”

Unique and varied symptom expression is highly dependant on the individual

Sequelae of acute impingement

“great epidemic diseases . . . Leave the organism so shaken and irritated, that . . . The psora which was before slumbering and latent now awakes . . .” S. Hahnemann, *The Chronic Diseases*

or

“It can also happen that the *new disease*, after impinging for a long time on the organism, *joins the old one that is dissimilar to it*, and they form a complicated disease. Each disease takes in its own region in the organism, that is, takes the organs especially appropriate for it.”

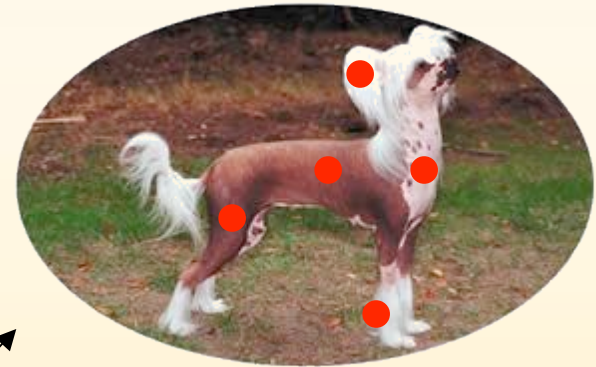
S. Hahnemann, *Organon* §40



+



After acute disease



Awakened psora
(sycosis, syphilis)



New complicated disease

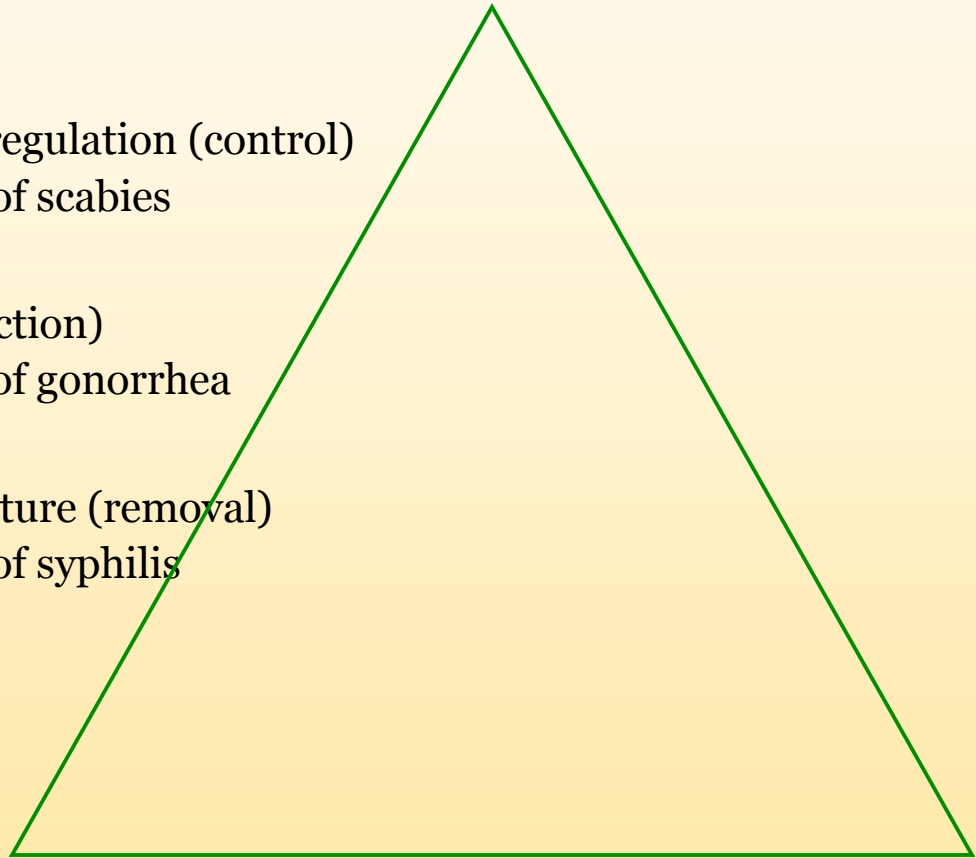
Miasm patterns

- Temporal category of disease (acute vs. chronic)
- Specific acute disease (infectious, epidemic, endemic)
- Pattern state of chronic disease

Miasm: a noxious influence
(Yasgur's *Homeopathic Dictionary*)

Primary Miasms

- Psora
 - disorders of function and regulation (control)
 - arose from entrenchment of scabies
- Sycosis
 - disorders of excess (production)
 - arose from entrenchment of gonorrhoea
- Syphilis
 - disorders of destructive nature (removal)
 - arose from entrenchment of syphilis



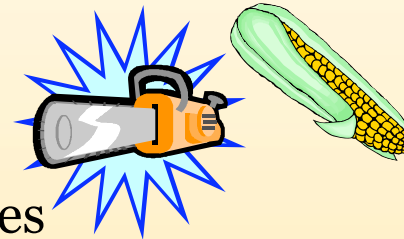
Additional Miasms?

John Saxton: “It cannot be emphasized too strongly that in the author’s opinion, although (homeopathically) all chronic disease is miasmatic, not every chronic disease is a new miasm.” from *Miasms as Practical Tools*

“Thus in the case of Lyme disease (as with any other infection), the forces present in the causal agent are reflections of the three basic forces of nature in their correct balanced format for that organism, and it is better to think of them as physiological for that organism, rather than pathological or miasmatic.” (*personal communication*)

How to make a Lyme miasm

- Increase strength of *prima causa morbi*
 - Antibiotic resistance
 - Pesticide resistance
- Optimize conditions for vectors, hosts
 - Create disrupted habitats
 - Feed them
- Increase susceptibility of affected species
 - Environmental stress
 - Hygiene challenge
 - Pesticides
 - antibiotics
 - Poor nutrition
 - Overvaccinate (Lyme+)



Disease Comparisons



A. Hermans DVM

- Cholera
- Syphilis
 - Latent spirochete
 - May cross-react with Borrelia spp.
 - Considered another “great imitator”
- Rabies
 - Temporal half-acute miasm
- Malaria (swamp fever)



AVH 11.11.07



30

Malaria as an analog to Lyme disease

- Both organisms (Borrelia spp. and Plasmodium spp.) are regionally vector-transmitted.
- Infection is widespread; disease expression is highly variable.
- Individuals may possess protective premunitive immunity which may be adversely affected by conventional treatment.
- In the susceptible individual, acute infection often leads to individualized expression of chronic disease.
- Infection may be refractory to treatment unless underlying health is optimized.
- *Cinchona* has an affinity for malaria in the acute presentation, as *Ledum* does for Lyme disease.
- The initial treatment of Lyme disease (and malaria) frequently requires follow-up treatment.
- Patients may have long-term symptoms without detectable antibodies or organisms present.
- Malariotherapy: an attempt to displace Lyme disease with similar disease?

“Endemic diseases, with their striking pertinacity, depend almost wholly on a psoric complication . . . In intermittent fever originating in a marshy region, the patients, even after removal into a dry region, often remain uncured . . . unless the antipsoric treatment is especially used.” S. Hahnemann, *The Chronic Diseases*

“ . . .a healthy young person can accustom himself even to marshy regions, and remain healthy . . . provided his regimen is faultless. One of two *of the smallest doses* of highly potentized cinchona . . . would soon free him of the disease.” S. Hahnemann, *Organon* §244

“If the first attacks of . . . intermittent fever are left uncured . . . the indwelling, dormant psora . . . develops and takes on the typus of the epidemic intermittent fever.” S. Hahnemann, *Organon* §242

Ledum palustre

“If the character of the epidemic disease is discovered according to the symptom complex common to all patients, this will point to the homeopathically fitting (specific) remedy for the totality of the cases.”

S. Hahnemann, *Organon* §241



by Kjell M. Sarre

	Led.	Puls.	Caust.	Lach.	Bry.	Sil.	Arn.	Ars.	Bell.	Nat-m.	Colch.	Lyc.	Nux-v.
Total	11	10	8	6	10	10	8	8	8	8	8	8	7
Rubrics	5	5	5	5	4	4	4	4	4	4	4	4	4
Analysis	100	98	94	91	66	66	63	63	63	63	62	62	61
EXTREMITIES; INFLAMMATION; joints (129)	■	■	■	■	■	■	■	■	■	■	■	■	■
EXTREMITY PAIN; WANDERING, shifting (118)	■	■	■	■	■	■	■	■	■	■	■	■	■
EXTREMITY PAIN; GENERAL; motion; agg. (78)	■	■	■	■	■	■	■	■	■	■	■	■	■
FEVER, HEAT; GENERAL (267)	■	■	■	■	■	■	■	■	■	■	■	■	■
WOUNDS; bites; poisonous animals, of (32)	■	■	■	■	■	■	■	■	■	■	■	■	■

	Caust.	Lach.	Sil.	Led.	Lyc.	Ars.	Puls.	Colch.	Arn.	Merc-c.	Psor.	ThuJ.	Rur.
Total	13	11	16	14	14	13	12	12	11	11	11	11	10
Rubrics	8	8	7	7	7	7	7	7	7	7	7	7	7
Analysis	100	97	77	75	75	74	73	72	71	71	71	71	70
EXTREMITIES; INFLAMMATION; joints (129)	■	■	■	■	■	■	■	■	■	■	■	■	■
EXTREMITY PAIN; WANDERING, shifting (118)	■	■	■	■	■	■	■	■	■	■	■	■	■
EXTREMITY PAIN; GENERAL; motion; agg. (78)	■	■	■	■	■	■	■	■	■	■	■	■	■
FEVER, HEAT; GENERAL (267)	■	■	■	■	■	■	■	■	■	■	■	■	■
GENERALITIES; WOUNDS; bites; poisonous animals, of (32)	■	■	■	■	■	■	■	■	■	■	■	■	■
GENERALITIES; SYCOSIS (185)	■	■	■	■	■	■	■	■	■	■	■	■	■
GENERALITIES; PSORA (217)	■	■	■	■	■	■	■	■	■	■	■	■	■
GENERALITIES; SYPHILIS (188)	■	■	■	■	■	■	■	■	■	■	■	■	■

Other non-antipsoric remedies?



	Rhus-t.	Puls.	Led.	Caust.	Lach.	Thuj.	Sil.	Apis	Bry.	Ars.	Bell.	Nat-m.
Total	13	12	10	8	7	5	11	10	10	8	8	8
Rubrics	5	5	5	5	5	5	4	4	4	4	4	4
Analysis	100	95	91	88	86	83	63	62	61	58	58	58

EXTREMITIES; INFLAMMATION; joints (129)	■	■	■	■	■	■	■	■	■	■	■	■
FEVER, HEAT; GENERAL (267)	■	■	■	■	■	■	■	■	■	■	■	■
GENERALITIES; WOUNDS; bites; poisonous animals, of (32)	■	■	■	■	■	■	■	■	■	■	■	■
EXTREMITY PAIN; GENERAL; motion; amel.; continued (4)	■	■	■	■	■	■	■	■	■	■	■	■
GENERALITIES; PRESSURE; amel. (138)	■	■	■	■	■	■	■	■	■	■	■	■
GENERALITIES; MOTION; agg.; beginning of, at (61)	■	■	■	■	■	■	■	■	■	■	■	■

	Bry.	Lyc.	Phyt.	Caust.	Chin.	Merc-c	Kali-bi.	Lach.	Nat-m.	Sil.	Puls.	Acon.	Arn.
Total Rubrics Analysis	13 5 100	9 5 93	9 5 93	7 5 89	7 5 89	7 5 89	6 5 88	6 5 88	10 4 63	10 4 63	9 4 62	8 4 60	8 4 60
EXTREMITIES; INFLAMMATION; joints (129)	■	■	■	■	■	■	■	■	■	■	■	■	■
EXTREMITY PAIN; WANDERING, shifting (118)	■	■	■	■	■	■	■	■	■	■	■	■	■
<u>EXTREMITY PAIN; GENERAL; motion; agg. (78)</u>	■	■	■	■	■	■	■	■	■	■	■	■	■
FEVER, HEAT; GENERAL (267)	■	■	■	■	■	■	■	■	■	■	■	■	■
MOUTH; DRYNESS; general; thirst, with (74)	■	■	■	■	■	■	■	■	■	■	■	■	■

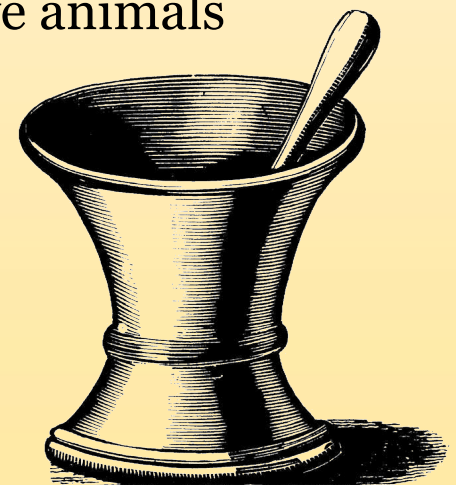


Atropa belladonna

	Bell.	Ars.	Lyc.	Puls.	Arn.	NUX-V.	Lach.	Apis	Acon.	Led.	Bry.	Colch.
Total Rubrics Analysis	13 6 100	10 6 96	10 5 67	10 5 65	9 5 64	7 5 63	7 5 61	9 4 53	9 4 51	9 4 51	8 4 50	6 4 49
EXTREMITIES; INFLAMMATION; joints (129)	■	■	■	■	■	■	■	■	■	■	■	■
EXTREMITY PAIN; WANDERING, shifting (118)	■	■	■	■	■	■	■	■	■	■	■	■
FEVER, HEAT; GENERAL (267)	■	■	■	■	■	■	■	■	■	■	■	■
GENERALITIES; WOUNDS; bites; poisonous animals, of (32)	■	■	■	■	■	■	■	■	■	■	■	■
EYES; PUPILS; dilated, mydriasis; heat, during (15)	■	■	■	■	■	■	■	■	■	■	■	■
EYES; GLASSY appearance (58)	■	■	■	■	■	■	■	■	■	■	■	■

Other treatments

- Lyme nosodes
 - Sometimes given prophylactically
 - May be prepared from various Lyme disease products
 - Await published provings
- Antibiotics
 - Frequently given to asymptomatic seropositive animals
 - May reduce and inhibit bacterial population
 - May adversely affect preunitive immunity
 - Side effects, palliation, suppression



Moments of disease origin

- *First*: time of infection
- *Secondly*: time during which the . . . organism is being penetrated by the disease infused
- *Thirdly*: the breaking out of the external ailment



“The infection with miasmas, takes place, without doubt, in one single moment . . .”

S. Hahnemann, *The Chronic Diseases*

Effective client communication

- “Expect that your dog will be repeatedly exposed to tick-borne disease in this area, topical pesticides notwithstanding.”
- “Many dogs test positive for exposure in this area, up to 90%. Only a small number of positive dogs get sick.”
- “The healthier your dog is, the less likely to develop disease as a result of any exposure.”
- “A positive standard test only means your dog has been exposed. It does not diagnose active disease or predict future disease.”
- “If your dog gets sick with typical “Lyme” symptoms, treatment can be either with homeopathic remedies or antibiotics. Either initial treatment needs follow-up with homeopathic care to restore to full health and reduce the chance of recurrence.”



Cases

Amber (Jeff Levy, DVM)

April (Anne C. Hermans, DVM, CVH)

Archie (Judy Herman, DVM CVH)

Anonymous case (www)

Amber ~ Jeff Levy, DVM

published in *New England Journal of Homeopathy* (1998) as *A Small Remedy in (Alleged) Lyme Disease in a Dog*

Signalment: 2 yr female Rhodesian Ridgeback

Previous history: false pregnancy and mastitis, urticaria (*Rhus tox*).

Presenting symptoms: watery, bloody, projectile diarrhea.

Initial treatment: diarrhea cleared and general improvement after *Lachesis* 30C.

New symptom: heat, swelling, tenderness left carpal joint. High Lyme titer(?).

Assessment: *Lachesis* palliative, similarity stimulated carpal inflammation. Retake the case with new information.

New remedy: include diarrhea and lameness; concomitant symptom.

	Rhus-t.	Euph.	Ars.	Merc.	Nux-D.	Sulph.	Acon.	Bell.	Calc.	Cham.	Phos.
Total	4	3	7	7	7	7	6	6	6	6	6
Rubrics	3	3	2	2	2	2	2	2	2	2	2
Analysis	100	97	60	60	60	60	57	57	57	57	57
EXTREMITIES; INFLAMMATION; upper limbs; wrists (7)	■	■	□	□	□	□	□	□	□	□	□
watery bloody stool (145)	■	■	■	■	■	■	■	■	■	■	■
Generalities; Inflammation; mucous membranes (106)	■	■	■	■	■	■	■	■	■	■	■

Materia medica study

- *Rhus tox*: frequently indicated remedy, previously indicated in the patient
- *Euphorbia resinifera*: GI irritation, watery diarrhea with tenesmus, prostration, affinity for mucous membranes, follows Lachesis well

Treatment: *Euph.* 30C, single dose.

Response: Slept, woke improved by evening, “back to her old self” by morning. Lameness resolved over 2-3 days.

Follow-up (personal communication): No recurrence of symptoms over next 9 years. No further treatment by himself or owner (a homeopath).



Discussion

- Consider probable pre-existing psora and resultant susceptibility
- Remedy affinities and concomitant symptoms given great consideration

“I have yet to be convinced that Lyme disease is a true disease entity in dogs . . . In Amber’s case, I believe that the clinical diagnosis is irrelevant. I believe that this was an acute disease. . . But whether we call it Lyme disease or something else, the only certain label for her conditions is a *Euphorbium* state, since that was the simillimum.” *Dr. Jeff Levy*

April ~ Anne Hermans, DVM, CVH

Signalment: FS golden retriever, DOB 12/04. On home-prepared raw diet, some kibble, supplements. No pesticides.

History: Rescue dog, minimal vax, one episode mild self-limiting cough, not treated.

June 2005: Mild head shaking, scabbed tick bites. Owners elect not to treat latent psora.

April 2006: Negative Idexx titers. Occasional mucoid eye discharge. Owners elect not to treat homeopathically, give Rabies vax.

August 2006: Eyes dramatically symptomatic: blepharitis, episcleritis, photophobia, lachrymation, mucopurulent discharge. Also has small cyst on top of head discharging black waxy substance.

Assessment: flare-up of chronic disease.

Treatment: *Pulsatilla* 200C, one dose.

One week later: Doing well, eyes almost completely better, now ears and skin are itchy.

Through December 2006: *Sulphur* 200C - 1M. Curative.

trouble

December 15, 2006: Positive Idexx tests for Borreliosis and anaplasmosis. Not symptomatic for either.

- CBC/Chem/UA normal
- Lyme C6 Quantitative 191 (high)
- No Western Blot

Assessment: Exposure sometime after 4/06 without resultant impingement. Already under constitutional treatment. Lifestyle optimal.

Plan: close monitoring, vigilant constitutional treatment. Consider breed susceptibility.

April 2007: No further symptoms. CBC/UA normal. No titers.

Fall 2007: Currently treating recurrence of eye and cyst symptoms.

Discussion

Does April have Lyme disease?



Archie ~ Judy Herman, DVM, CVH

Signalment: M golden retriever, DOB 4/5/06

Previous history: Several vaccines, mild ear symptoms (yeast overgrowth), recently attached ticks.

January 29, 2007: Per-acutely lame, shivering, R>L. Temp 102.4°, extremely painful hindquarters and RF joints.

Western Blot: high antibody levels to natural Borrelia burgdorferi infection

Assessment: infection, and impingement with resultant acute Lyme disease. Susceptibility due to underlying psora. Cannot rule out acute flare-up of chronic disease.

Treatment: doxycycline at owner's request.

January 31, 2007: Worse after antibiotics, discontinued.

Treatment: *Bryonia* 30C (slight improvement), *Causticum* 30C (no improvement).

February 1, 2007: Temp up to 106°. Recumbent. Lies on more painful ® side, cries if approached.

Assessment: progression of disease.

Treatment: *Lycopodium* 1M. Temp reduced but no other change.

Assessment: wrong remedy. *Bryonia* probably a better choice.

Treatment: *Bryonia* 200C. Within an hour, temp down to 102°, moving around and eating, “more himself.”

	NUX-V.	Bry.	Cocc.	Lyc.	Phos.	Puls.	Rhus-t.	Sil.	Colch.	Nat-m.	Dulc.	Chin.	Agar.	Caust.
Total Rubrics	16	14	12	12	12	12	12	12	11	11	10	9	8	8
Analysis	100	97	94	94	94	94	94	94	92	92	91	89	88	88
EXTREMITY PAIN; GENERAL; motion; agg. (78)	■	■	■	■	■	■	■	■	■	■	■	■	■	■
GENERALITIES; PAIN; general; joints (201)	■	■	■	■	■	■	■	■	■	■	■	■	■	■
GENERALITIES; SIDE; right (234)	■	■	■	■	■	■	■	■	■	■	■	■	■	■
STOMACH; APPETITE; wanting; hunger, with (81)	■	■	■	■	■	■	■	■	■	■	■	■	■	■
FEVER, HEAT; GENERAL (267)	■	■	■	■	■	■	■	■	■	■	■	■	■	■
BACK; INFLAMMATION; spine; spinal cord (70)	■	■	■	■	■	■	■	■	■	■	■	■	■	■

February 2, 2007: Temp back up to 102.6°, not eating.

Assessment: *Bryonia* palliative or too short-lived

Treatment: *Calcarea carbonica* 200C, one dose.

	Calc.	Phos.	Sulph.	Sil.	Nux-U.
Total	11	13	13	12	15
Rubrics	7	6	6	6	5
Analysis	100	74	74	73	62
GENERALITIES; PAIN; general; joints (201)	■	■	■	■	■
GENERALITIES; PAIN; general; motion; agg. (28)	■	■	■	■	■
GENERALITIES; TOUCH; agg. (203)	■	■	■	■	■
STOMACH; APPETITE; wanting; hunger, with (81)	■	■	■	■	■
FEVER, HEAT; GENERAL (267)	■	■	■	■	■
BACK; INFLAMMATION; cervical region; spine (11)	■	■	■	■	■
<i>Bryonia alba</i> , White Bryony, tincture of root procured before flowering; Follows well after (33)	■	■	■	■	■

February 3, 2007: Within one hour of *Calcarea*, Archie got up, ate, and started playing with the other dog. Temp N. Slight lameness LH.

Assessment: Curative reaction. Wait.

February 5, 2007: 100% back to normal.

Through July 2007: No recurrence of symptoms, even under emotional duress. No active chronic disease.

Discussion

- If Archie has a future recurrence of lameness and fever, which do we think is happening?
 - A new infection and impingement
 - Chronic Lyme disease
 - Autoimmune disease
 - Chronic disease triggered by acute Lyme disease
 - New complex disease (psora + Lyme disease)
- Does the distinction affect homeopathic treatment?

Make your prescription based on the totality of symptoms, with consideration of the miasm(s) involved.

Anonymous real-life case

Is it possible for Lyme Disease to ruin a dog's ability to scent birds and point? My nine-year-old Brittany female contracted Lyme last November. She had been vaccinated, but got it anyway. She responded almost immediately to the doxycycline, but for the first month she could not point a bird to save her life and she is the BEST bird dog I have had in almost 30 years of hunting. At the end of the first course of antibiotics, the pointing came back. She relapsed with symptoms every two months, but the scenting was not affected. Over the summer she developed a hotspot on her pelvic area and had to have a large cyst removed. Since that surgery she has not had a relapse. I got a puppy over the summer so that I could allow the older dog to rest and not have to work so hard. Some days she can hunt for an hour, some days she can go almost all day. New years day we were out and the scenting was gone again. She is having a lot of trouble pointing and has to be almost on top of the bird to lock up. Consequently she is bumping birds like crazy again and I am mainly hunting the puppy now.

Can Lyme cause neurological problems resulting in either decreased scenting ability or perhaps her brain is not telling her to freeze when she smells a bird? Also, is there any treatment for this? My vet is stumped and says he has never heard of anything like this but he does not discount the possibility. Any help or info you could give me would be greatly appreciated. I don't want to retire my hunting buddy, and she gets very excited when it's time to go, but at this point she is not just useless as a hunting dog, she is actually detrimental because she bumps the puppy's points as well.



Thank you!

