



Lyme for Laymen



Abdominal pseudo-eventration • Acrodermatitis chronica atrophicans (ACA) • Acute Acral Ischemia • Acute conduction disorders • Acute coronary syndrome • Acute exogenous psychosis • Acute meningitis • Acute myelo-meningo-radculitis • Acute peripheral facial palsy • Acute perimyocarditis • Acute pyogenic arthritis • Acute reversible diffuse conduction system disease • Acute transitory auriculoventricular block • Acute transverse myelitis • Acute urinary retention • **Acquired Immune Deficiency Syndrome (AIDS)** • Algodystrophy • Allergic conditions • Allergic conjunctivitis • Alopecia • **Alzheimer's Disease** • **Amyotrophic lateral sclerosis (ALS)** • Amyotrophy • Anamnesis • Anetoderma • **Anorexia nervosa** • Antepartum fever • **Anxiety** • Arrhythmia • Arthralgia • **Arthritis** • Asymmetrical hearing loss • Atraumatic spontaneous hemarthrosis • Atrioventricular block • **Attention Deficit Disorder (ADD)** • **Attention Deficit Hyperactivity Disorder (ADHD)** • Bannwarth's Syndrome • Behcet's disease • Bell's Palsy • Benign cutaneous lymphocytoma • Benign lymphocytic infiltration (Jessner-Kanof) • Bilateral carpal tunnel syndrome • Bilateral facial nerve palsy • Bilateral follicular conjunctivitis • Bilateral keratitis • Bilateral papilloedema • Biphasic meningoencephalitis • Bipolar Disorder • **Brain Tumor** • Brown recluse spider bite • Brown-Sequard syndrome • Cardiac Disease • Cardiomegaly • Cardiomyopathy • Carditis • Carpal tunnel syndrome • Catatonic syndrome • Cauda equina syndrome • Central vestibular syndrome • Cerebellitis • Cerebral atrophy • Cerebro-vascular disease • Cervical facet syndrome • Cheilitis granulomatosa • Chiasmatic optic neuritis • Chorea • Choriocapillaritis • Chronic encephalomyelitis • **Chronic Fatigue Syndrome** • Chronic muscle weakness • Chronic urticaria • Cerebellar ataxia • Cogan's syndrome • Collagenosis • Complete flaccid paraplegia • **Complex Regional Pain Syndrome (CRPS)** • Concomitant neuroretinitis • Conduction disorder • Conus medullaris syndrome • Coronary aneurysm • Cortical blindness • Coxitis • Cranial Neuritis • Cranial polyneuritis • Craniopharyngioma • Cutaneous B-cell lymphoma • **Dementia** • Demyelinating disorders • **Depression** • Dermatomyositis • Diaphragmatic paralysis • Diffuse fasciitis • Dilated cardiomyopathy • Diplopia • Discopathy • Disseminated choroiditis • Dorsal epiduritis • Encephalitis • Encephalomyelitis • Encephalopathy • Endogenous paranoid-hallucinatory syndrome • Eosinophilia • Eosinophilic fasciitis (Shulman syndrome) • **Epilepsy** • Epileptic crises • Episcleritis • **Epstein Barr** • Erythema chronicum migrans • Exanthema • Extrapyrimal disorders • Facial diplegia • Fascicular tachycardia • Fatal adult respiratory distress syndrome • **Fetal death** • Fever • **Fibromyalgia** • Fibrositis • Focal nodular myositis • Frontotemporal atrophy • Generalised motor neuron disease • Genuiculate neuralgia • Giant cell arteritis • Gonarthrosis • Granuloma annulare • Guillain-Barré Syndrome • HLA-B27 negative sacroiliitis • **Headaches (severe)** • Hearing loss • Heart block • Hemiparesis • Hemophagocytic syndrome • Hepatic disorders • **Hepatitis** • Herniated discs • Holmes-Adie syndrome • Homer's syndrome • Human necrotizing splenitis • Hydrocephalus • Hyperacusis • Hyperbilirubinemia • Hypothyroidism • Idiopathic atrophoderma of Pasini and Pierini (IAPP) • Idiopathic facial paralysis • Infarction pain • Impaired Brainstem response • Infantile sclero-atrophic lichen • Infectious Mononucleosis • Infiltrating lymphadenosis benigna cutis • Inflammatory cerebrospinal fluid syndrome • **Influenza** • Internuclear ophthalmoplegia • Interstitial granulomatous dermatitis • Intracerebral haemorrhage • Intracranial aneurysm • Intra-cranial hypertension • Intracranial mass lesions • Intrauterine growth retardation • Iritis • Irritable Bowel Syndrome • Isolated acute myocarditis • Isolated lymphadenopathy • Isolated oculomotor nerve paralysis • Isolated 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**Vertigo** and more ...

How to navigate through the Lyme Labyrinth?

The Lyme Labyrinth

What is the trouble with Lyme?

Apart from being ill, people with Lyme have several problems. Without official acknowledgement and diagnosis of Lyme, the insurance companies do not cover long-term treatment or even painkillers. Even if the doctor is willing to test, his tests are not valid. The approved tests have a low reliability and most doctors do not know this. Costs for better tests are not covered. In case the doctor does prescribe the official antibiotics treatment, this is less effective than other treatments, which are again not covered by insurance companies. This all leads to many other problems with governmental institutions, employers, schools and so on.

Why is the situation around Lyme so different from any other acknowledged disease? This illustration will clarify why: suppose you walk down the street, suddenly hear a loud crash, hear glass shattering and see a man lying on the ground in a puddle of blood in front of a car. Then it is clear, isn't it? If you know first aid, you will go and help. If not, you will give the man some breathing space and call an ambulance. The ambulance will rush over, and the doctors in the emergency room will be ready to operate if needed. The government has made policies to ensure that the other traffic does not hinder the ambulance.



Science will look at how to improve the performance of all professional parties involved. These professionals will then get new information, which will enable them to act even better and faster next time.

Yet in the case of Lyme, there is no crash, no car, no glass, and no blood. But there is a man on the ground, who can stay there for years or even decades. So bystanders get bored, shrug their shoulders, have an opinion about laziness, criticize impolite public behavior or even become aggressive towards him. The ambulance is not called, or if it is, will not come. If there is no car, there cannot be an accident. So other cars start honking. The man is in their way and they are in a rush.

The government does not have any policy because no ambulance is called. Well, maybe they have a policy to fine the man on the ground for disturbing the peace. Science does not collect nor analyze data, so professionals know as little as they did before the man fell down.

So, in real life, this means that many people with a real physical infectious disease are being ignored, shunned and blamed for something most actors in that 'traffic system' just cannot see. The only group that can actually sense that something is wrong, consists of the people who actually know the man on the ground. Although they don't know exactly what is going on, they do know that he is not just "lazy", not an "attention seeker" and not just trying to avoid getting a job.

This is exactly why people who suffer from Lyme yearn for *understanding* from their friends and family at least as much as for finding a cure.

How can Lyme be recognized?

Recognizing Lyme is very hard. The *Borrelia*, which is causing Lyme, is called 'the great imitator'. A spirochete is a type of drill-shaped parasite that needs a host body to survive. Lyme shows up as more

than 300 different diseases in disguise, as you can see on the cover of this e-book. In order to better understand this, you need to know that the *Borrelia* has a famous 'cousin'. That cousin is the spirochete *Treponema pallidum*, which has caused Syphilis in the last centuries.

Syphilis also showed up as a range of different diseases. The *Borellia* is, however, much smarter than its cousin. Apparently the *Borrelia* has the most complex genome of any known bacterium, with different gene expressions adapted to its environments. This is why it has been called the most intelligent pathogen on the planet. It is a 'stealth' pathogen, which eludes both the human immune system as well as the medical radar system.

Lyme is an old disease; probably even millions of years old. Yet it was never very prevalent. Suddenly, sixty years ago, this little known disease became an epidemic. This is still not widely known.

How can Lyme be understood?

If you want to begin to understand the complexity of Lyme, you need to know how this specific parasite works. Not only does Lyme show up as more than 300 different diseases, but the *Borrelia* also changes shape. It can change from a drill shaped spirochete to a shape without cell barrier, or to granules, or to cysts, or even to biofilms. This is why most professionals are clueless about it. They do not know what to look for and do not have the means to understand it. The *Borrelia* is not only the most intelligent bacterium on this planet; it is also the most underestimated.

Have you ever seen a magician performing? Showing you a rabbit disappearing in a hat? That rabbit being replaced by an egg appearing from that same hat? Then the egg magically changing into a bundle of flowers? If you have ever seen this, then you will have a fitting impression of how Lyme manifests itself. Often mental illnesses, unexplained chronic and

'modern' illnesses - such as ADD, ADHD, Chronic Fatigue Syndrome, Fibromyalgia, MS, Parkinson's, Chronic Pain Syndrome, Alzheimer's and ALS - are in fact Lyme Disease.



Also the way in which these parasites transfer themselves to their next 'hosts' fools everybody. Ticks are just one of the many possible carriers for these same parasites. They are also found in human blood, saliva, sweat, semen, vaginal fluids and so on. Any bloodsucking insect can carry it too. So thinking that "only ticks cause Lyme" is as silly as blaming the whole AIDS epidemic on injection needles alone. Once the parasites move to a new host, they mutate to a different DNA expression suited for their new home. Bands on the standard blood tests only test for the *tick* mutation of the parasite. So how is Lyme actually found?

How can Lyme be found?

The answer is as simple as it is disturbing: it is mostly not found. The approved tests have a reliability that is lower than tossing a coin. It takes people years to get the right diagnosis and mostly outside the medical system. The longer someone is infected with Lyme, the harder it is to find. If you want to understand how Lyme is tested for, the story about the guy who lost his keys will be helpful.



A guy was looking for his keys under a streetlight. A lady who walked by, started to help him. After hours of searching, she asked him where he had actually lost his keys. "Well, some three miles into the forest over there," he said, "but there is no light. So I am searching here."

This low validity in test results leads to an absence of any reliable research data about Lyme. This is alarming, since the epidemic has already been spreading for decades.

How can Lyme be cured?

Lyme Guidelines claim that a certain type of antibiotic is a sufficient treatment, orally, for three weeks maximum. A lady with chronic Lyme called this way of treating Lyme "shooting with paper wads at an attacking tiger."



There are many approaches to curing Lyme, yet not one works the same for everybody. What helps one person can actually be dangerous for someone else. No single solution or approach (yet) works for everybody with Lyme. Vicious counter reactions have been reported as a result of improper treatment. Permanent damage

has been done because of treatments chosen in haste or out of ignorance. That is why acknowledgement of the disease and real progress in knowledge is so necessary. To achieve that, all groups involved will need to work with each other towards real solutions.

How can I help?

'How to help?' is a very different type of question than 'how to fix Lyme?' This is the main reason why the purpose of the book *Shifting the Lyme Paradigm* is to help friends and family to fully understand what is going on with their loved one. As a result of this understanding, they can hopefully avoid the 'how to fix this' survival mindset that is so prevalent around Lyme, and discover a more healthy approach to best support both themselves and their ill friends within their own context.

To understand the situation of someone with Lyme, you will want to have knowledge about different aspects of Lyme itself, as well as on how to understand someone else's experience. The book addresses both subjects thoroughly. You will find all knowledge that you need to create a fitting frame of reference and to appreciate the whole situation. You can read more about the book's storyline later in this e-book, if you are interested.

Most people assume, understandably, that the medical profession is best able to deal with health issues. Especially with Lyme this assumption proves to be dangerously untrue. The medical scientific view on Lyme is too simplistic due to lack of knowledge. This is why most doctors do not have the proper information about Lyme nor the methods needed to assess, test and treat it. This is why a paradigm shift is needed first.

What is common sense about Lyme?

If this is what you know about Lyme Disease, prepare to be surprised:

“Lyme Disease is hard to get and easy to treat. One gets it from a bite of an infected deer tick in a forest area. You can recognize infection easily from the red (EM) ring around the bite. Arthritis-like symptoms will show up fast after the infection.

You can go to any doctor to do a blood test, which will find the disease accurately. A short antibiotics treatment will be sufficient to cure it. The rate of infections has increased slowly over the last years. Chronic Lyme Disease is a myth.”

The above seems to be common sense to the majority of people, but proves to be common nonsense. As Albert Einstein once said: ‘Common sense is only a set of prejudices, acquired before the age of eighteen.’ So what are existing myths about Lyme?

Myths about Lyme

Myth 1: ‘Lyme is not that serious’

Lyme Disease is easy to get and hard to treat. The average time it takes for people to get a proper diagnosis is shockingly long. After that, treatment is much harder, more expensive and causes vicious reactions.

Acute Lyme, that once would have been relatively easy and cheap to treat, has turned to chronic Lyme by default in this way.

Myth 2: ‘You only get Lyme after a tick bite’

There are many ways to get infected with Lyme. It infects the blood and other body fluids, similar to how people got infected by AIDS and Syphilis. It is also found that

for example that you can get Lyme infection from any bloodsucking insect.

Mothers can also give it to their unborn children, blood banks do not test for it and hardly anybody knows it can be sexually transmittable, as Syphilis also was.



Only a few people with Lyme remember a tick bite; most likely because the majority of them just never had a tick bite.

Myth 3: ‘Lyme is easy to recognize by arthritis-like symptoms that show up fast after the infection’

Lyme can take the disguise of many different diseases, ranging from skin problems, heart diseases, psychological symptoms, bone or joint diseases, nerve failures and so on. They can show up immediately after infection or can take years to show up in over 300 variations; so not just as arthritis symptoms.

Myth 4: ‘Lyme infections are always followed by a red ring around the spot of the tick bite’

It appears that only one in three Lyme patients had a clear red ring. Hardly any doctor knows this, so people are just sent away simply because they did not see any ring after a tick bite. Since probably many people got infected with Lyme without a tick bite, it makes sense they didn't see any. Available data indicate only five percent of Lyme patients ever had a red ring.

Myth 5: *'You can go to any doctor'*

Lyme Literate doctors are about as hard to find as honest politicians. This is simply explained by the fact that doctors do not get the proper and complete information about Lyme in Lyme Guidelines, in mainstream medical scientific publications and by government agencies dealing with Health information.

Nearly all doctors who do treat Lyme seriously have had it themselves first or witnessed it as a caretaker of someone close to them. This way they found out directly how serious it is and how hard it is to find and treat. So, fortunately and although they are a minority, Lyme Literate doctors do exist.

Myth 6: *'You can do a blood test, which will find the disease accurately'*

The approved Lyme tests have an accuracy of less than fifty percent. The parasite causing Lyme eludes the immune system, by hiding in the blood cells, brains, nerves, bones, scar tissue, lymph nodes or biofilms. So the immune system does not see the parasites and therefore these tests work no better than flipping a coin.

Better tests are not acknowledged nor are their costs covered. This leads to a mess with disability payments, education departments, child protective services, tax offices and similar bureaucratic institutions. This has shocking implications for many, many people.

Myth 7: *'A short (oral) antibiotics treatment will be sufficient to cure it'*

Lyme specialists claim that it is impossible to treat Lyme effectively with the standard 2-3 weeks antibiotics treatments. A Lyme doctor even stated that no infectious disease has ever been cured by 2-3 weeks antibiotics. Acute infections could be better

treated and at low costs, but now mostly turn into chronic Lyme by default.

Since the *Borrelia* has a four-week growth cycle, the duration of the standard treatment is too short; even if it worked. Around 2000, Lida Mattman (Ph.D) already discovered that the *Borrelia* is resistant to antibiotics. Beside the standard (and only approved) treatment there are many possibilities to approach healing Lyme.

Myth 8: *'The rate of infections has increased slowly over the last years in woodland areas'*

The rate of infections has increased exponentially over the last year alone. The Centers for Disease Control (CDC) have adjusted their estimates for new Lyme infections in the USA from 30,000 to 350,000 new infections each year. This is a 10,000% increase.



According to Lyme experts, these alarming estimates are still far too low. Lyme is the biggest worldwide epidemic. Not only in woodland areas. It has been found in California, Australia, China, the Sahara and north of the Arctic Circle in Norway.

Myth 9: *'Chronic Lyme Disease is a myth'*

As you can read in Myths 1 to 8, many people and professionals think that they have knowledge, which is actually based on myths. As a consequence many people are ignored, not tested, wrongly diagnosed and not treated well. And therefore they have

had Lyme for a long time, which medical science defines as "chronic".

Similar to Syphilis, the parasites causing (neurological) Lyme literally reside in someone's head instead of 'in their mind'. Perhaps every government official and health professional who assumes that the causes of a *biological* infectious disease are just 'psychosomatic' or 'stress related', could get their own head checked first?

Myth 10: "Someone else will help..."

Nope. If you value your friend, you will need to act. Governments, scientific institutions and medical hospitals have missed the Lyme epidemic for more than forty years. Only a few doctors have real knowledge about Lyme. Ill people need to fly to other countries, sometimes even to other continents, to get help. So why would there automatically be outside help?

Want to know more?

Shifting the Lyme Paradigm

'This is a different kind of book about Lyme Disease. It is written for the loved ones of Lyme patients. Showing the human side of Lyme Disease more than it's clinical side, this book will make you laugh and cry, as you learn the stories of frustration and healing, medical ignorance and misdiagnosis, and ways you can help yourself and others suffering from this stealth killer of human well-being.'

Anodea Judith in her Preface.

Especially with Lyme, Myth 10 proves to be a treacherous assumption. Somehow we people assume that if someone close to us falls ill, doctors or the hospital are the best places to go to. They will take care of it, right?

This is why *Shifting the Lyme Paradigm* is focused on the friends and family of seriously ill people, because they are the ones that do care and can provide the care needed. It is written as a travel guide and its aim is to help you - whether you are a friend, colleague, employer, spouse or a child of someone with Lyme - to better understand and help your friend.

The book enables the reader to connect, to bridge troubled waters, to get an overview of the landscape and gives hope. It provides you with five real life stories of how Lyme shows up. These are followed by a wide range of uplifting perspectives of what you can do alongside medical solutions, how to think differently and how to stay connected on this tough road. This book addresses all the questions you might have as a friend on the hero's journey of Lyme, even though you may not realize yet you have them. At l(e)ast you will find out that your friend is not crazy and so neither are you.

Storyline

Understanding the complex topic of Lyme Disease as well as the life-altering experience of having it, is an art in itself. To enable the reader to achieve this, I used the image of a meandering road with a bridge across a flowing river to shape my book. It is divided into four parts:



1. Connecting: basic information about the prevalence, obscurity and seriousness of Lyme and four personal stories allowing you to relate to the topic on a personal / human level.

2. Bridging: reflecting on what helping means in such a complex and frightening situation. Why do you need to help yourself first and what help is actually provided by professional health care?

3. Looking: zooming out to create a wide overview of the landscape of the hero's journey of Lyme, by wondering why the situation is as dramatic as it is, seeing what options are available to find and cure it, and pondering how to break through the current status quo and the lack of knowledge about Lyme.

4. Empowering: enabling you to take action, using insights provided in the book. This ranges from how to relate to doctors differently, how to move your bureaucratic systems and ways to create awareness and change in the world of Lyme.

Connecting

Connecting to the subject of Lyme entails different things. As a reader you might have different reasons to read this book, so the benefits you can be looking for are also different. The metaphor of the crucial role of friends of the hero in Hero's Stories is meant to incorporate all of them. It does not matter if you start curious, anxious, worried or angry. The metaphor has the function for you to stay connected, while also taking a step back to see clearly and to be able to laugh sometimes as well.

While most books about Lyme (or any disease, for that matter) are either very technical or very emotional, *Shifting the Lyme Paradigm* is designed to enable you to both relate to the human side of Lyme as well as to appreciate several layers of it: the complexity of a hidden bacterial disease within a society that looks at simple, obvious symptoms and easy explanations; the difference between trying to 'fix' ill people and trying to understand them. The reason why this book is written for you as committed friend and caretaker and how that shapes all contents of the book towards the question how to best help you as reader to help another.

Then you will 'get' Lyme in parts: the mysterious nature of it, the absence of any conclusive data and information about Lyme and the bizarre range of different estimates of its prevalence, its seriousness and its ease of recognition. An overview of why it is not so easy, at first glance, to understand a hidden epidemic that is caused by stealth pathogens.

After creating a frame of reference you will read four personal stories of how Lyme can show up in peoples' lives and bodies: in the brain (Ben), in the blood (Bregje), in the bones (Carla) and in the family (Elma).

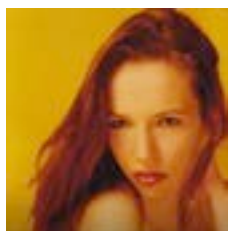
Ben's story



Ben has had Lyme at least since he was eight years old. He was a smart child, but couldn't finish his education and had to stop his career, because of what Lyme did to his brains and nerve system.

Ben has the neurological variation of Lyme. He has been misdiagnosed for a long time and was not treated until recently. While his health is improving now, his financial situation is still a misery. He receives a very small amount of disability benefit. Because Lyme is still not acknowledged, the treatments he wants are not covered by his insurance. This situation not only puts Ben in a social isolation, but also his life partner. Care is not provided around chronic Lyme.

Bregje's story



Bregje changed from a sport loving, active young lady to a chronic patient at the age of 25. This happened, because Lyme caused a stroke in her brain. Despite the proper official diagnosis in the hospital, the treatment she received was not at all effective. Twelve years later she has nearly recovered from her stroke, but not from Lyme.

Her story shows you how hard people find it to change their presuppositions ('it was her own fault' or 'a stroke can only be

caused by drug abuse'). Her story will reveal what kind of bureaucratic traps await young people with Lyme, how a Lyme diagnose works like a boomerang, how her life partner reacted to her situation and the resulting impact on her love life. In addition, you will learn of the impact health insurance has on the freedom of choice and finally, the great importance of friends and family. Recently Bregje had a second stroke, so help from her friends is now even more welcome.

Elma's story



Elma and her partner René tell you about their life with certainly two and possibly three children with Lyme Disease. Elma had read the first edition of *Shifting the Lyme Paradigm* and started on her own exploration. Her son has an official diagnosis, but her youngest daughter does not. This makes a lot of difference to responses within their social environment.

Because Elma also thought that Lyme infections only happen after a tick bite, she never realized her whole family could have Lyme. That she could have infected her own children during pregnancy.

Carla's story



Carla was a professional dancer until she suddenly ended up in an electric wheelchair with the diagnosis of a series of horrible diseases. Then her arm started to

hurt so badly that she, voluntarily, had it amputated to be able to continue living. Not only did it hurt, it started to rot so much that her whole arm was in danger. That is why she decided to also lose her forearm. Painkillers, which were prescribed by the hospital, were not even covered by her health insurance while her income went down dramatically.

Her story shows you what a vital role caring family plays for someone like Carla, to enable her to live on her own. It shows what it means to discover that these 'diseases' can actually be all manifestations of just one hidden infectious disease: Lyme.

It also shows you the underlying insecurity of leaving her faith in the medical system and how her social environment responds to that choice.

Bridging

By now you will understand why the hero's journey has been used as metaphor. So time to switch to the role and value of friends on a journey as challenging, insecure or desperate as *The Lord of the Rings* or *Harry Potter*.

The bridge across troubled waters starts with my own story as the fifth example of how Lyme can show up in someone's life and what happens when the medical system is ignorant about one of the most insidious diseases of the present day.



Now you can begin to understand a situation in which just about everything is

chaotic, complex, scary, tough and hidden from view. The chapter *What Help Helps?* addresses the need to find your own oxygen mask first. It also helps you how to understand the experience of a friend rather than their complex medical situation. You will understand why suicide is now the number one cause of death among people with chronic Lyme and thus why understanding is so needed.

This gives the reader a much clearer view on what 'helping' actually means: the need to accurately assess a situation, the need to deal with one's own stress first, the distinction between reacting and acting. This will lead for the need to make a 'gap analysis'– to assess what your friend with Lyme needs, you will want to know what the medical scientific community does to help them.

Looking

After crossing the murky waters of individual issues with and around Lyme, you will first want to look around the landscape of 'Lyme Land'. In *An Overview of Professional Help around Lyme* you learn about the official definition, guidelines, policies, testing methods and solutions to Lyme itself and the reactions to the people who suffer from it. What information does your doctor actually have about Lyme?

Then you will want to try to comprehend the incomprehensible: why people all over the world are misdiagnosed, mistreated, abused and put on antidepressants. Is there a method behind this madness maybe? Supported by enough humor, you will take a 'tour for Dummies' around the Lyme world in *The Union of the Five Towers*.

This tour will surely get you as reader to think for yourself and to start questioning unconscious, and perhaps even conscious, beliefs about health and trust.

Although it seems tempting to polarize, you will then be invited to make a U-turn in *Under Their Skin* and to give doctors what your friend is yearning for: acknowledgment, understanding and help. How do doctors think? How are they trained? How can most of them miss an epidemic like this? Where are the good ones, even though they are a minority, and how can we help doctors to help us better?

A literally uplifting perspective is added about another layer of meaning in *The Hidden Treasures of Lyme*: the potential hidden gift of it. As Anodea Judith wrote in her *Foreword*, every disease can also be a teacher. So what could that be in case of Lyme? What do experts say about that? What would that mean for you as a friend on that hero's journey? Could the end goal of your trip together be something else than 'solving the problem' or mere survival?

Empowering

The last part of the book is meant to empower you: how to relate to doctors differently, how to move your bureaucratic systems and ways to create empathy. Then the 'now what?' question is addressed, which you will surely have at this point in the book. After this you are taken to the 'future' in *Creating Ripples around Lyme* by means of 'time traveling'. Imagination was the human asset that Einstein valued as the most precious, so why not use it?

Shifting the Lyme Paradigm ends with an introduction of another layer of information, presented by a Dutch Lyme expert who addresses all questions and areas of information that went beyond the boundaries of this book for friends and caretakers. These interviews can be found on the website [Secrets of Lyme](#). The Epilogue is a scientific reflection of the theme of "power" in relation to human health, care and institutionalized health care by Professor Hamelink.

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Epilogue by Professor Emeritus C.J. Hamelink: on Lyme, Institutions and Power

Addendum 1: Most misdiagnoses of Lyme
Addendum 2: Testing and treatment devices

A few short readers' reactions

"In his crucial work on the disease of Lyme, Huib Kraaijeveld demonstrates once again his readiness and ability to ask questions that undermine the comfort of the status quo that is offered by the dominant interpretations of our reality. As a dedicated social researcher he does not pretend to have all the answers, but guides us towards asking the upsetting and essential questions, which we need to ask ourselves for the sake of our health."



Professor dr. Cees J. Hamelink,
the Netherlands

'Reading *Shifting the Lyme Paradigm* made me realize that too little is known about the phenomenon 'Lyme'. In a challenging way its author gave insight into this disease and also provided approaches to deal with it. I have 'prescribed' this book to many of my patients, for most of whom it led to surprise followed by recognition. I can absolutely recommend this book to everyone with (still) unexplained health problems."



Duco Kanij, Osteopath, the Netherlands

'I cannot read any other book for more than two minutes now, in this hell called Lyme. Yet this book I cannot stop reading! I should have put it away hours ago, to clean the house. But I just cannot stop.'



Ineke, wife of a husband with Lyme, the Netherlands

'A true and unpretentious caretakers' guide to understand Lyme. This book will help you to completely understand what your friend is going through; regardless of the symptoms they have. This book can save lives!''



Cheryl Versalle, Lyme patient, United States

'Shifting the Lyme Paradigm offers a new practical, human centered way of dealing with health information. Its author is also ringing a bell for the new time how to work together towards health and thriving. Which is something that I have been longing for, from the professional side, for a long time now. Some humbleness returns, which gives hope!'



Kim Johannes Schimmler, Medical Doctor, Germany

'This book hits the nail on the head, stating that Lyme survivors need 'understanding' more than anything. I would like my own partner to read this.'



Anodea Judith PhD, bestselling author and social activist, United States

'Shifting the Lyme Paradigm is a brilliant book that recognizes, explains and celebrates the power of imagination and friendship on the journey back to health. Having been married to someone who suffered from Chronic Lyme Disease, I can honestly say how much I would have appreciated this book to make sense of that time. Having spoken and corresponded with hundreds of Lyme survivors and their loved ones through my intuitive healing work, I can also vouch for how beautifully Huib Kraaijeveld describes the often inexpressible suffering of those affected by Lyme.

Despite its heavy (and important) topic, this book is a delight to read. The quotes, metaphors and love offer soft candlelight and warm campfire camaraderie on an often dark and lonely journey. I will definitely suggest *Shifting the Lyme Paradigm* to clients and friends!'



Laura Bruno, MA Medical Intuitive Lyme expert, United States

'This book is a big eye opener – both for friends of people with Lyme disease as well as for people with Lyme. Or for any other health issues, for that matter. I am convinced this book will help thousands of people.'



Martin Möhrke, medical research leader, Foundation for Alternative and Integrative Medicine, Europe

"This book reads like a thriller! It touched me deeply and I am sure it will change the course of history."



Linda Graanoogst, writer & journalist, the Netherlands

'What do you know about Lyme? As a health care professional, who has many clients with Lyme in my practice, I thought that I knew something about it. While reading this book, I was however happily surprised. The book has a good story line and is built up in a way that all aspects of Lyme – including all nonmedical ones – become much more tangible for me as a reader. I learned a lot from it. The book is far more than a personal story. It explains the complexity of Lyme in all its simplicity. For my colleagues and me it is high time to really do something about this hidden epidemic!

I can recommend this book to anyone close to people with Lyme – and even to the people who have it themselves. It will give you many insights in what you can do for your loved ones, it gives you the space to think for yourself and a nudge to try other approaches to healing Lyme.'



Hayo Bol, Natural Health Practitioner, the Netherlands

Background information

About me as Lyme author

I am Dutch and had Lyme myself unknowingly for more than 30 years. In 2007 I was finally diagnosed. I then left my career in business education to create movement in the international field of Lyme, as ripples in a large pond. I do this in the [On Lyme Foundation](#) and as a writer.

In my book you can read why these ripples are needed and how you can contribute, as travel companion of your loved one.

If you would like to read a preview of my next book '*Adventures of a Maverick in Lyme Lands*', you can get it for free in the [Catalogue](#) on my website.

Disclaimer

The purpose of e-book is to be sent to your friends and to everyone, who can benefit from it. So feel free to make it viral.

You are welcome to quote or copy parts of it, as long as you leave it exactly like it is and include my website as its source.

Shifting the Lyme Paradigm; how to help your friend on his hero's journey can be ordered via (online) bookstores and my [website](#).

Thank you kindly for helping get this information out to the public.

More reviews can be found on the book's [Facebook page](#)

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