

Lyme Disease Testing

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My son had the classic Lyme rash in the summer of 1989, but we didn't recognize it as anything needing medical attention.

Shortly after that, he started having severe headaches, and over the next 3 years he had a number of other medical problems. He was tested for Lyme in 1990, '91, and '92, all tests were negative.

By October 1992, he was too sick to attend school. At this time his symptoms included: fatigue, occasional headaches, neck pain, migratory joint pain, muscle pain, numbness, dry eyes, conjunctivitis, sore throat, nausea, stomach discomfort, and swollen lymph nodes.

Our pediatrician suspected Lyme disease, prescribed antibiotics, and ordered blood work with a Lyme test. When the Lyme test came back negative the pediatrician told us to stop the antibiotics and send our son back to school, – and he refused to do any other testing.

My son's mother, who has a Master's degree in Microbiology and Immunology, mentioned this to her professor. The professor explained that there can be sufficient antigens to bind all antibodies so there are no free antibodies for the serological test to detect. More recently, peer-reviewed papers by Schutzer¹ and others have confirmed this problem, and proposed more effective testing.

My son eventually recovered. After more than 10 years of antibiotic treatment he was able to stop antibiotic treatment without relapsing.

Now it's 2013. My son continues to do well. There have been some great advances in medicine. But Lyme disease has the same testing methods and the same diagnosis problems it had twenty years ago. A group of entrenched doctors continues to insist that Lyme is easily diagnosed, while patients suffer or are permanently harmed. The truth is:

Lab tests are not a reliable means of excluding a Lyme diagnosis.

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¹ *Borrelia burgdorferi*-specific immune complexes in acute Lyme disease.; Schutzer SE, Coyle PK, Reid P, Holland B.; JAMA. 1999 Nov 24;282(20):1942-6. Erratum in: JAMA 2000 Oct 25;284(16):2059