

Turning a blind eye on Lyme disease

Sunday, June 17, 2018

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“Our ignorance is often unbearable and may lead us to turn a blind eye on non-lesional diseases,” [explains Raoult from the Aix-Marseille Université in France](#). [1] Such ignorance, Raoult says, has at times led scientists to believe that some diseases had a “psychiatric cause while they were somatic and could be easily treated.”

One could say that, in some cases, Lyme disease is one of those diseases. It often presents without lesions and can be easily dismissed by treating clinicians. This lack of knowledge surrounding Lyme disease has left some in the medical community to turn a blind eye on the disease and disregard its potential destructiveness.

In 1990, Logigian and colleagues described 27 patients with chronic neurologic Lyme disease who did not have typical lesions. Instead, they presented with severe symptoms, such as fatigue, sleep disturbance, poor concentration, irritability, sadness, headaches, lightheadedness, paresthesias, and joint pain. These symptoms lasted up to 14 years. [2] Other studies have also demonstrated [chronic symptoms](#) in Lyme disease patients. [3,4] The majority of these patients have seen multiple doctors before being correctly diagnosed.

Raoult’s editorial, [“Of ignorance and blindness: the Lyme disease paradigm.”](#) points out, “Patients consulting numerous physicians to obtain a therapeutic solution are truly sick.” However, “Some of them may obviously be phony patients, but they are usually rapidly identified.”

Unfortunately, there are doctors who deny the existence of chronic manifestations of Lyme disease. For these patients and others with non-lesional diseases, “this succession of consultations and physicians with the sole objective of feeling better is extremely grueling.” [1]

“And our blindness should not lead us to deny the existence of the disease itself,” Raoult states. In fact, “This denial is at the core of the [rage of some patient advocacy groups](#).” [1]

There are doctors, however, who reject this concept of ignorance and “ascribe such symptoms to existing diseases even though diagnostic examinations validated by healthcare authorities and scientific societies provide negative results for those existing diseases,” writes Raoult. “One must admit that in some diagnostic fields the sensitivity of our tools is not 100%.”

“Scientists are and must remain sceptical, modest, and ready to change their mind in light of new data,” Raoult points out. “They must, however, be aware that they will never know everything.”

References:

1. Raoult D. Of ignorance and blindness: The Lyme disease paradigm. *Med Mal Infect.* 2018.
2. Logigian EL, Kaplan RF, Steere AC. Chronic neurologic manifestations of Lyme disease. *N Engl J Med.* 1990;323(21):1438-1444.
3. Fallon BA, Keilp JG, Corbera KM, et al. A randomized, placebo-controlled trial of repeated IV antibiotic therapy for Lyme encephalopathy. *Neurology.* 2008;70(13):992-1003.
4. Klemperer MS, Hu LT, Evans J, et al. Two controlled trials of antibiotic treatment in patients with persistent symptoms and a history of Lyme disease. *N Engl J Med.* 2001;345(2):85-92.

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