



LYME DISEASE

Is It Keeping You Sick

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Bestselling author of Healing SIBO



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About this Masterclass

Welcome one and all. Hi! We have **Dr. Tom Messinger** joining us today here at **SIBO SOS®** and our Speaker Series. I'm **Shivan Sarna**. And I'm thrilled that you can share this time with us and learn, and get the right information so that you know the right thing to do in the right order - or at least attempt it.

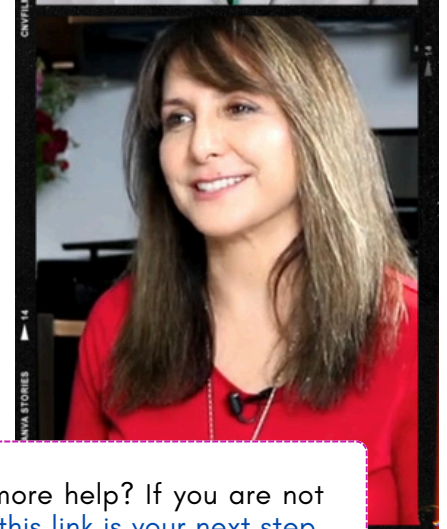
I know how it's like to have Lyme, not even know it and wonder why I don't feel well so frequently. Dr. Messinger is the one who helped me finally commit to taking the test and find out that, indeed, I have had Lyme. And we're coping with it right now.

So, I want to invite you to open your mind and take a few breaths... and tune in!



Footer Note: There is hope. Do you have questions? Do you need more help? If you are not confident in your next steps dealing with your SIBO / IMO, IBS. [Clicking this link is your next step.](#) It is hard to stay motivated when you are not getting results and spinning your wheels. Knowing what to do and in the right order makes all the difference in your results.

Dr. Tom Messinger



Lyme & SIBO

Lyme, technically, is an infection with a spirochete named **Borrelia burgdorferi**. The reality is Lyme is a lot more than that. There's multiple infections, multiple toxins that people are exposed to that contribute to the whole picture of Lyme.

It definitely can be a cause of SIBO. The Borrelia spirochete that causes Lyme has an affinity for the GI tract. And it has an affinity for things that affect the GI tract. So a lot of people are aware that Lyme disease can cause neurological symptoms. And a lot of your SIBO listeners are aware that there's a very strong brain-gut connection.



Borrelia definitely can affect the brain. And through its affinity with the vagus nerve can have a strong impact on the GI tract.

And Borrelia also lives in the cells of the GI tract. So the migratory motor complex (MMC) is in the cells in the small intestine.

There was a study done on pediatric patients who were suffering from **chronic gastrointestinal issues**. And they were trying to get to some underlying cause as to what that was. And so they did endoscopies on these patients. And they did biopsies of tissues of the small intestine. And what they found is **70% of those patients had Borrelia burgdorferi in the intestinal cells.**

Borrelia has an affinity for nervous system tissue, very likely affecting the MMC also. Published research shows that a manifestation of acute Lyme disease when a person gets a tick bite and gets an infection from it can be a GI presentation. The study said that one of the ways that a person can manifest Lyme disease acutely within days of a tick bite is they have nausea, vomiting, diarrhea, abdominal cramping.

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Was it the Flu? Food Poisoning? Or Was it Lyme?

A lot of people with SIBO have had a history of what they thought was a GI flu, just some common GI organism or food poisoning. And they chalk it up to that because that is the same symptoms that a person will experience as with possibly acute Lyme—nausea, vomiting, diarrhea, abdominal cramping.

Eventually developing GI symptoms that become chronic. Seeing multiple practitioners until a diagnosis of SIBO is identified. And they might be getting treated with very good protocols for SIBO. But they might either be resistant to treatment and not improving, or they might have gotten rid of the SIBO just for the SIBO to come back despite very good prokinetic therapy.

Think how was it actually *Borrelia* that might have initiated this process to begin with or might be co-existing with the SIBO?

So, that's a little bit of a digression. But that's how *Borrelia* can impact the GI tract and be a cause of SIBO or be contributing to a person's GI symptoms?

Testing for Lyme

Shivan Sarna: What's your favorite test/s?

Dr. Tom Messinger: DNA Connexions... One of the nice things about the lab is that, actually, you do not have to have a provider order. Any lay person can order that test from the lab. It's a urine test.

So, it's actually what's called a DNA PCR test. They're testing for the presence of the DNA of different organisms in the urine that are associated with Lyme disease. There are three species of *Borrelia* being tested, three of **Bartonella**, three of **Babesia** and **Ehrlichia**. Those are all common co-infections that are found in ticks.



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So, it's an absolute. If a person has those organisms in the urine, it came from their body, they have that infection or those infections.

These organisms don't usually hang out a lot in the bloodstream and are circulating around to be filtered up by the kidneys and pumped out in the urine. So, we do some **provocation** to try to promote them coming out. So if the person does have any of those infections, we will see it in the urine.

So, we give a Lyme tincture. We formulate our own. Sort of an equivalent one on the market would be what's called **Quintessence**. A person would have to check with their provider to see if it's safe for them to take that. It's just an herbal tincture. We give that to them **three drops twice a day for seven days**. And then, we have the patient get a very **deep massage, like rolfing, on day seven** to

I personally did this test after an intense yoga class... and that did the trick for me!




have the rolfer or the massage therapist work on problematic areas for the patient to help promote the release of organisms from those tissues that might be hanging out in those tissues.

So they do those things. The massage is on day seven. They collect the urine one to two hours after the massage on day seven and send it into the lab.

So that's the DNA Connexions. Just so listeners are aware, that is not considered by the CDC the standard of care for the diagnosis of Lyme disease. They're using a Western blot which has some shortcomings to it.

Shivan Sarna: Well, I want to actually get to another point right here because this class is a little bit shorter than usual. The reason why, sometimes, after a massage, you can feel so yucky—I was always thought it was just this big lymphatic drain. But could it possibly be that that body work is releasing the spirochetes?

Dr. Tom Messinger: It's very possible. I think, probably, the likelihood is a combination of things. It's releasing organisms, and it's also releasing toxins. The organisms love toxic areas in the body. And so you're probably releasing both. And then, people will feel achy or more fatigued or brain fogged or even flu-like. And that's a sign to me as a practitioner that there's a lot of detox that needs to be happening for that patient to clear things out of their cells and their tissues.

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Treatment Options

Shivan Sarna: It's a lot, isn't it? It's a lot. It's not simple is it though either? It's a lot, and it's not simple. But it exists! And that's important.

Dr. Tom Messinger: Yes, it exists. People can recover from Lyme disease. Even very serious cases of Lyme disease where people are very debilitated, people do recover.


The treatment basically consists of a lot of detoxification plus antimicrobials; and also, what's called **immunomodulation**. Actually, I have multiple steps of treatment. There's **foundational treatment**—which we won't go into details, but the patient has to be on a proper diet. They have to be gluten-free. They have to be sugar-free—there's no negotiating about that—dairy-free for most of my patients (because I find that they're reacting to the proteins). They ideally do better on diets that are stabilizing for their blood sugar—so lower carb and lots of vegetables.

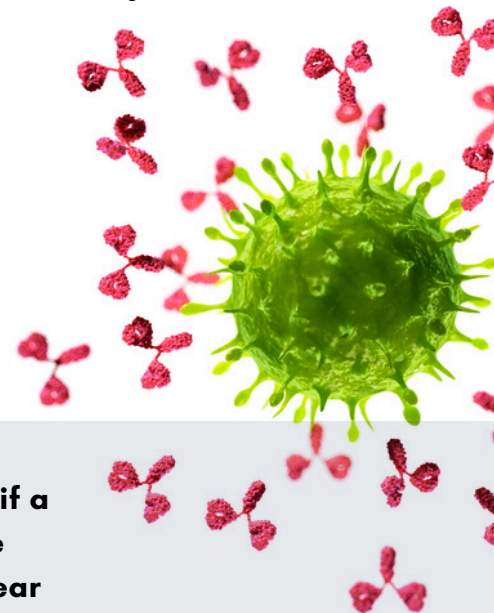
We evaluate their entire system. We have to make sure that their hormones are balanced and that there's no deficiencies there. We have to make sure that their gastrointestinal system is properly evaluated. So we're evaluating patients for SIBO and also for parasites and fungal overgrowth.

If we don't get the gut working properly, then it's going to be much harder to clear the Lyme also.

So, it's a two-way street. You won't be able to clear the SIBO if a person has Lyme, and you're not addressing the Lyme. But the same thing, the gut has to be functioning optimally to help clear the Lyme.

And then, there's immunomodulation. So Lyme, part of its way, its strategy of surviving in the body, it's figured out ways to alter our immune system, so the part that our immune system that's supposed to be active against infections inside the cell, they impede that. They totally downtrodden upon that. And they hang out inside the cell. They figured that out. So we have to do things to correct that.

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Low dose naltrexone is one of those things that could help balance that imbalance. And there are other ways to go about that. So that's part of the treatment.

And then, **detoxification** is a super large part. We're using homeopathic drainage remedies, herbs, saunas, neurotherapy, those things that help detox the system. And that has to be ongoing. And we all need detoxification. No matter how clean we're eating, we're still being exposed to things from cars, from furniture off-gassing. So everyone needs detox.

And then, there's the **antimicrobial** piece which is a big piece. Sometimes, we can't start that right away. We have to make sure those previous things that I just said are being addressed so that the antimicrobial piece will be more effective.


And so, there's antibiotics of course. And there's herbs. And antibiotics, there's oral and there's IV. I don't always use antibiotics. You don't have to use antibiotics. In a lot of cases I have, we've done a solely herbal approach while addressing all the other things I've talked about, and we have had great success.



There's some patients of mine who want the antibiotic approach. And we will go that route and see how they do. Sometimes, antibiotics can work better than herbs; sometimes, herbs work better than antibiotics.

There are some cases I've had that have been tough cases with a severe amount of disability for the person. And we've actually employed IV antibiotics. We're bypassing the gut. I've seen some remarkable results from IV antibiotics also. The person gets a PICC line in. It's sort of like a semi-permanent (for a few months) IV catheter. And it's a very easy thing to employ. Patients have responded tremendous to that.

So, there's a multitude of approaches. And each case is individualized based on the different kinds of toxins and different infections that the patient is susceptible to. There's multiple ways to tease out treatment. Some Lyme practitioners will use certain kinesiology tools to help prioritize treatment. I have started under Dr. Klinghardt's. So I use his system of analyzing called **autonomic response testing** as a way to help guide treatment. And it can be very effective for prioritizing treatments since, often, there's a multitude of things that needs to be addressed.

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The Lyme Questionnaire

Shivan Sarna: If someone wants to know about the questionnaire they've been hearing about floating around on the Internet, what is this Lyme questionnaire that's out there.

Dr. Tom Messinger: Yes. So Dr. Richard Horowitz, he is one of the world's leading Lyme experts. He's written two amazing books that are chock full of information. He developed what's called **The Lyme Screening Questionnaire** that you can easily find on the Internet.

And what it is.. is it's a questionnaire that a person fills out. They add up their points. At the end of the questionnaire, it tells you how to interpret the point total. For example, if you score 46 or more points on this questionnaire, it's a high probability that Lyme is a contributor to your symptoms.

So, if a person that's listening wants to say, "Just out of curiosity, well, is Lyme really a possibility, that it could be affecting me?" I would suggest they fill out that questionnaire.

This questionnaire has been studied and validated that it is accurate in teasing out people that have Lyme disease versus what's called healthy controls, people that do not have Lyme.

I've also included a survey to help guide you in your self-help to see if you need to consult further. The first part of it is just for any outliers who are not sure if they're still suffering from SIBO. It's just a helping tool basically for ongoing SIBO.



[DOWNLOAD THE LYME QUESTIONNAIRE](#)

Horowitz Lyme-MSIDS Questionnaire

The Horowitz Lyme-MSIDS Questionnaire is not intended to replace the advice of your own physician or other medical professional. You should consult a medical professional in matters relating to health, and individuals are solely responsible for their own health care decisions regarding the use of this questionnaire. It is intended for informational purposes only and not for self-treatment or diagnosis.

SECTION 1: SYMPTOM FREQUENCY SCORE

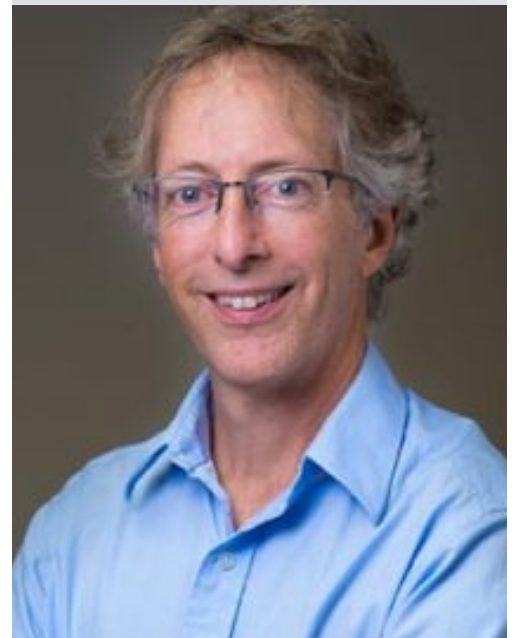
0 None 1 Mild 2 Moderate 3 Severe

1. Unexplained fevers, sweats, chills, or flushing	
2. Unexplained weight change; loss or gain	
3. Fatigue, tiredness	

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About Dr. Tom Messinger, ND

Dr. Tom Messinger is a licensed Naturopathic Doctor. Prior to becoming an ND, he was a Registered Nurse for 23 years, spending most of his career working in inner city Emergency Departments and Trauma Centers. He is founder and Clinic Director of Portland Natural Medicine in Portland, OR. He specializes in the diagnosis and treatment of tick-borne diseases, chronic infections, and digestive issues. He utilizes herbs, diet, detoxification strategies, ozone therapy, neural therapy, homeopathy, and stress reduction techniques to help reduce toxin burden, strengthen vitality, and promote restoration of the health of the individual.



Dr. Tom Messinger, ND

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Bloating - with or without pain

- Activated Charcoal - absorbs gas
 - Dose: up to 2 every 2-3 hours, away from meals, supplements, medicines if possible (it absorbs nutrients too)
 - can cause constipation and darkened stool
- Simethicone (Gas X)- breaks gas into smaller bubbles, allowing better movement, does not remove gas
 - Dose: follow label dosing
- "Iberogast"
 - Dose: 20 drops with meals or as needed &/or 20-60 drops at bed

Small Group Coaching Sessions (optional)

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