



LYME DISEASE

Nutritional Support Protocol

(also Babesiosis, Bartonellosis and Ehrlichiosis)

***Note:** Acute Lyme disease (infection with *Borrelia burgdorferi*) should be treated aggressively with antibiotic drug therapy. Oral antibiotics, such as doxycycline, tetracycline, amoxicillin, azithromycin, cefuroxime, or clarithromycin should be used as a front-line therapy. A typical evidence-supported protocol of doxycycline (100 mg bid for 30 days) is appropriate even if Lyme is strongly suspected by virtue of history and symptoms, but is not necessarily associated with a known tick bite, rash, or positive ELISA, Western Blot, or PCR lab test. Intravenous antibiotic therapy is considered in cases of acute Lyme disease, which are unresponsive to oral therapy or in cases of chronic recurrent Lyme. Complimentary support with natural agents may be used concomitantly with drug therapy in both acute and chronic Lyme. It is imperative to aggressively treat Lyme in the initial stages, as it is maximally treatable at that time. Chronic Lyme is very difficult to successfully treat and often results in significant neurological and psychological impairment, in addition to the more widely appreciated symptoms, including arthralgias.

Supplement Recommendations:

In addition to the core nutrient program recommended by your Health Care Professional and/or from the results of your most recent Designs for Health Metabolic Profile:

Acute

Immunitone Plus:	2-3 caps qid x 30 days
Allicillin:	2-3 caps qid x 30 days
Stellar C:	2 caps qid x 30 days
Probiotic Synergy:	2 caps or ¼ tsp tid, during, and for 30 days post therapy. Dose separately from antibiotic
Silvercillin Liquid:	2 tablespoons 3 times per day

Chronic

Immunitone Plus:	2-3 caps tid
Allicillin:	2-3 caps tid
Stellar C:	2 caps tid
Phosphatidylserine Capsules:	2 caps or ¼ tsp bid
Phosphatidylcholine Softgels:	2 softgels bid
XanthOmega Krill Oil:	2 softgels qid
Ultimate Antioxidant Full Spectrum:	3 caps qid
Silvercillin Liquid:	2 tbsp 3x per day

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