

This is an excerpt from
the book "Freedom
From Lyme Disease."
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book by [clicking here](#).

Foreword by Jon Sterngold, MD

It's very difficult for our Western minds to embrace the true complexity of Lyme disease and this limits our ability to effectively treat it.

We are driven to create order out of the seeming chaos of our existence. Using principles of data analysis and applying logic rules such as Occam's Razor, we're pretty good at figuring out how our universe works. Relentless application of critical thinking helps weed out extraneous factors that are not elements of the kernel of truth about a problem, a phenomenon, and a disease. This often works in modern medicine, though for many chronic diseases (conditions for which modern allopathic medicine is not very good), finding THE cause or a magic bullet that leads to wellness has become a winding path where many get lost. Is it the saturated fat or too much pasta? Cholesterol or inflammation? Is all bad

cholesterol really bad? Which is causing what? And on and on. Lyme disease should be so simple!

I saw my first Lyme disease patient thirty-one years ago. Fortunately, she wasn't really sick yet—she just had a huge target rash on her chest. Having no idea what she had, my research consisted of a call to a dermatologist and discussion with the Public Health Department in our county. It was 1983 and news was just spreading about an emerging tick borne disease that could cause this type of rash. It was an infection and like most infectious diseases, all we had to do was choose the most appropriate antibiotic and a cure was almost guaranteed. I did that; she got well, and when I ran into her at a gathering in our small town about 25 years later, I was happy to hear that she remained well since treatment. Her case was reported to Public Health and this was the first report of Lyme disease ECM rash in Northern California.

And then, Lyme fell off my personal radar. I didn't see more cases—that I knew of—and was otherwise buried in the daily crush of emergency medicine cases at our small but very busy hospital emergency department. Only in retrospect I realized that my ignorance of the Lyme world kept me from being able to help some very sick patients. I will never forget the young woman who came in one summer morning about twenty years ago with a paralyzed face—she had bilateral Bell's Palsy—a completely disabling horrific condition and it never occurred to me that the number one diagnosis for her in our Lyme endemic community was Lyme disease. I didn't realize that antibiotics might have cured her. I referred her to ENT specialists but I doubt she was treated with anything other than steroids and to this day, I wonder what became of her. It leaves me with a pit in my stomach for what I now know. Too late for her, and almost too late for me.

I became a reluctant student of the realm because I had to. During my own eight-year battle with Lyme disease 'complex', I tenaciously re-

sisted acceptance of the complexity of what I was up against. It just couldn't be as bad and as complicated as the picture many patients and treating doctors were painting. It must be that this bug had evolved survival techniques that required high doses and prolonged use of antibiotics and if I was just patient enough, I'd get my life back. As I was exposed to new information from respectable scientists—information that was troubling in both its complexity and implications for treatment—I clung to a simpler paradigm because that was less unsettling and disorienting. In retrospect, I can see that my attachment to simplicity—to the simple idea that antibiotics would be my salvation and that I didn't have to do anything else to get well—was no different than anyone blindly clinging to a belief for comfort. It's what we do as a species desperate for understanding in a very complicated and painful world. I like to think that I don't do that—but this is exactly what I did with my Lyme disease and I suffered longer, deeper, and lost more of my life than I might have if I'd been open to the complex reality others were showing me. I might have stopped doing what wasn't working sooner. But I'm hard headed and had spent so much time in the trenches of front line medicine that I trusted my judgment far beyond the point where it stopped serving me. My loss.

And then Bryan Rosner and I crossed paths. Not directly at first, but in the mysterious way that webs of information and influence travel and crisscross, the impact of his work (in particular, his book *Lyme Disease and Rife Machines*) on others eventually touched me and through a chance encounter with another Lyme patient-physician, at a time when it seemed to me that I was at the end of my rope, a light appeared in my darkness. At that moment when I experienced a Herx (die-off) reaction within minutes of my first Rife treatment, my simple paradigm fell apart and the game changed. The chink in my armor of rational reductionism was ripped open and I've never been the same.

But, I'm still me and I've had a tendency to apply my preference for simplicity to Rife therapy; I've viewed effective Lyme treatment through

Rife colored glasses. I got my life back using Rife machines, but I'm also aware that I'm not at 100%—yet. I figured that another year or two of coil sessions and I'd be there (the “coil machine” is one of the machines presented in Bryan's aforementioned book).

And then Bryan shared the manuscript of this new book with me. I thought that the armor protecting my reductionist tendencies had been opened up through my Rife journey, but clearly, I've still been up to my old ways—craving and embracing simplicity. My human nature, like nearly everyone else's, has kept me from a wider perspective. As of today, I'm surrendering. This is a disease that IS more complex than anything else I know of in medicine. Defeat of this miserable condition requires more tools, more medicines, and more knowledge than most people can imagine. How can a Lyme sufferer access these resources?

This is a critical problem in Lyme medicine. In his new book, *Freedom from Lyme Disease*, Bryan gives us a phenomenal amount of useful information about how to attack a disease that cannot be defeated by our own immune systems. We must act, often aggressively, to kill the bacteria and other organisms that conspire to take us over, but we can't do this without guidance, alliance, and medical care. Where do we get this medical care? Sadly, hardly anywhere. There are only a handful of 'Lyme literate MDs' in this country and most people cannot afford to see them. Care for Lyme disease is very expensive and most Lyme doctors do not accept medical insurances for payment. Even when a patient has the economic resources to see one of these physicians, their care does not guarantee a successful outcome. I don't know all the reasons why, but I do know some of them. Lyme doctors have a tendency to specialize their care—some using more detox approaches, others using herbals, and others using more pharmaceutical antibiotics. Certainly many use a combination but very few have (at least publically) embraced Rife treatment. This might be because it's not yet legal to promote Rife for treatment of disease, and this is understandable. It is only recently, and only in some

states, that doctors aren't at risk with medical boards for prescribing long term antibiotics to those with Lyme. To include Rife machines and other cutting-edge yet experimental therapies in these practices would be pushing the envelope too far for most physicians' comfort.

Neither Bryan nor I can publically recommend Rife treatment for Lyme, but we can share our personal experience. At this point in the evolution of Lyme treatments, this is what we do and this is what this book does—with scores of pioneering treatment approaches in addition to Rife. It's a sharing of experience so that through the web and weave of information propagation, you—a fellow sufferer—might become empowered to use this to your advantage.

The evolution of the science of medicine begins with someone trying something. Doug MacLean, the first person ever to use Rife therapy to fight Lyme disease, tried a homemade coil device and saved his own life. Others experimented with herbs, supplements, different antibiotics, hyperbaric oxygen, and on and on.

And the story of trial and error extends far beyond Lyme. A physician from Australia tried using antibiotics for ulcer disease—long before it became the standard of practice. Word of success slowly but surely spreads until a critical mass occurs and it becomes more widely known and used. Eventually, it becomes part of medical practice, long before controlled clinical trials—the 'science' of medicine, prove efficacy. But before it is established 'science' it IS clinical medicine and some patients, including me, can be saved through judicious application of these new treatments. Anyone with an agenda to criticize clinical medicine BEFORE it has become accepted science has no sense of the 'on the ground' realities of Lyme disease. Not only is it unbelievably complex, impacting all body systems and requiring management of neurologic, hormonal, rheumatologic, orthopedic, psychological, ophthalmologic, cardiac, hepatic, gastrointestinal, urologic, dermatologic and other system

complications, it produces a degree of suffering and disability that is unparalleled in medicine. And this happens to hundreds of thousands of new victims every year. Good lord we need help! We need doctors trying new approaches in heroic efforts to snatch us from the jaws. Clinical trial based science will come, someday, but in the meantime, we need help. Bryan is offering us, as patients and practitioners, new things to try and a rational basis for these recommendations.

Bryan also makes the point that we, as patients, all need to become our own teachers. Doctors, even if available and affordable, don't know it all and cannot know what might work best for a given patient. Some Lyme patients do get better with nothing more than months or maybe a few years of antibiotics. Some seem to stay better. But many don't and now we understand more about why this is so. Biofilm, genetics, known and unknown co-infections, pre-existing deficits, hormonal degradation, and more—too many variables for anyone to compute are at play—so what do we do? We use trial and error. We attempt to base the trial part on reasons we know or suspect; that is, there's a rational basis for 'trying' this or that. It's plausible that it could work. And we see what happens. Does it induce a Herx? Does it relieve symptoms, eventually? That, then, becomes our own clinical trial. It has no statistical significance ($n=1$ in the language of statistics), but it has huge meaning for the subject—the patient—you, or me.

Many of us in the Lyme world know Bryan Rosner as the Lyme disease journalist, author, and lay researcher who exposed Rife technology to sufferers who could not get well with other treatments—mainly antibiotics. In the decade since the publication of *Lyme Disease and Rife Machines*, thousands of patients, including me, got their lives back through use of devices that produce an electromagnetic field at specific frequencies that disrupt and kill some forms of the Lyme bacteria: *Borrelia burgdorferi*. Some got well, some got better, some are still working on it, and some, as it too often is with this disease, are still struggling.

It's time to bring more approaches, and perhaps even to resurrect some of the prior approaches including antibiotics, to the table. Rife is an invaluable tool for killing mature spirochetes, but we know that there are many more types and forms of microorganisms that are at play making us ill, and that they might be susceptible to antibiotics and herbs we haven't considered, or to disruption of their nests—the biofilm. Even if a Lyme patient no longer feels ill, that doesn't mean that they don't or won't need more treatment. Bryan makes it clear that although the sky might be blue and cloudless, we must always be ready for the next storm. Why learn the hard way? That is, even if we feel well, it might be to our advantage to challenge our bodies with a treatment that might peel back a layer of the onion revealing smoldering infection that we've just made more accessible and susceptible to attack. Better to know that the “onion” is still there than to think we're home free. I don't know if we'll ever be home free, but it won't matter as much if we're properly armed, educated, and connected to others who can help us. This help might be a treating Lyme literate physician, the ear/heart/shoulder of an empathetic friend, or words of wisdom, experience, and breaking news from one of the great Lyme disease trackers of our era, Bryan Rosner.

—*Jon Sterngold, MD*

Dr. Sterngold was a board certified emergency medicine physician with 25 years experience as an emergency medicine doctor. He now practices preventative medicine as well as counseling/therapy/life coaching. He has been a licensed MD for 40 years, and he diagnosed the first reported case of Lyme ECM rash in Northern California in 1983.