Heal the Hormones to Heal From Lyme Disease

by Connie Strasheim

As I interviewed the subjects in my recently released book, Insights Into Lyme Disease Treatment: Thirteen Lyme-Literate Practitioners Share Their Healing Strategies (BioMed Publishing Group; 2009), my belief in the importance of restoring hormonal balance to the body as part of healing from chronic Lyme disease was reaffirmed by what I learned from these practitioners.

Most Lyme-literate health-care practitioners would agree that getting rid of the infections is only part of the solution. Those whom I interviewed also emphasized strengthening the immune system, treating intestinal dysbiosis and allergies, and detoxifying and restoring hormonal balance to the body. They cited other factors, such as lifestyle and dietary choices, as being important, too.

A dissertation could be written on each of these healing components, but for the purposes of this article, I will focus on hormonal balance, because it is one of the oft-ignored areas of treatment and perhaps one of the more difficult aspects of healing to address. At least, I have found this to be true in my own case of chronic illness involving Lyme disease!

Below I share insights into balancing hormones, based on excerpts from my book and representing the opinions of some of the health-care providers whom I interviewed.

First, Deborah Metzger, MD, a reproductive endocrinologist who treats patients with chronic Lyme disease, writes on page 228:

I have found that women who have been well for most of their lives can “crash” around the time of peri-menopause. During this time, estrogen and progesterone levels start to “get out of whack,” and both of these hormones are involved in regulating the immune system. About half of the men that I see are deficient in testosterone. Once people crash as a result of hormone imbalances, they can’t just pick themselves back up again by fixing their hormone levels. Their infections, diet, allergies and sleep must all be separately and simultaneously addressed.

Thus, balancing the hormones is important for restoring proper immune function, so that the body can effectively fight Lyme disease infections.

Balancing the hormones isn’t always a matter of simply giving hormone replacement to patients, though, because some have allergies, or autoimmunity, to their own hormones, and the autoimmunity problem must be addressed before hormone replacement can be prescribed. On page 230, Dr. Metzger discusses adrenal gland hormone allergies:

I also test my patients’ adrenal gland function by performing an a.m. and p.m. blood cortisol test. I prefer blood cortisol tests over saliva because I have found that there is a poor correlation between saliva and blood test results due to the presence of cortisol allergies in many of my patients. The antibodies that bind to cortisol prevent the cortisol from appearing in the saliva. Cortisol allergies produce all the signs and symptoms of adrenal insufficiency, but often, adrenal function in people who have these allergies is normal. Many patients with cortisol allergies cannot tolerate cortisol replacement until they are desensitized to these allergies.

Another challenge when balancing the hormones involves determining what type of hormone replacement is best for patients. Not everyone responds well to the patented, synthetic hormones that are so often pushed on those with imbalances. On page 275, Pete Muran, MD, advocates bioidentical hormone replacement as a viable alternative to synthetic hormones and discusses the dangers of synthetic hormone replacement:

I generally use bio-identical hormones to correct my patients’ hormonal deficiencies. Use of bioidentical hormones is especially important for supplementing estrogen deficiencies in women. Conjugated equine estrogen (Provera) is commonly prescribed to women, and has been construed in the medical community as being a “normal” form of estrogen replacement, but there is a big difference between the natural estrogen that women produce, and the estrogen that a horse produces. Equine estrogen causes inflammation, but there are political and economic reasons why this medication is so widely prescribed. Yet, it has been scientifically documented in the medical literature that such estrogen causes inflammation and alters hormonal balance.
It’s the ingestion or production of inflammatory estrogen that causes breast cancer in women and prostate cancer in men. The medical community must consider a very important fact when linking breast cancer with estrogen. If all estrogens were the cause of breast cancer, then the prevalence of this disease would be high in women who are in their twenties and thirties, but it’s not. Only certain types of inflammatory estrogen, the levels of which tend to be elevated in those with unhealthy bodies, or which result from taking certain pharmaceutical medications, cause breast cancer. Also, as women age, the risk of them producing inflammatory estrogen increases, as does their risk for cancer. They may start to produce more estrone from fat cells, which can be easily converted to an inflammatory estrogen. This inflammatory estrogen, which is a pre-carcinogenic form of estrogen, attaches to cells at estrogen receptor sites, where it can produce cancerous cells. Hence, supplementing with bio-identical estrogen is most appropriate for women with estrogen deficiencies.

Women with progesterone deficiencies also benefit from bio-identical progesterone, which is better than the synthetic progestin that is so commonly prescribed. Using bio-identical estrogen and progesterone in combination is beneficial, and many women have used both throughout all of their healthy reproductive years.

So how important is addressing hormonal imbalance in chronic Lyme disease? Marlene Kunold, a health-care practitioner in Germany who treats Lyme patients, believes that hormonal imbalances may be some patients’ greatest impediment to healing, and that for such people, healing may not even be possible unless the endocrine system, particularly the adrenal glands and thyroid, are adequately supported. Her perspective is discussed on pp. 318–319:

It’s also important for me to determine my patients’ adrenal gland function, because the success of any treatment regimen depends upon the adrenal glands working properly. If adrenal function is low, and cortisol levels are low, then as a practitioner, I will not succeed in anything that I do for my patients until I can improve the functioning of their adrenals.

So therapy for Borrelia and other conditions may not be effective unless the adrenals are adequately supported, because when the adrenals are weak, the body simply won’t respond to treatments. This I learned after treating many patients, because there were some for whom the LTT test would not turn negative, even after they had received multiple photon treatments for Borrelia, and I would ask myself, What’s stopping us here? After doing a few tests, I learned that poor adrenal function was what was hindering these people’s healing, and I’ve seen this scenario happen quite a few times ever since.

In addition to the adrenals, thyroid function must also be carefully tested and treated, when necessary. Triiodothyronine, T-3, as well as TSH, are among the tests that I do to determine patients’ thyroid function. If I suspect that they have autoimmune disease, as well as high levels of nitric stress (nitric oxide and peroxynitrite) in their urine, then it may also be necessary to test them for thyroid antibodies.

In summary, when the adrenal and thyroid glands aren’t functioning properly, it’s very difficult for patients to heal, and I often see low thyroid and adrenal function in those with Lyme disease.

As if determining autoimmunity to hormones and proper forms of hormone replacement weren’t enough, health-care practitioners must also consider whether hormone replacement is even appropriate for those with hormonal imbalances, because sometimes the body doesn’t need for its hormonal levels to be raised, just balanced, which can often be accomplished through the use of nutrients and herbs. Elizabeth Hesse-Sheehan, DC, CCN, another practitioner who helps those with chronic Lyme disease overcome their healing challenges, advocates plant stem cells for hormonal balance. On p. 349, she writes:

Amazingly, (plant) stem cells can modulate hormonal imbalances. If the amount or functioning of a certain hormone is too high, then the stem cells can bring it down. If it is too low, then the stem cells can raise it.

Additionally, stem cells have a regenerative effect upon the body. For example, one stem cell remedy called Black Currant functions as a natural type of cortisone but doesn’t have the same side effects upon the body as synthetic cortisone, or even “natural” cortisone. Instead, it has a regulatory effect upon the immune system, so those who take it get the anti-inflammatory effects of the hormone without the devastating effects of synthetic cortisol. At the same time, it regenerates the adrenal glands, so that they eventually produce balanced amounts of their own cortisol.

Sometimes practitioners get stuck into the trap of thinking that whenever their patients’ cortisol or other hormone levels are low, that it’s necessary to give them synthetic cortisol or another hormone. This isn’t always beneficial, though, because the body can become dependent upon such hormones, instead of learning how to re-make its own. The other problem is that some people may not even have hormone deficiencies; they may simply have imbalances.

Finally, some health-care practitioners who treat Lyme disease patients (including nearly all of those

A unique opportunity in beautiful Sonoma County, one hour north of San Francisco, in the heart of wine country

We are looking for an MD or DO who is fascinated with the treatment of complex persistent illness, especially Lyme Disease and its co-infections.

Our multidisciplinary group practice is willing to provide training if you have a strong desire to learn and to serve those in need.

GORDON MEDICAL INTEGRATIVE HEALTH CARE
GordonMedicalAssociatesGmail.com
Heal the Hormones to Heal From Lyme Disease

who participated in my book) believe that strengthening and rebuilding the endocrine glands is an integral component of restoring hormonal balance to the body. Again, it’s not just a matter of giving patients supplemental hormones, although in some cases, this may be most appropriate. Steven Bock, MD, a physician who has been treating Lyme disease patients for more than 25 years, advocates a “scaling up” type of approach to rebuild and restore proper endocrine function to the body. On pp. 69-70, he describes some of his protocol for treating the adrenal glands, which tend to be exhausted in those with chronic illness:

I use a broad spectrum of natural supplements to treat adrenal insufficiency. I might start off by recommending Vitamins B-6, B-5 and C, and if these prove to be insufficient for restoring adrenal function, then I may recommend herbs. The herbs I use include the Chinese herb rehmannia, which is a kidney herb, as well as ashwagandha and rhodiola, which are good for those whose nervous systems have been depleted. Cordyceps is also beneficial for the adrenals, and is an anti-aging herb, as well. If herbs don’t provide satisfactory results, I may then do acupuncture, and if that doesn’t do the trick, then I will prescribe physiological hydrocortisone, (not prednisone, which is pharmacological). If patients’ adrenal function is low and the natural remedies aren’t sufficient, I sometimes get dramatic results with hydrocortisone, if I prescribe doses of 5-10 mg, two to three times a day. With hydrocortisone, theoretically, immune suppression should only occur at higher doses, but I do think that over time, it can suppress the body’s innate ability to make cortisol and make it harder for patients to heal down the road. Also, one of the things that practitioners should be aware of when dosing hydrocortisone is that too much can make patients worse. It’s vital not to get the dose too high. I have seen, for example, patients get worse after getting just one injection of long-acting Medrol in their backs. (An injection of Medrol lasts two weeks). It makes their Lyme infections go crazy. If practitioners are just boosting their patients’ cortisol levels to normal, however, then the cortisol is beneficial to the body, but if the doses bring the levels to above normal, then patients will get worse.

As Dr. Bock indicates, practitioners should be careful when prescribing hydrocortisone to those with Lyme disease, as too much of this hormone can actually worsen patients’ symptoms. However, and as other practitioners who participated in the book stated, the goal should be to bring cortisol levels back to normal, since cortisol is powerfully involved in immune function and too little can be just as detrimental to healing as too much.

Finally, Steve Harris, MD, discusses how treating Lyme disease infections can in itself help the endocrine system recover. Like other Lyme-literate health-care practitioners, he also discusses the importance of balancing the endocrine system through the use of supplements and hormones, but advocates a cautious approach to their prescription, since hormones are one of the more complex areas of healing to address. On pp. 44–45, he states:

Balancing hormones is a remarkably important component to healing from Lyme disease. In Lyme, the HPA (hypothalamic-pituitary-adrenal axis) is severely impaired and it’s one of the more difficult areas of the body to heal. Plant stem cells seem to help the HPA-axis to some degree, but I think that hormones are one of the areas in medicine that still needs to be researched, if practitioners really want to optimize HPA function in some with Lyme disease. Borrelia likes to destroy the body’s connective tissue, and endocrine glands have a lot of connective tissue, so it is important to get antibiotics and other antimicrobials into those glands. Optimizing endocrine function is also important, but if practitioners improperly prescribe hormones, then their patients can get “out of whack.”

In summary, treatment for chronic illness involving Lyme disease requires a multifaceted approach. In addition to getting rid of infections, other aspects of healing must be addressed. Balancing the endocrine system is one of these, and protocol should involve strengthening the endocrine glands and balancing hormonal production through nutrition, bioidentical hormones, and vitamin, herbal, and other supplements. Identifying any potential hormone allergies is also key, as is treating the Lyme disease infections, since Borrelia, the organism that causes Lyme, destroys endocrine gland tissue. Also, and according to some practitioners, addressing hormonal imbalance in Lyme disease is so crucial that some patients may not fully recover unless hormonal deficiencies and imbalances are adequately addressed and treated, because the hormones play a vitally important role in immune system function.

Connie Strasheim is a Lyme disease sufferer and health-care researcher. She wrote Insights Into Lyme Disease Treatment when she realized that more information on how to treat chronic Lyme was sorely needed from the experts who treat Lyme patients. Prior to becoming ill from chronic Lyme disease, Ms. Strasheim worked as a Spanish instructor, medical interpreter, and flight attendant. Ms. Strasheim lives in Denver, Colorado, and is available for phone, on-line, and in-person interviews.