Healthy Mom Best Prescription for Healthy Baby

Corson recommends treatment throughout pregnancy and breastfeeding

By Dorothy Kupcha Leland

Treating any patient with tick-borne diseases can be complex, but treating pregnant women may be one of the most complex situations of all, according to Ann Corson, MD, in her 2012 ILADS presentation, "Treatment of Tick-Borne Diseases in the Pregnant and Pediatric Patient."

"The best thing you can do for the baby is to keep the mom healthy," Corson said. She outlined the following major considerations for any pregnant Lyme patient: nutrition, gut health, limited toxic exposure, prenatal supplements, and antimicrobial treatment.

Many drugs are not safe during pregnancy, including tetracycline and quinolones. Certain herbal supplements and homeopathic remedies can also be harmful.

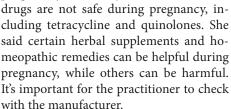
Corson wants expectant mothers on a wholesome, organic, non-inflammatory diet with no processed foods, limited sugar, and few grains. She encourages people to investigate the GAPS diet (which stands for Gut and Psychology Syndrome.) It's a strict diet, which has been shown to be tremendously effective in helping to heal gut problems.

She points out that health starts in the mouth, with proper tooth care, flossing, and the use of non-toxic toothpastes. She advises against aggressive cleaning procedures or amalgam removal during pregnancy or breastfeeding, to avoid mobilizing toxins in the body. She also stresses the importance of good bowel activity.

Corson's presentation devoted a lot of time to discussing the dangers of toxic exposure, especially from molds in the home. Also, many skin products, shampoos and nail polishes have toxins in them that can go right into the baby. Clean air and drinking

water are essential, as well as toxin-free water bottles.

When it comes to nutritional supplementation and antimicrobials, Corson savs the mother should be treated throughout entire pregnancy and breastfeeding process. Azithromycin, amoxicillin, ceftin and omnicef are considered safe during Many pregnancy.



Once the baby has been delivered, Corson recommends saving blood from the umbilical cord for testing. She advises against having the baby vaccinated in the hospital. If the parents choose to immunize, she asks them to wait until the baby is a little bit older and give the vaccines one at a time. She has a protocol for helping to avoid immunization reactions. She suggests that doctors continue to monitor the baby's de-



Screen shot courtesy ILADS.

Ann Corson, MD, spoke on danger in pregnancy if mother has Lyme.

EDUCATIONAL VIDEOS

From the November 2013
ILADS Lyme Disease
Conference

If you missed out on the conference or want to revisit what you saw and heard, you can buy access to all 34 videos (and powerpoint slides if available) or choose your favorites. ILADS.org

velopment for possible indications of tickborne disease, along with frequent PCR testing of the baby's urine, which is not painful to the baby and is more useful than blood tests at this stage.

What about older children with tick-borne diseases? Corson advises a very thorough medical history of both the child and the mother, including the mother's health before and during pregnancy. Other factors to consider: What are the family's nutritional habits? Where do they live and where have they traveled? What about exposure to EMFs (electromagnetic frequencies)? All of these factors could offer clues to the child's health problems.

Corson emphasizes there should be no arbitrary time limit on treatment for tick-borne diseases. "Treatment lasts as long as necessary," she says. "If it takes two months, fine. If it takes two years, fine. If it takes 10 years, fine." She says the child should be symptom-free for 2-4 months before treatment is stopped.

Dr. Corson is Board Certified in Family Medicine and Integrative Holistic Medicine and has studied with Lyme specialists Joseph Burascano, MD, and Charles Ray Jones, MD. Her medical practice in Chester County, PA, is devoted full time to the treatment of patients with tick-borne disease.

Volume 25 Number 1 21