22 Reasons Your Lyme Test is Wrong

1. You were recently infected and tested before your body produced Lyme antibodies.
2. You took antibiotics before testing, which co-opted the antibody response.
3. You were already on long-term antibiotics for another illness.
4. Not enough "free" Lyme antibodies were detectable in your blood because they were all doing their job binding to the Lyme bacteria
5. Lyme spirochetes were protected and hiding inside a biofilm colony.
6. Spirochetes were burrowed deep inside your body (i.e., cartilage, fibroblasts, neurons, etc.)
7. Only small blebs were in your body. No whole bacteria are needed for the PCR (polymerase chain reaction) based tests.
8. No free spirochetes in body fluid on the day of the test.
9. Genetic heterogeneity as there are at least 300 strains of Lyme, 100 in the U.S. You might be infected by a strain of Borrelia that the test doesn't recognize.
10. Antigen variability as Borrelia can change its outer surface protein to suit its environment so that the test will detect a "non-Lyme specific" antibody.
11. Spirochetes are in the dormancy phase (L-form) with no cell walls, so there is nothing for the immune system to attack with antibodies.
12. Lyme's surface antigens can change body temperature
13. You have an immune deficiency, and the body isn't producing antibodies.
14. You have had a recent anti-inflammatory treatment that suppresses the immune system. (i.e., steroids, arthritis meds)
15. Co-infections with Babesia (protozoa) cause immune suppression.
16. Down-regulation of your immune system by your body's own cytokines.
17. Lab error or poor technical capability or training to detect Lyme.
18. You might have late-stage Lyme. Lab tests are not standardized for detecting late-stage Lyme.
19. The lab tests might only have been approved for investigational use.
20. Lack of adequate reference points for the test. Most tests only use a few genetic strains as reference.
21. The revised Western Blot criteria fail to include important antibody bands (i.e., 31,34).
22. CDC testing criteria are designed for epidemiological study, not clinical diagnostics.