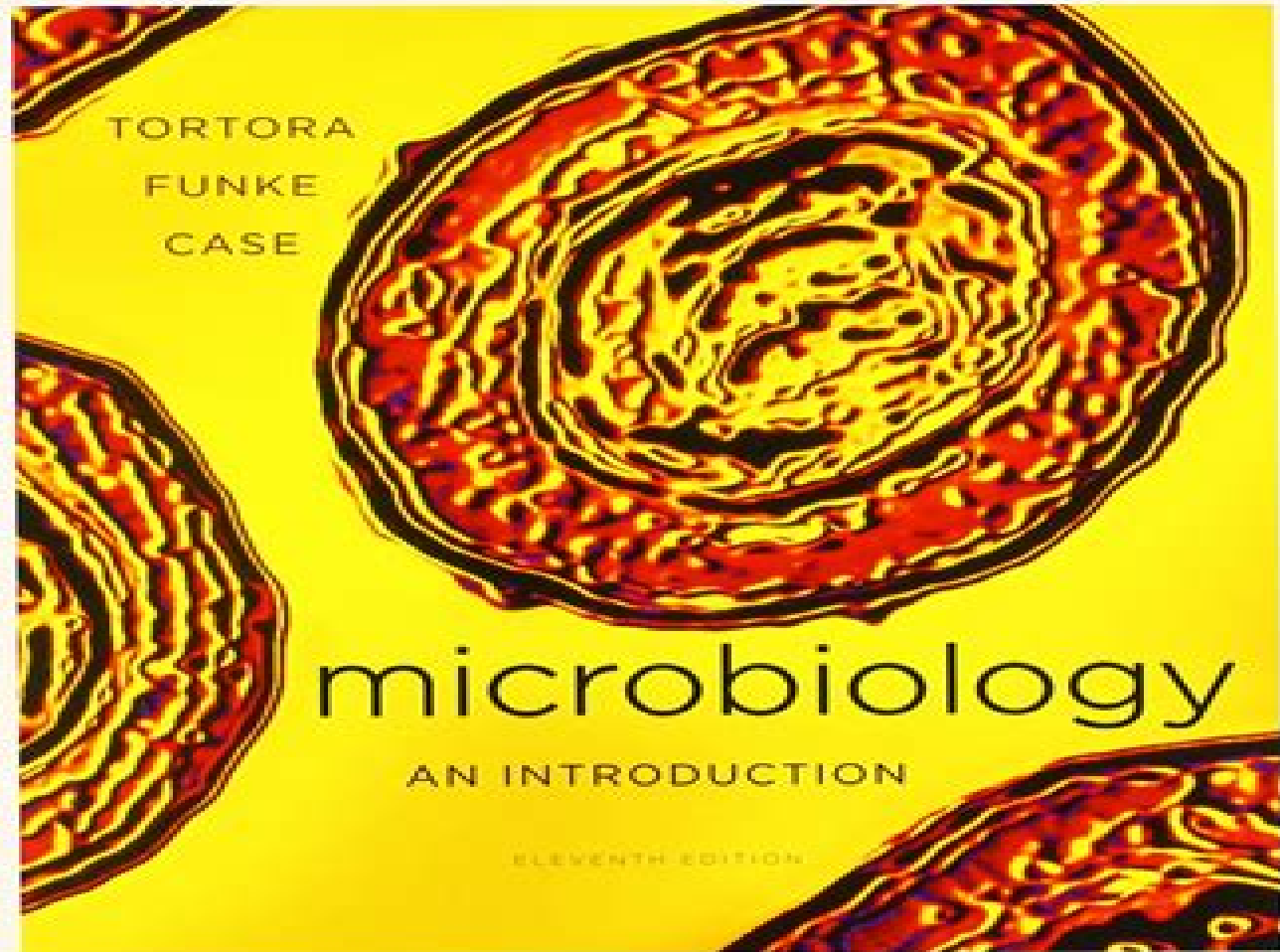


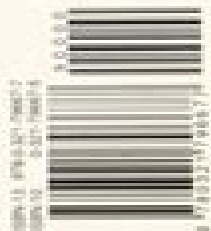
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undergraduate and postgraduate levels and for medical and allied health professionals with an interest in integrative naturopathic medicine detailed coverage of naturopathic treatments provides readers with a solid understanding of the major therapeutic modalities used within naturopathic medicine each system is reviewed from both naturopathic and mainstream medical perspectives to correlate the variations and synergies of treatment only clinically efficacious and evidence based treatments have been included information is rigorously researched over 7500 references from both traditional texts and recent research papers the content skilfully bridges traditional practice and EBM to support confident practitioners within the current health care system *Pathophysiology for the Health Professions - E-Book* Karin C. VanMeter, 2013-12-13 NEW Defense Protective Mechanisms section consolidates coverage of inflammation and healing infection and immunity UPDATED chapters are reorganized with a building block method that presents content in a more logical and systematic approach UPDATED format for individual disorders includes 1 background 2 pathophysiology 3 etiology 4 signs and symptoms 5 diagnoses 6 possible related complications disorders and 7 treatments research NEW Pathophysiology of Body Systems chapters begin with a brief review of normal anatomy and physiology and show the interrelatedness and the interactions between systems NEW authors bring a fresh and contemporary approach to the content while keeping true to the integrity of Barbara Gould's original text

Molecular and serological tools for clinical diagnostics of Lyme borreliosis - can the laboratory analysis be improved? Malin Lager, 2020-10-20 Lyme borreliosis LB is caused by spirochetes within the *Borrelia burgdorferi* sensu lato complex and is the most common tick transmitted disease in the northern hemisphere The transmission of the spirochetes to humans in Europe is done by the *Ixodes ricinus* ticks which can also transmit the relapsing fever species *Borrelia miyamotoi* LB may cause clinical manifestations in the skin in the central nervous system in joints and in the heart Diagnosis of LB is mainly based on the patient's medical history self-described symptoms and clinical signs in combination with the detection of *Borrelia* specific antibodies serological methods In some cases issues detection of *Borrelia* specific deoxyribonucleic acid molecular methods may be used as a complement to serology All diagnosed LB infections are treated with antibiotics to prevent disease progression and most patients fully recover without further sequelae The overall aims of this thesis were to evaluate molecular and serological tools for laboratory diagnosis of LB with a special focus on Lyme neuroborreliosis LNB and to identify potential improvements The results presented in this thesis showed that the immunoglobulin IgG assays currently in use in northern Europe for detection of antibodies in serum had high diagnostic sensitivity 88 % together with comparable results both between and within assays For the IgM assays the diagnostic sensitivity was lower 59 % with more heterogeneous results Small variations in diagnostic performance for IgM and IgG were mainly presented for samples within the borderline zone These results support the theory that separate testing of IgM antibodies in serum has low diagnostic value However simultaneous detection in serum and cerebrospinal fluid CSF for both IgM and IgG antibodies was essential for the diagnosis of LNB at least for certain assays So far to our knowledge no

systematic evaluation and optimisation of the pre analytical handling of CSF samples before molecular testing has been performed. By use of the precipitate concentrated by moderate centrifugation extraction of total nucleic acid followed by reverse transcription to complementary deoxyribonucleic acid in combination with the absence of polymerase chain reaction PCR inhibitors detection of *Borrelia garinii* *Borrelia afzelii* *Borrelia burgdorferi sensu stricto* and *B. miyamotoi* was possible. These four species are all known to be pathogenic to humans. The results revealed a high analytical sensitivity and specificity for the optimised pre analytical conditions. The thesis also presents results showing that the real time PCR protocols currently used in Scandinavia have high analytical sensitivity specificity and concordance. This indicates that the low diagnostic sensitivity for detection of *Borrelia* in CSF was not a result of poorly designed and evaluated PCR protocols but was possibly due to the low number of spirochetes in the samples. However to further evaluate the diagnostic performance for detection of *Borrelia* in CSF by PCR clinical samples need to be evaluated based on our new recommendations for the pre analytical handling of CSF samples. In conclusion this thesis presents results revealing that both molecular and serological tools for detection of *Borrelia* have in general high sensitivity and specificity with results comparable between different protocols and different laboratories. It also presents recommendations for pre analytical handling of CSF samples before PCR analysis and shows the benefits in diagnostic performance by simultaneous detection of IgM and IgG antibodies in serum and CSF for accurate diagnosis of LNB. Even though the techniques mentioned above have high analytical performance the ability to discriminate an active infection from a previous one is limited and further studies need to be carried out. These studies need to focus on finding diagnostic tools that can help physicians to determine ongoing infection to ensure adequate treatment. It is also desirable to improve the standardisation of the diagnostic tools and to find methods that can discriminate between different *Borrelia* species. *Borrelia* is den vanligaste fästingöverförda sjukdomen på norra halvklotet och orsakas av bakterier inom *Borrelia burgdorferi sensu lato* gruppen överförs bakterier till människor i Europa sker via *Ixodes ricinus* fästingar vilka överför bakterien *Borrelia miyamotoi* som ger tveksamt feber. *Borrelia* infektioner uppvisar kliniska uttryck i huden i det centrala nervsystemet och i leder. En *Borrelia* diagnos baseras främst på patientens medicinska historia i kombination med kliniska tecken egenbeskrivna symptom samt på visning av *Borrelia* specifika antikroppar serologiska metoder. Vid vissa fästingbiter kan påvisning av *Borrelia* bakteriens arvs massa molekylärbiologiska metoder användas som komplement till antikroppstester. Alla diagnostiserade *Borrelia* infektioner behandlas med antibiotika för att förhindra utveckling av sjukdomen och merparten av patienterna blir fullt återställda. Det övergripande syftet med avhandlingen var att utvärdera metoder för påvisning av *Borrelia* specifika antikroppar samt *Borrelia* specifik arvs massa men fokus på neuroborrelios samt identifiera potentiella fästingar. De metoder som används för påvisning av immunoglobulin IgG antikroppar uppträder sent i en infektion i serum i norra Europa uppvisar hög känslighet 88 % med jämförbara resultat både mellan och inom en analysmetod. Vid påvisning av IgM antikroppar uppträder tidigt i en infektion i serum uppvisas låg känslighet 59 % och mer olikartade

resultat. Sm variationer i den diagnostiska formen kan att p visa IgM och IgG antikroppar beror till stor del p att flera prover erh
 llet gr nsv rden d v s ett v rde som inte kan anses som positivt men inte heller som negativt. Resultaten fr n denna studie
 indikerar att p visning av IgM antikroppar i serum har l gt v rde vid diagnostik av Borrelia. Dock b r parallell analys av b de
 IgM och IgG antikroppar i serum och ryggm rgsv tska utf ras vid p visning av neuroborrelios. I dagsl get till v r k nnedom har
 ingen systematisk utv rdering och optimering av det preanalytiska tillv gag ngss ttet vid p visning av Borrelia specifik
 arvsmassa i ryggm rgsv tska genomf rts. Genom att anv nda pelleten bottensatsen som erh lls genom m ttlig centrifugering
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 Skandinavien har h g analytisk k nslighet tillf rlitlighet och verensst mmelse. Detta tyder p att den l ga k nslighet som
 uppvisas vid p visning av Borrelia specifik arvsmassa i ryggm rgsv tska inte beror p d ligt utv rderade och designade PCR
 protokoll utan r troligtvis orsakad av l g bakteriem ngd i proverna. F r vidare utv rdering av den diagnostiska f rm gan att p
 visa Borrelia specifik arvsmassa i ryggm rgsv tska med PCR b r kliniska prover samlas in och analyseras utifr n de nya
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 av Borreliaspecifika antikroppar och Borrelia specifik arvsmassa. I avhandlingen presenteras ven rekommendationer f r pre
 analytiskt tillv gag ngss tt vid omh ndertagande och transport av ryggm rgsv tska till laboratoriet. Resultaten visar ven p
 nyttan i att analysera ryggm rgsv tska och serum parallellt f r b de IgM och IgG antikroppar f r att erh lla r tt diagnos vid fr
 gest lningen neuroborrelios. Ovan n mnda metoder har trots god prestanda sv rt att i alla l gen s rskilja en aktiv infektion fr n
 en tidigare genomg ngen varp vidare studier kr vs. Framtida studier b r fokusera p att finna diagnostiska verktyg som hj lper l
 karna att urskilja en p g ende infektion s att patienten erh ller passande behandling. Det r ocks mycket viktigt att arbeta
 vidare mot en standardisering av de diagnostiska metoderna samt finna metoder som har m jlighet att s rskilja mellan olika
 Borrelia arter.

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