

Summary Of Symptoms

Erythmia Migrans Rash

Place of exposure:

There are two possibilities as to where I could have been bitten.

One is on my property, a 40 acre parcel just south of Battle Ground, WA. A creek runs in a small canyon along the western edge of the property and there is a 3 acre pond in the center. There are trees, brush, and grass. It is an attraction for many wild animals including rabbits, coyotes, feral cats, mice, an occasional deer, and migratory birds (now known to be vector carriers). There are also domestic cattle, horses, dogs, and cats.

The second possibility for exposure is virtually anywhere in the western US. Prior to and including 1995, I would make one or two auto trips per year to Arizona, New Mexico, and California. All, except the last trip in November 1995, involved hiking and sometimes camping in extremely remote areas. After 1995, I no longer traveled.

Time of exposure:

There are only two things I can positively remember to date the appearance of the rash. First, I am certain it was in the summer months and I first noticed it at home. Since there can be a lag of days or weeks before the rash begins, it could have been after I returned from a spring auto trip taken in May or June. Second, while I dismissed the initial rash as a curious insect bite, the unique secondary rash was of more concern. Normally, I would have gone to see a doctor. However, I specifically recollect being very discouraged at the lack of attention and progress in resolving my chronic back pain, which I had had for eight years at that point. When I saw the rash, I did not know whether it was innocuous or fatal but, at that point in time, I distinctly remember not caring. This places the appearance of the rash before my first appointment with Dr. Paul Raether in March, 1996 when I started to have some hope that something would be done. (A sincere thank you to Dr. Raether who arrived at a simple and effective procedure to cure my back pain).

The only other event which I can positively time is an unusual shortness of breath I was having carrying calves (weighing about 50 or 60 pounds) in the summer of 1995. In retrospect, this was the first time I can remember when I became short of breath likely because my right shoulder/arm was under stress. (I did not connect the SOB with right shoulder/arm exertion until recently). Assuming some lag between the bite and these more severe symptoms, the most likely time of exposure would have been in 1994.

Description of rash:

The location of the single circular rash was on my upper right abdominal area. It was about 3" to 5" in diameter with a defined red edge. About 1" of the edge was a strong red

color and faded to skin tone in the center. I do not remember the rash having concentric circles. The circle did expand but was definitely less than 10" diameter before it faded. From what I can recall, it faded in less than few weeks. There was no itching and I never saw a tick or noticed a bite mark. The photo below shows an EM rash with characteristics very much like the one I had.



The secondary rash consisted of 8 to 10 smaller circles looking much like smaller versions of the first rash. They were about 1" to 2" in diameter and also were located on my abdomen. I do not remember the time interval between the first and second rash. This rash also disappeared in less than two or three weeks and did not itch.

I do not recall having a fever or feeling ill during the rashes. However, my back pain at this time was overwhelming and could have easily obscured any mild fever or flu-like symptoms. In any case, I usually "ride out" flu and minor ailments rather than see a doctor. After the rashes disappeared, I forgot about them completely until I recently started to investigate possible causes of ventricular tachycardia which, in turn, led me to learn about Lyme disease.

Heart & Lung

Until recently, recurring episodes of PVC's and non-sustained ventricular tachycardia were the most bothersome symptoms. (These have now been superseded by neurological symptoms). It took me a long time to realize that, to the best of my knowledge, these have only occurred when my neck/right shoulder muscles were tense. I can stop the cardiac symptoms by massaging to relax the muscles or by lying down and relaxing.

The first (and most severe) vtachs occurred just before my emergency hospitalization in December, 1996. According to the doctor's notes, I had been using a chainsaw that day or the day before which involved pull starting with my right arm and putting my right arm/shoulder under tension while using the saw. Minutes prior to these episodes, I was tending to my calves which then weighed much in excess of 100 pounds. The stress of pushing them back into their stall and lifting a bale of hay may have triggered the vtachs.

In a later overnight hospitalization, it was observed by the nurse/technician, while I was on a remote monitor, that I could trigger a PVC when leaning back on a chair and applying pressure on my back. I was not able to repeat this the next morning for Dr. Strauss. Now I believe it was because I was tired and tense the night before and rested and relaxed in the morning. This still happens when I lean back on my office chair at home. Again, the response is not consistent and many times will not show until I have leaned back for some time, sometimes will happen immediately, and sometimes will not happen, depending on how stressed/aggravated/inflamed my shoulder is to start with.

My right shoulder has diagnosed tendonitis. Very recently, the tendency to PVC's and tachycardias has increased. For example, I have become short of breath by changing an overhead light bulb. Sometimes, I can do a maneuver like this without any problems and sometimes not. Greater stress, such as operating a self-propelled lawn mower, will also present the same symptoms. Maneuvers involving some force will usually trigger PVC's. Physical work for long periods of time will normally make me vulnerable to a variety of symptoms including cardiac irregularities, particularly on the following day. Vtachs have almost always been associated with a jamming motion on the right rotator cuff – such as leaning on a table or counter. Relief can come by applying the opposite force.

According to research, “ventricular tachycardia has been documented to attend Lyme disease infection in the heart”. I do not know if the tachycardias are the result of a heart infection, if they are indirectly triggered by an inflammation, or a combination of the two.

The episode of pneumonia is remarkable in that 1) this is another symptom which can be associated with Lyme disease, 2) the timing with regard to the tachycardia episodes which required hospitalization, and 3) that I had never had pneumonia before this incident.

Musculoskeletal

The most consistent and longest lasting musculoskeletal symptom is pain in my right shoulder. It is not unbearable and fluctuates in intensity. Dr. Bruce Anderson has diagnosed tendonitis in the rotator cuff. Associated with this is a soreness/weakness in my right arm – particularly the forearm. More recently, the pain seems to be slowly migrating to the left shoulder. My hands and wrists are becoming progressively weaker. For example, at times I cannot open jars which I could have opened quite easily in the past.

There was a brief time, lasting for perhaps one month, when it was very difficult to chew and eat. My jaw felt like it would either lock or unhinge. I could not open my mouth wide. These episodes occurred a few years ago and never recurred.

The neck is stiff – more at some times than others. I can generate many “cracks” in my right shoulder and neck when I stretch. When my neck and shoulder muscles are tense, I can become dizzy by turning my head or looking up. On April 14, 2000, I took some

blood pressure readings when this happened. All of the readings were within ten minutes from start to finish:

Sitting position, looking forward; BP 113/80, P 69

Turning head to right; BP 90/75, P 60 – dizziness

Rest for one or two minutes

Sitting position, looking forward; BP 120/71, P not recorded

Looking up; BP 97/60, P not recorded – mild dizziness

(I did not notice any unusual heart activity with the drops in blood pressure)

A repetition of blood pressure measurements on April 28 produced similar blood pressure drops.

The leg muscle fatigue I have experienced for some time. I first noticed this when Dr. Strauss started me on cholesterol drugs and thought this may have been the cause. More recently, I have started to have knee pains/weakness. Some lower back pain has returned but, so far, this is mild and comes and goes.

Eye & Ear

Apart from very noticeable increases in “floaters”, the vision problems are difficult to describe. The vision blurriness and loss of contrast is as if there was a film over my eyes, but there is no film. This is normally accompanied by a pressure like sensation in my eyes, for lack of a better word. These episodes come and go.

I have had ringing in my ears before but these are much more frequent now. I am not certain about possibly intermittent hearing loss. My television has a digital display of volume levels. Sometimes I will turn it on the same station and same volume level as when it was turned off and it seems very loud. My children have told me the TV is too loud when they watch with me. I have trouble understanding anything when there are two sets of noise sources – such as the TV and a phone conversation at the same time.

Neurological

Mental concentration has been difficult for about five years. Previously I thought this was in connection with the Atenolol I was taking. However, my ability to think, concentrate, and organize is degenerating. Mental tasks (such as this summary) that require these attributes now take me five or ten times longer than normal. Complex creative thought is impossible. Episodes of dizziness have become more frequent and severe.

Episodes of “brain fog” have become much more frequent and sometimes associated with a buzzing or tingling sensation on my scalp, neck, and back. Since January, 2000, episodes of very noticeably decreased short-term memory and disorientation have increased substantially. This is very disturbing as I have always had an exceptional memory. The acceleration in brain symptoms started in January and coincides with the time I discontinued the use of Fluticasone in aerosol form.

Dental

Dental symptoms are now suspected as another indication of Lyme disease according to dental journals. Below is a summary of only crowns and root canal work. Prior to 1994, I had only one root canal done when I was in my mid-thirties. Then starting in August 1994;

1994 – root canal upper left molar, root canal lower left molar

1995 – crown upper left molar, crown lower left molar

1996 – crown upper right pre-molar, crown upper right molar

1997 – root canal upper right molar

1998 – root canal lower right pre-molar

1999 – root canals two lower left molars

2000 – root canal lower right molar

Other

Fatigue and lethargy over the years are difficult to distinguish between that caused by my chronic back pain, that caused by my cardiac problems, that caused by medications, and that caused by Lyme disease. The LD contribution probably started in early 1996, coincident with a change I noticed in my metabolism. Prior to that time, if I did not eat at accustomed times, I would get severe headaches. Weight gain was never a problem. Subsequently, my interest in eating declined. Skipping a meal does not produce a headache. Weight gain became a problem with quantities of food consumption I previously regarded as normal.

Exhaustion episodes started in 1999 but have become much more frequent in the past few months. Typically, I just feel so drained that I don't think I can stand up anymore. The only remedy is to lie down for a period of rest.

Fatigue, lethargy, and exhaustion symptoms were significantly alleviated when I was given a cortisone injection in my right shoulder (July 1999) and when I was using the aerosol steroid Fluticasone (November and December 1999). When I went to visit Mary Saunders, Dr. Strauss' Nurse Practitioner, in December of 1999, I remarked to her that I had not felt so good in years. That feeling ended not long after my visit with Mary Saunders, when I stopped using Fluticasone and my symptoms worsened.

Decreased voice strength started in 1998. These episodes last anywhere from a few days to a few weeks. It's as if I am speaking when I am exhausted although I don't necessarily feel that tired.

Sinus congestion and mucous discharge have gotten much worse, especially in the past few months. The mucous is clear or white.

Unexplained chills and heat flushes have occurred. Chills occur more frequently than heat flushes. The chills sometimes derive from small drops in temperature.

I have had persistent foot and toenail fungus for some years. The foot fungus would not resolve with OTC remedies. One tube of Loprox gave me relief one or two years ago. The fungus seems to be developing some resistance as I am now on my second tube and, while it is better, it is not cured. My fingernails have definitely gotten weaker. I have to be careful opening a pocketknife not to break my thumbnail or let it bend backwards too far.

New allergies are also thought to be another symptom of Lyme disease. In the summer of 1994, I had a reaction to two or three bee stings. Previously, I was not allergic to bee stings.

In April, I had to put down my dog because of a progressive disease of the nervous system. He could no longer walk. This was clinically diagnosed as Degenerative Myelopathy, the canine equivalent of MS, in April 1998 when his foot started to drag. This was the first symptom I was able to observe. The timing is notable since it was about this time my symptoms really started to explode. I believe that he may have been misdiagnosed and, in fact, may have had Lyme disease. (Lyme disease in animals is more common in the eastern United States). Degenerative Myelopathy is usually found in German Shepherd dogs and is also known as German Shepherd Disease. My dog was not a German Shepherd.

Many of his symptoms were indicative of Lyme disease. These included symptoms of arthritis (though X-rays showed this as mild), episodes of shortness of breath, cognitive difficulties, urinary incontinence, seizures, intermittent vision difficulties, intermittent hearing difficulties, and fatigue and lethargy (as contrasted to the boundless energy he had prior to this illness). The two times in the past two years he was given extended courses of antibiotics (for other perceived problems), he seemed to rebound. All of the symptoms can be easily dismissed as due to old age (he was 14 years old) but I believe he could have easily lived a few more years had it not been for his disease.