CDC Admits that Estimated Lyme Cases Reported at 30K Per Year is Actually 300K Per Year: Major U.S. Health Issue

Preliminary estimates released by the Centers for Disease Control and Prevention indicate that the number of Americans diagnosed with Lyme disease each year is around 300,000. The preliminary estimates were presented Sunday night in Boston at the 2013 International Conference on Lyme Borreliosis and Other Tick-Borne Diseases.

This early estimate is based on findings from three ongoing CDC studies that use different methods, but all aim to define the approximate number of people diagnosed with Lyme disease each year. The first project analyzes self-reported Lyme disease cases from a survey of the general public. Each year, more than 30,000 cases of Lyme disease are reported to CDC, making it the most commonly reported tick-borne illness in the United States. The new estimate suggests that the total number of people diagnosed with Lyme disease is roughly 10 times higher than the yearly reported number. This new estimate supports studies published in the 1990s indicating that the true number of illness is much greater, said Paul Mead, M.D., M.P.H, director of CDC’s Division of Vector-Borne Diseases. “We need to move to a broader approach to tick reduction, involving entire communities, to combat this public health problem,” said Mead.

This community approach would involve homeowners trying to kill ticks in their own yards, and communities addressing a variety of issues. These issues include rodents that carry the Lyme disease bacteria, deer that play a key role in the ticks’ lifecycle, and tick checks. Although these measures are effective, they aren’t fail-proof and people don’t always use them,” said Lyle R. Petersen, M.D., M.P.H, director of CDC’s Division of Vector-Borne Diseases. “We need to continue to take steps to help prevent Lyme disease and other tickborne diseases:

- Wear repellent
- Check for ticks daily
- Shower soon after being outdoors
- Call your doctor if you get a fever or rash

For more information on Lyme disease, visit www.cdc.gov/lyme.
Making Waves

by Jennifer Allton

Questions. There are so many questions that come to mind when thinking about the US Lyme Advocacy proj- ector. Are you thinking that this project is different than other things or even that we aren’t collaborat- ing with one non-profit or an already existing network? Are you feeling discouraged because the steps you’ve made in the past got you nowhere. US Lyme Advocacy is about the collaboration of many differ- ent sources. It’s about taking the steps that we can make progress. There may not be any noticeable change at first, but over time change takes place. It is watching a child grow. A baby is born and every day a transformation happens. Those that are close to the child and have lived through the process may not realize all of the differ- ences, but those who live fur- ther away and only see the child on an occasional holi- day will make comments about how much the child has grown.

When I look back and remember where North Carolina was in 2007, I real- ize we have made great strides, but change may not be as impactful as we desire, but do not doubt that we are making progress. Repetition is the key to our process and progress. It is the same with treating Lyme Disease. Sometimes a treat- ment will not work because of certain variables in play, but if you try them again a few years down the road the same treatment may create change in your body.

The same goes with awareness and advocacy campaigns. In 2007, a letter campaign may not have worked. With the addition of several other elements, a let- ter campaign may prove to be the catalyst for further change now. The difference of this project and others are that we aren’t just band- ing together for a common goal. We are working as a small group with one non-profit organization in order to raise awareness through the entire United States. Ultimately, it is work to a variety of organizations, exist- ing networks and support groups throughout each state. Each state will have an official leader. We have already col- lected 15 leaders to head up each state. Some leaders have found the work luring and may step aside to allow others to take their place. Sometimes it can be a busy- ness in this type of a setting. There will be three parts each state’s Lyme Advocacy Project. Upon receiving a volunteer for a state, the first thing to create is the website. The website is going to be used to collab- orate information, generate word to the public and also a helpful tool to those whom we aren’t just stepping into the puddle of life and watch- ing a child grow. A child will grow and in pets. By now, it should be apparent as to where I am heading with the market “little” big change. The tick. Ticks can cause a huge impact on a community, yet ticks can carry big diseases. Can small things make a difference? Yes, they can.

What makes this US Lyme Advocacy project different from others? This question really sums up two other traditions that haven’t been done before and feeling discouraged because the steps you’ve made in the past have gotten you nowhere. US Lyme Advocacy project is about the collaboration of many differ- ent sources. It’s about taking the steps that we can make progress. There may not be any noticeable change at first, but over time change takes place. It is watching a child grow. A baby is born and every day a transformation happens. Those that are close to the child and have lived through the process may not realize all of the differ- ences, but those who live fur- ther away and only see the child on an occasional holi- day will make comments about how much the child has grown.

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Deanna Struggles with Lyme Disease

by Judith Weeg, LDUC

Deanna is bedridden much of the time with a Pic line connected to her heart 24/7. Her debilitating journey began in 2010 and took her through 83 doctors and 12 hospitals. She experienced all the incompetent handling and disrespect that one can expect for a Lyme patient in today’s medical practices, until she met her current LLMD. “Cancer 12 years ago was a walk in the park,” she jokes when she can breathe enough to talk. Her primary diagnosis includes Borrelia, Babesia, Bartonella and Mycoplasma. Due to an unfortunate genetic predisposition, her metal and toxin build-ups are severe, and none of the detoxification protocols attempted seems to keep up. Most importantly, her white blood cell count crashes so rapidly with each and every antibiotic treatment that the doctor has to stop the procedure before getting the desired benefits. Sadly, this causes her treatment to linger on and on, to the point where she fears she’ll be running out of funding before reaching the only hopeful light at the end of the tunnel… remission. Her mission, if she lives long enough, is to educate others on prevention of Chronic Lyme Disease and save them from this ordeal.
LAUGHTER IS THE BEST MEDICINE

The CDC, Lyme Disease & the Almighty Dollar

by DR. Wiseass

My fellow stick...it has been
Monday, August 19, 2013 may go down as a his-
torical day for Lyme disease as the CDC made an impor-
tant announcement that was decades in the making.

Although the CDC has “sus-
ppected” that the Lyme dis-
case transmission rates were too high than being reported, it took them several
al years (DECIDES, actual-
ly) to make an “official” admission that their previ-
ous annual reports touting a mere 20,000-30,000 inci-
dences of Lyme disease per year have been WRONG.

The CDC finally admits that approximately 300,000 US citizens are contracting Lyme disease EACH YEAR. (And please note that num-
ber does not reflect the num-er of citizens that continue to suffer with the disease each year thereafter...)

While this news is a breath of fresh air for some, since the truth generally
smells much better than a steaming pile of bull&*%# -

smells much better than a steaming pile of bull&*%#, I was almost certain my
tongue had begun to grow a

nosed, mistreated, under-
tained many patients to be misdiag-

tion that have caused so

lies more with the Almighty

the answer to this mystery

was wrong, mostly because

the vaccine doesn’t make healthy people morbidly ill or
dead...you know, like the 1st vaccine did?” (said with an Austrian accent, of course) Admittedly, these are not direct quotes from any individual in any official capacity because these remarks are much too clear and concise. And yes, I DO hear some of you thinking that
dear ol’ DR. Wiseass must
certainly be swimming in cynicism and paranoia. Maybe so. But I’m still a damn realist. And I’d bet my
dollar (if I had one) that all the brochures and
troversy surrounding the topic of Lyme dis-
ease is, and always has been, about the Almighty Dollar! Do I hear an “Amen”!!!?

Stayed tuned for more... Hugs & Kisses, DR. Wiseass

~NOT a real doc, just a real wise ASS!!

In June 2013 the CDC announces a shortage of Doxycycline, the primary drug used to treat Lyme.

In July 2013 the CDC announces a shortage of Lyme vaccine. WITHOUT Lyme Vaccine, patients are less likely to be treated for Lyme disease.

In August 2013, the CDC announces a shortage of Lyme DOXYcin, (aka Doxy, the #1 Lyme treat-
mend by the good ol’ CDC as the prophylaxis for Lyme disease - with no alternative drug being offered as “effec-
tive”. Wow...again. Those in the literary community might refer to such informa-
tion as foreshadowing. For the innocent and naive, let me summarize:

In June 2013, the CDC announces: “OMG! There’s a shortage on doxycycline! And there’s really nothing else that will be as effective. Gee whiz. What will hap-
pen? I wonder if there will be panic in the streets?”

In August 19, 2013, the CDC announces: “Well we goofed! We suddenly realize that our previous estimates of Lyme disease diagnoses were wrong, mostly because we’ve only been legitimizing statistics based on our own.
Dear Public Health Alert and Readers:

Welcome to “Lyme-Light Radio with Katina”, a weekly radio talk show devoted to Lyme disease, in a host, guest, call-in format. Filled with information and inspiration, we aim to educate worldwide listeners on a diversity of Lyme-related topics. This is a timely show and we are seeking sponsorship to launch by summer 2013.

Broadcast from Transformative Talk Radio’s flagship station, WBLQ 1230 AM, Westerly, RI, in the heart of Lyme country, we will reach 709,000 listeners in winter and 3,500,000 in summer throughout southern New England and New York, plus access to a 300 station syndicate expanded to major US cities, Australia and Europe, leveraging our audience into the multi-millions.

In partnership with The Dr. Pat Show, five years voted #1 most listened to network, “Lyme-Light Radio with Katina” is a huge step forward for the Lyme disease community, enabling us to expand global awareness through the very viable medium of talk radio, on a dynamic network. As a recoveree of a ten-year chronic Lyme disease journey, I am honored to be your host. Selected by Dr. Pat Baccili for my avid Lyme disease education work, best selling, award winning book “Out of the Woods; Healing Lyme Disease Body, Mind & Spirit” and 29 years experience as a natural healthcare practitioner, my goal is to help end the suffering and confusion surrounding Lyme disease and associated conditions. But, we need your financial sponsorship to make this promising radio show happen.

Please find below the media kit providing information on Transformative Talk Radio, our broadcast outlets and syndicates, and the specifics of the “Lyme-Light Radio” show. Commercial airtime, website banners, on-air interviews and more are all included, helping you promote your service, product or message. I can go over the options on rates for advertising opportunities on the phone or email. Of course we welcome donors who value the nature of this program yet have no desire to have commercial or interview airtime. This is a most exciting opportunity for all of us. Please join forces with me and let us change the future! Our launch date is July 17.

Sincerely,
Katina I. Makris, CCH, CIH

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in the late 1970s, I treated a depressed patient who appeared to have more than just depression. Her weight increased from 120 to 300 pounds, she was suicidal, had papillaelema, arthritis, cognitive impairments, and anxiety. This patient became disabled, went bankrupt, and had marital problems. Like many whose symptoms could not be explained, she was referred to a psychiatrist. However, I was never comfortable labeling her condition as just another depression. At the time, I did not consider her illness could be connected to other diagnostic entities such as neuroborreliosis, erythema migrans disease, erythema chronicum migrans, Bannworth’s syndrome, Gump-Buudajou syndrome, Montauk knee, or an arthritis outbreak in Connecticut. With time, the connection between Borrelia burgdorferi infections and mental illnesses such as depression became increasingly apparent.

In my database, depression is the most common psychiatric syndrome associated with late stage Lyme disease. Although depression is common in any chronic illness, it is more prevalent with Lyme patients than in most other chronic illnesses. There appears to be multiple causes, including a number of psychological and physical factors. From a psychological standpoint, many Lyme patients are psychologically overwhelmed by the large multitude of symptoms associated with this disease. Most medical conditions primarily affect only one part of the body, or only one organ system. As a result, patients singularly afflicted can do activities which allow them to take a vacation from their disease. In contrast, multi-system diseases such as chronic Lyme disease can penetrate into multiple aspects of a person’s life. It is difficult to escape for periodic recovery. In many cases, this results in a vicious circle of disappointment, grief, chronic stress, and demoralization.

It should be noted that depression is not only caused by psychological factors. Physical dysfunction can directly cause depression. Endocrine disorders such as hypothyroidism, which cause depression, are sometimes associated with Lyme disease and further strengthen the link between Lyme disease and depression.

The complex link is the association between Lyme disease and central nervous system functioning. Lyme encephalopathy results in the dysfunction of a number of different mental functions. This in turn results in cognitive, emotional, vegetative, and/or neurological pathology. Although all Lyme disease patients demonstrate many similar symptoms, no two patients present with the exact same symptom profile. Other mental syndromes associated with late state Lyme disease, such as attention deficit disorder, manic disorder, obsessive-compulsive disorder, etc., may also contribute to the development of depression. Dysfunction of other specific pathways may more directly cause depression. The link between encephalopathy and depression has been more thoroughly studied in other illnesses, such as stroke. Major 1/3 neuropsychiatric injury from a stroke causes neural dysfunction that causes depression. Injury to specific brain regions has different statistical correlation with the development of depression. Once depression or other psychiatric syndromes occur, the Lyme disease is treating them effectively improves other Lyme disease symptoms as well and prevents the development of more severe consequences, such as suicide.

Suicidal tendencies are common in neuropsychiatric Lyme patients. There have been a number of completed suicides in Lyme disease patients and one published account of a combined homicid/suicide. Suicide accounts for a significant number of the fatalities associated with Lyme disease. In my database, suicidal tendencies occur in approximately 1/3 of Lyme encephalopathy patients. Homicidal tendencies are less common, and occurred in about 5% of these patients. Most of the Lyme patients displaying homicidal tendencies also showed suicidal tendencies. In contrast, the incidence of suicidal tendencies is comparatively lower in individuals suffering from other chronic illnesses such as cancer, cardiac disease, and diabetes.

To better understand the link between Lyme disease and suicide, let’s first look at an overview of suicide. Chronic suicide risk is particularly associated with an inability to appreciate the pleasure of life (anhedonia). People tolerate pain without becoming suicidal, but an inability to appreciate the pleasure of life highly correlates with chronic suicidal risk. Of course, there are many other factors that also contribute to chronic risk. For example, one study demonstrated that 50% of patients with low levels of a serotonin metabolite (5HIAA) in the cerebrospinal fluid committed suicide within two years. Apart from factors which contribute to chronic suicidal risk, there are also factors which trigger an actual attempt, i.e., a recent loss, acute intoxication, unemployment, recent rejection, or failure. There is much impairment from Lyme disease which increases suicidal risk factors. However, suicidal tendencies associated with Lyme disease follow a somewhat different pattern than is seen in other suicidal patients. In Lyme patients, suicide is difficult to predict. Attempts are sometimes associated with intrusive, aggressive, horrific images. Some attempts are very determined and serious. Although a few attempts may be planned in advance, most are of an impulsive nature. Both suicidal and homicidal tendencies can be part of a Jarisch-Herxheimer reaction.

I cannot emphasize enough the behavioral significance of the Jarisch-Herxheimer reaction. As part of this reaction, I have seen and heard numerous patients describe becoming suddenly aggressive without warning. I can appreciate skepticism regarding this statement. However, suicidal behavior is, like many other symptoms seen in Lyme disease, it challenges our medical capabilities. In view of this observation, I advise that antibioti c doses be increased very gradually when suicidal or homicidal tendencies are part of the illness.

Although I have discussed the significance of depression and suicide associated with Lyme disease, I would like to emphasize that treatment does help. Combined treatment which addresses both the mental and somatic components of the illness significantly improves the overall prognosis. This is supported by clinical observation and labora tory research showing anti depressant treatment improves immunocompe tence.

It has been demonstrated in vitro that antidepressants which act on the serotonin 1A receptor (most antidepressants) increase natural killer cell activity. In addition, there are undoubt edly other indirect effects on the immune system through other neural or neuroendocrine and autonomic pathways. To state this more concisely, antidepressants can result in antibiotic effects, and antibiotics can have antidepressant effects. Most depression and suicidal tendencies often respond to treatment. Suicide is a psychological response to a temporary problem. Many people who survive very serious attempts go on to lead productive and gratifying lives. Suffering can be reduced. The joy of life can be restored. Needless death can be prevented. Don’t give up hope. There are answers, solutions, and assistance. There is life after Lyme.
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Danella Carpenter: Lyme Disease

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