

Walnut Council

Maryland Chapter Newsletter

Fall 2009

Volume 16, Issue 1

Chapter President's Message

Allan Lowe

This year's autumn meeting will be held at Duke's Green Farmacy Garden, a 6 1/2 acre herb garden established by James Duke, Ph.D., in 1997 and used primarily for educational purposes. The meeting will be Saturday, October 10, 2009 in Howard County. The fee for members is \$15 per person and for nonmembers \$17.50 per person.

After a snack breakfast at 9:30, activities will begin at 10 a.m., at which time Helen Lowe Metzman, the current director of the Garden, who has a Master of Science degree in botanical medicine, will lead a discussion about the medicinal characteristics of walnuts. Helen will then conduct a guided tour of the garden which has herbs that have been researched, studied and traditional used for various conditions, as diverse as cancer, menopause, viruses, aches of all kinds and laryngitis.

Lunch will follow the tour of the garden.

After lunch we will have a short business meeting, including election of officers and a

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discussion as to whether the Chapter dues should be raised from its current amount of \$30 to \$35; the Chapter only nets about three dollars from the \$30 dues because \$25 goes to the international headquarters. The chapter has consistently lost money in funding meetings.

The business meeting will be followed by a discussion, with photographic handouts, of the thousand cankers fungus that has attacked all types of walnut trees, including eastern black walnuts, between Colorado and California, as well as points north and south.

Directions to the meeting and registration information are found on the workshop announcement insert in this newsletter. I hope to

insert...

**Walnut Council Fall Workshop Information and
Registration Form**

Lyme Disease: My Story

Dave Earle

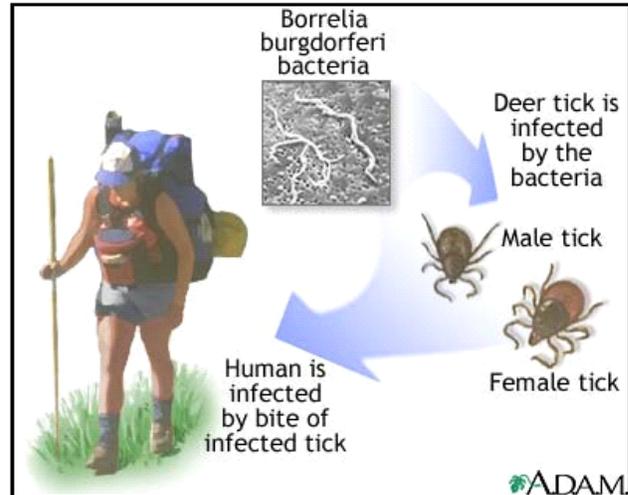
When most people think about medical epidemics of the past, they think about diseases like the Black Plague, Yellow Fever, and Cholera. In movies (always in black and white) there are quarantine signs on the door, people are frightened, and there are always piles of dead bodies being burned. Those diseases were caused by bacterium that was spread by rats, mosquitoes, contaminated water and other carriers, as well.

Maryland is currently experiencing an epidemic of Lyme disease, and although most of us know someone who has it or has had it, the epidemic is spreading with relative calm. Yet, Lyme disease is potentially chronic and debilitating; a disorder that should be causing alarm.

Lyme disease is called “the great imitator” because, depending upon how it develops in a particular person, the symptoms can be so similar to more commonly known disorders, that they can be easily misdiagnosed as heart disease, fibromyalgia, rheumatoid arthritis, Bell’s Palsy, Alzheimer’s disease, and any number of other conditions. No test is available that can consistently and accurately diagnose Lyme disease; there is no vaccination or other medical preventive; and many general practice physicians, as well as specialists, still know little about all of the permutations of the disease.

In its simplest form, Lyme disease is an infection caused by a spirochete (corkscrew-shaped) bacterium called *Borrelia burgdorferi* (*Bb*). The *Bb* bacteria is passed to humans by the deer tick, an insect the size of a speck of black pepper that waits in the grass and stone walls to catch onto a passerby, be it a child, a golfer, or

anyone unlucky enough to be its host. Research strongly points to other vectors, such as fleas, flies, gnats, mites, and mosquitoes as possible transmitters of the bacteria that cause Lyme disease. This is bad news for those of us who enjoy being in the out-of-doors.



The Life Cycle of Lyme Disease

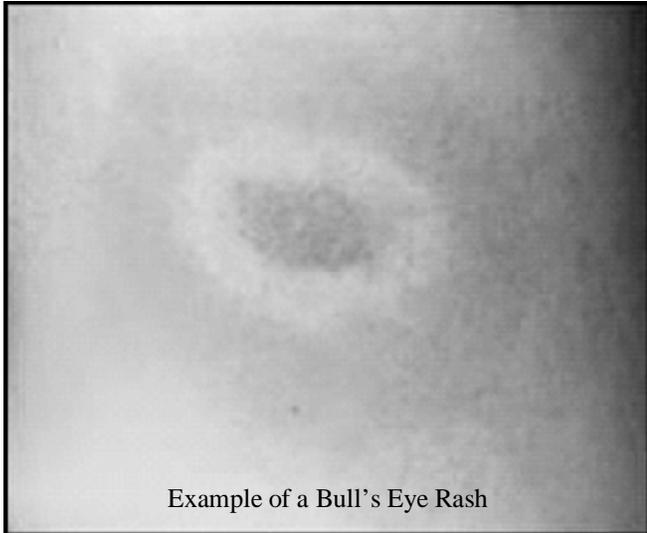
A symptom of the early stage of Lyme disease is a rash, sometimes in the shape of a bull’s eye. Indeed, if you get the bulls-eye rash, you can be certain that you have Lyme disease; however, not everyone gets the rash, or sometimes the rash is in an area where you might not see it. Flu-like symptoms, fever followed by chills, aches, headaches, and pain also are common symptoms of LD. Since there is no truly reliable test for Lyme disease, a physician often must rely on your symptoms and elimination of other conditions with similar symptoms and use his or her professional judgment to determine that you, indeed have Lyme disease, or that it is likely enough that you need to be treated as though you do have it.

If you are diagnosed as having LD in its early stages, the standard treatment is two 100mg pills of doxycycline daily for a total of 30 days. If, however, you are not diagnosed as having LD (and you do have it) or if your doctor does not prescribe

Lyme Disease: My Story (Continued on page 3)

Lyme Disease: My Story (Continued from page 2)

the standard doxycycline treatment, your symptoms can develop into the symptoms listed above or others such as skin ailments, eye problems, tingly fingers, plantar fasciitis, memory problems, and others. If not treated adequately or undiagnosed for an extended period, LD can become a chronic condition that never is cured.



Example of a Bull's Eye Rash

My own experience began in 2002 when I came down with all of the usual symptoms of the common flu. What was uncommon was that it was in the middle of summer and the symptoms were so varied and lasted so long that I kept saying, "What can be wrong with me?" In 90° weather, I was so cold I put on my "office sport coat," (the one I kept there for important meetings) and went outside into the D.C. steamy heat, sat on a bench and shivered, so cold I could not get warm. A little later, inside the air conditioned building, I would break out into a sweat, feel roasting hot, and almost immediately become so cold that I shivered. I don't remember how long this went on, but somehow, I just knew I did not have the flu. It was something else, but what?

One day, as I was putting on my socks, I felt something odd on the back of my thigh and asked my wife to look at it. According to her, I had the

classic Lyme disease bull's eye rash. Surprisingly, it was a relief to finally know the answer to my question. This time, I went to my doctor; was

Lyme Disease: My Story (Continued on page 4)

Have You Met?

To help us know each other better, we're including a few notes about some of the newer members of the Chapter.

Joseph Hemmis, Jr. lives in Cumberland, Maryland. Joey recently retired and is planting more trees on the farm near Wills Mountain and the Pennsylvania border, which his father bought twenty years ago. Originally, cattle were raised on the 120 acres, but Joey is adding to the mature woodland by planting hardwoods, particularly Black Walnut. He plans to plant 1600 seedlings this year. He also is interested in chestnut trees.



ATTENTION MEMBERS:
Don't forget to renew your dues for 2010!

Lyme Disease: My Story (Continued from page 3)

treated appropriately, and was cured.

In 2005, another bull's eye appeared, accompanied by some aches and muscle pain. When I called my doctor's office, I found he had left the practice and went to another physician. He prescribed the usual Doxycycline, but instead of the normal 30-day dosage, he prescribed only enough for two weeks. There was no follow-up and I now know that this dosage most likely did not kill all of the spirochetes. According to the physician who finally treated me, the spirochetes will find a safe harbor behind one of your organs and just wait until another time to attack.

By late 2006, I started experiencing unexplained muscle and joint pain. In addition, I developed plantar fasciitis, a common disorder for runners and also a Lyme disease symptom. Since I had reason to have plantar fasciitis, I did not consider a Lyme disease connection. By late winter, the spirochetes came out of their hiding place in full force and manifested the still present Lyme disease through severe hip and leg pain with intermittent paralysis; inability to walk normally, discomfort sitting; pain while in bed, causing sleep disturbance; and inability to drive a car. The need for a wheelchair was not far away.

When I returned to see the doctor, I saw yet a third doctor. He knew my Lyme disease history, but ordered a battery of tests. After a month, he prescribed Prednisone for pain and referred me to a neurologist. The trip to the neurologist was almost a laugh. She asked me to walk across the room on my toes. I struggled to do so, but must have passed the test. She declared that I did not have a neurological problem. Finally, the family practice doctor prescribed Doxycycline, but really suspected that I had arthritis. He suggested I see a rheumatologist.

The rheumatologist took my medical history and

tested for Lyme disease and other conditions. There was severe inflammation and fluid in my kneecaps which he removed with needles. (On my part, the excruciating pain was nearly unbearable.) The Lyme disease test came back and the doctor read it as being negative. He, then, gave me the diagnosis of rheumatoid arthritis; said I would have

Lyme Disease Treatment

It is important to note that the standard treatment for Lyme Disease is 100mg of Doxycycline, twice daily for 30 days. However, many General Practice doctors do not know this, and tend to prescribe only 14 days of antibiotics. This short period may not be adequate to fully rid your body of the spirochetes, thereby leading to an eventual relapse and possibly severe symptoms. If you are diagnosed with Lyme Disease, make sure your doctor gives you a full

it all of my life, and prescribed strong medications. He also prescribed more Prednisone for the pain. I have since learned that Prednisone should never be given to a patient with Lyme disease as it provides a clear path for the bacteria to travel and entrench themselves even further. My non-rheumatoid symptoms continued to grow: forms of neurological impairment in both speech and memory. The doctor, however, continued to treat me for rheumatoid arthritis.

In July, 2007, I developed a large, red, burning rash on my back. I panicked, but instead of going to the rheumatologist, I went to an internist who had been recommended to me. She had seen me before and knew my medical history but diagnosed the rash as a viral infection. I was not convinced and returned to the rheumatologist. He was finally convinced I had Lyme disease. He sent me to a lab where I was able to talk with the supervisor. My

Lyme Disease: My Story (Continued on page 5)

Lyme Disease: My Story (Continued from page 4)

case piqued his interest; he called my doctor for more clarification and in the end, a strong positive test result for Lyme disease was received.

The doctor was humbled and apologized. Rheumatologists are often recommended as the specialist to see for treatment of Lyme disease, but he admitted that he just had not been able to pick up on it. I told him that I had heard of a physician in Towson who specialized in the treatment of Lyme disease and he agreed that that was a reasonable next step.

Because of the severity of my condition, I met the criteria for treatment in this specialist's practice, but I would have to wait two months to be treated by the renowned physician. I chose to get an earlier appointment with another physician in the practice. In reviewing my history, she looked at the previous Lyme disease test that was read as negative and said that she would read it as positive for Lyme. Medication was prescribed to fight the bacteria, but I was also given a strict diet to follow.

In addition to ridding the body of the spirochetes, this specialist's practice is based upon the repair of the patient's innate ability to heal



Got E-mail?

Occasionally we have timely information to share with you. If you have an e-mail account, but have not received any e-mails from us this summer, that means we don't have your current address. If you would like to be included in the e-mail news list, please send an e-mail to David Robbins at: drobbins@dnr.state.md.us.

We promise not to clutter your inbox!

itself. Through diet and supplements a patient repairs his/her immune system. One of the most important steps is to rid the body of inflammation. Recent studies have shown that inflammation is a primary causative factor in many diseases and autoimmune disorders such as cancer and heart disease and it also plays an important role in Lyme disease.

I could have no caffeine, including decaffeinated coffee, only green or herbal teas, no sugar (or sugar substitutes), no alcohol, no red meat and only small amounts of other meats and wild-caught fish. My diet consisted of fruits, vegetables, beans and legumes with vitamin, mineral, and herbal supplements.

It was a happy day when I was discharged. The good news is that for the most part, I have good days. The bad news is that I will never be rid of Lyme disease and no matter what I do I will also have some bad days, too. There is also nothing to prevent me from getting infected again. For the rest of my life I will be on the Lyme disease diet, but it is one that everyone should follow anyway.

Recommended Reading:

1. Singleton, Kenneth B., MD, MPH, *The Lyme Disease Solution*, Brown Books Publishing Group, 2008. *Note: The forward to Dr. Singleton's book is written by James A. Duke, Ph.D. Author of The Green Pharmacy whose herb farm in Howard County is the site of our upcoming Fall Workshop.*
2. www.lymedoctor.com is Dr. Singleton's website. There is an archive of newsletters you can read on-line and/or print. In addition, you are able to sign up for his free monthly newsletters. Note: Dr. Singleton is a Lyme disease specialist located in Towson, Maryland

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Upcoming Events:

**October 5 – Registration deadline for the Walnut
Council Fall Workshop** (see insert)

**October 10 – Walnut Council Fall Workshop,
Duke’s Green Farmacy Garden, Fulton,
Maryland** (Howard Co.)

**October 30 & 31 – Maryland Forest Association
Annual Conference—”Staying Green in a Red
Economy”, Rocky Gap State Park, Cumberland,
Maryland.** For more information, visit: [http://
mdforests.org/AM2009.htm](http://mdforests.org/AM2009.htm)

**November 3 & 4 – 2009 Thousand Cankers of Black
Walnut National Conference, St. Louis, Missouri.**
For more information, visit: [http://mda.mo.gov/
plants/pests/thousandcankers.php](http://mda.mo.gov/plants/pests/thousandcankers.php).



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