The official newsletter of LymeConnection.org

JAN/FEB 2014

A Message From

Jennifer Reid & Karen Gaudian

Welcoming the new year with *Lyme Connection*

The Ridgefield Lyme Disease Task Force begins 2014, our 11th year serving the community, with a new name, **Lyme Connection**, and a strengthened commitment to deliver prevention programs and patient support services. As a town-affiliated group at the epicenter of this medical crisis, we are focused on serving real people with real problems - families overcoming enormous medical, financial, and emotional hurdles because of a simple tick bite.

Ten years of listening to patient stories leaves us with little doubt that the mental health aspects of these infections - depression, anxiety, personality changes, memory loss - are often the most difficult to cope with. Janet's interview with psychiatrist and past International Lyme and Associated Diseases Society (ILADS) president Dr. Robert Bransfield begins our year-long focus on answering your most pressing questions about these neurocognitive and neuropsychiatric symptoms.

Equally important this year is our desire to care for the caregiver, the theme of our recent retreat at the Leir Center in Ridgefield. This month, Janet shares moments from this peaceful day filled with wellness tips and stress reduction exercises with our readers. If you missed the retreat, join our Friday afternoon support group this January through March where Reiki Master Ellie Kirk will teach stress reduction techniques as a perfect start to the new year.

We're pleased to announce that our 8th Annual Lyme Disease Patient Seminar and Health Fair: *Lyme Disease: Body, Mind and Spirit*, will be held at Western Connecticut State University (WestConn) in Danbury, CT on May 13, 2014. Dr. Steven Phillips and Dr. Robert Bransfield will be the keynote speakers for this free event joined by over 20 Lyme-literate health fair exhibitors.

If prevention is your passion, we'd like to remind you that winter is the perfect time to set up your BLAST Lyme Disease Prevention opportunities for 2014. Contact a local health fair or community event. You make the connection and we provide the BLAST materials for free.

The start of a new year brings enormous hope for positive change. Here at Lyme Connection, our hopefulness comes from your stories and your strength. We could not continue year after year without hearing that these programs are making a difference. And, we could definitely not continue to offer these opportunities without everyone contributing their time and talent – as volunteers, speakers, exhibitors, and fundraisers.

Wishing you many wonderful connections in 2014!
Jennifer and Karen

Co-Chairs
Ridgefield Lyme Disease Task Force

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Mark your calendar now for our 2014 Spring patient seminar!

Lyme Disease: Body, Mind and Spirit

Speakers: Dr. Steven Phillips, Dr. Robert Bransfield, Sandy Berenbaum, LCSW, BCD

Date: Tuesday, May 13, 2014

Time: Health Fair 6:00p.m. – 9:30 p.m.   Speakers 7:00 p.m. – 9:30 p.m.

Location: Westside Campus Student Center, Western CT State University, Danbury, CT

Free and open to the public

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INTERVIEW WITH DR. ROBERT BRANSFIELD

Dr. Bransfield speaking at the WestConn Conference in 2011.

Dr. Robert Bransfield is a psychiatrist recognized in the Lyme community as being at the forefront of treating patients with the neuropsychiatric symptoms of tick-borne illness. When referring to Lyme disease in the interview that follows, we are talking about multiple tick-borne infections, including Borrelia and possibly some microorganisms that haven't been identified yet.

How does Lyme disease affect the brain?
The early symptoms of Lyme that are perceived as diagnostic - the bull's eye rash, the arthritis, the bell's palsy - these are not necessarily the difficult symptoms. But when you look at a case that's one, two, five, 10, 20 years out, now you're looking predominantly at the nervous system. So although there are

some people with significant musculoskeletal problems, the main impact of late-stage disease is on the nervous system.

When we look at the cognitive and psychiatric symptoms, practitioners who don't understand them discount them as subjective and nonspecific - or psychiatric. They're discounted as the aches and pains of daily living, not because they're not objective and significant, but because they don't know how to interpret those findings.

If you look at how Lyme affects the brain and the nervous system, you have to break the nervous system into different parts: the autonomic nervous system (ANS), the peripheral nervous system, and the central nervous system. With the ANS, you may have gastroparesis or irregular heart rhythms, where Lyme affects the nerves that affect internal organs; that's one cluster of symptoms.

Another cluster of symptoms involves the peripheral nervous system. Neuropathy is one late-stage manifestation. You see numbness or tingling, crawling and burning sensations, sensory loss or hypersensitivity.

There can also be irritation to the nerve roots where they come out of the spinal cord; this is radiculopathy. That's different from peripheral neuropathy but it also gives symptoms in your arms and legs. You also see cranial nerve symptoms, for example, Bells palsy effects the 7th cranial nerve. You tend to see that early and there may be improvement and then some of those can re-emerge years later.

The next thing is myelopathy, which involves the spinal cord. That's not as common. You'd see that as neurological symptoms from the point in the spine at which that occurs and downward, and you may see numbness and weakness.

The symptoms that psychiatrists treat involve the limbic system. The limbic system includes emotions, emotional reactivity, mood, and cognition. Cognitive affects are seen somewhat sooner, and the emotional later. In the latest stages, you can see dementia.

Executive functioning is one of the first things to go and involves the prefrontal cortex. That's your most complex, most sophisticated area of brain functioning and that's the most vulnerable when things go wrong. Executive functioning's the ability to create and sustain goal-directed behavior. You can follow orders but it's difficult to strategize. If doctors don't know how to assess these symptoms, they'll dismiss them as subjective and nonspecific. It's not just subjective; you can make it objective and you can measure it. We can give you a test for executive functioning.

You could also see slow processing speed in Lyme patients. That's a different cognitive capability and that's a white matter problem; white matter is where you form associations. So it takes longer to digest information and to express information. That's significant when you need to make decisions quickly or absorb information quickly.

Regarding the limbic system, is there a pattern that you see in Lyme patients?

Yes, the first thing you may see may be low tolerance to frustration, which can result in irritability. Then you might see hyper-vigilance, low-grade anxiety, and depression. Because there are cognitive problems with attention and concentration and memory in addition to the executive functioning problems and the slow processing - a person is not on top of things as they used to be. What about brain fog? Brain fog's different. With brain fog there's a sluggishness, like a brain fatigue. A good way to replicate brain fog is if I give you a hundred milligrams of Benadryl and then have you try to do some math problems. You'd feel like your brain was stuck in molasses and it was hard to make the connections work.

That's distinct from slow processing? Right, it is different, and they may co-exist, but anyone who has it can identify it. Many chronic illnesses have that. Think of the terms fibro fog, lupus fog.

Is it possible to explain what's going on physiologically?

Yes, you see decreased activity on PET scans and SPECT scans. It's similar to what you see with fatigue. The most common complaint in a doctor’s office is chest pain, the second most common is fatigue. Fatigue isn’t always specific. There are a lot of things that cause fatigue, just like many things cause chest pain. You don’t ignore chest pain because it’s nonspecific. But, if you have chest pain that’s a certain quality, with pressure radiating down your left arm and shortness of breath - that’s a pattern that makes you think of heart attack. So, if you see fatigue associated with certain other symptoms, the pattern might indicate Lyme disease - or some other condition. Fatigue is often one of the worst symptoms (with Lyme disease). It's a very serious complaint and should never be dismissed. Fatigue is part of the brain's functioning which involves energy and coordinates with your circadian rhythm and your ability to get a good night’s sleep - like recharging your batteries.

How is it that this tiny microbe can cause such problems?

Think of it this way. Everyone has symptoms that are a little bit different. You see many common denominators, but how Lyme affects you depends in part on your vulnerabilities and your strengths when you become infected. In some people, one gene will make them more susceptible to one symptom, while some people will be susceptible to other symptoms. If you got bit in the neck you would have different symptoms than if you got bit in the toe. And it depends on what co-infections are involved, how long before diagnosis - there are a lot of variables in the equation.

How do you determine if someone has Lyme?

What you have to do is old-fashioned, basic medicine: do a thorough history, a thorough review of symptoms, a thorough exam, and use a lot of thought and judgment. You consider other things that might cause these symptoms. It’s labor intensive, it takes a long exam, and then you have to put it all together and look at pattern recognition. You can’t do a short cut. But the healthcare system’s evolved with an emphasis on time efficiency and a reliance on testing. That’s why a lot of cases are missed. What you don’t do is just the two-tier test, and when the ELISA's negative, say the patient doesn't have Lyme. It's irresponsible to do that. The CDC says the test is not for screening but 3.4 million tests are done a year. So that may account for why you see 3.4 million tests a year with only 30,000 cases reported to the CDC. That's a hundred to one ratio. Why is there such a disparity between how many Lyme tests are done and how many people are reported?

Instead you look for patterns. The typical pattern is someone is a high-achiever, an active person who does a lot more things than the average person, and then gradually they go downhill and now they have one hundred symptoms that they didn't have before. It's not psychosomatic because psychosomatic illness follows very clear recognizable patterns. When you see this multi-system condition evolve, you know that it's something that affects the entire body. What affects the entire body? Infections are usually number one on your list. A lot of doctors are used to dealing with acute infections, like bronchitis, where you give 10 days of treatment. There's difficulty diagnosing chronic, low-grade, relapsing infections, but that's what makes the most sense.

Back to how Lyme affects the brain

There are three different ways Lyme infects the brain. One is where the infection is within the brain, a second way is where the infection is in the blood vessels leading to the brain causing vasculitis. A third way is when there's infection in the body that causes immune responses that in turn affect the brain, that's what causes most cases of Lyme encephalopathy. For example, the infection may throw off antigens that cross the blood-brain barrier and cause inflammation within the brain. Or it may provoke the immune system and the result of the immune provocation crosses the blood brain barrier and impacts the brain through either inflammation and cytokines or autoimmune mechanisms. Another theoretical idea is Lyme affects the brain with toxins, but there has been little attention to this in recent years. That's how some other infections impact the brain. It's possible that antigens sloughed off by *Borrelia* go to the brain and cause inflammation. A common mistake people make is thinking that if there’s no bugs growing in the brain, it’s not affecting the brain.

There are cases where *Borrelia* was found in the brain. Alan MacDonald autopsied brains and showed that. In those cases you see more rapid development of dementia and psychosis. Brain fog and executive functioning problems are more likely due to the immune effect on the brain caused by infection and subsequent inflammation in the body.

Normally when you acquire an infection, you have an early immune response, which produces inflammation. Then there is a second response, which is adaptive immunity, and then you’re fine. Unlike other infections, there’s never adaptive immunity to Lyme disease. You see the inflammation but not the adaptive immunity. That’s why people can be re-infected. That’s why the vaccine required two boosters and even then people still were re-infected.

What you see instead of adaptive immunity is autoimmunity: anti-bodies attacking the brain, causing another clusters of symptoms, like OCD (obsessive compulsive disorder) or ticks, or some of the dyscontrol issues.

So there's still an infection and it might be low grade . . .

Yes, but it can provoke autoimmune symptoms, gliosis where the immune system of the brain is activated from the infection in the body, and/or neural functioning can be impaired from the impact of cytokines on the brain.

How about the coinfections?

When we look at psychiatric symptoms, we often see *Babesia* and *Bartonella*. When infections impact the brain, they can cause cognitive impairment or behavioral and psychiatric changes. Some of that is mood alteration or poor impulse control, so some people might be apathetic and have decreased initiative. It depends on how it impacts the circuitry, the neural networks. You can see explosive rage. Invariably the rage you see with Lyme is bizarre and senseless. So there’s a number of different patterns I’ve seen. Shoplifting, for example, in someone who never shoplifted. Sometimes behavior stems from confusion or impulsivity, urges to do harm. You can see domestic violence, assaults, homicide, mass murder, serial killing; invariably it's bizarre and senseless. When you witness it first hand it's very scary and very explosive in quality.

Can someone who's progressed to that point recover?

I've done the same assessment on thousands of people and maybe 300 have described rage. Your average person who acquires Lyme doesn't show rage, but a certain subset does. Again, when I say Lyme I mean tick-borne disease. What is it that makes these people more susceptible? One adverse effect on the brain is it gives you anxiety, depression, and bad behavior. So you see someone who had no conduct problems in the past, now, all of a sudden has behavioral issues. They become disinhibited. The average person who acquires Lyme isn't disinhibited, but you do see it more with *Babesia* and *Bartonella* patients.

Can Lyme alone cause it? Difficult to say because so many people have coinfections. Tick-borne infections push people in the direction of impaired conduct along with impaired cognitive functioning.

I've had people with homicidal rage that were treated and the rage is gone. It can be a phase of the illness that they go through and they can be treated, but it isn't always predictable. Same thing with suicide. We can correlate suicide with inflammatory cytokines, particularly interleukin 6. When that's higher it can push someone towards violence and suicide. People with normal brains don't have obsessions to kill themselves. That's invariably associated with some kind of brain impairment.

***How do you treat someone with Lyme that's gone undiagnosed for a long while*?**

I treat what hasn't been treated before. Usually what's best is a combination of antibiotics and psychotropics. Two basic strategies: One, you treat the symptoms; this helps people function better. If they're functioning better, they’re less stressed, they’re sleeping better, and then their immune system’s functioning better. So, addressing symptoms is an indirect treatment that sometimes may be more effective than antibiotics. If you’re sleep deprived and stressed, you will be immunocompromised. So, if a person’s not sleep deprived and not overly stressed and they have good lifestyle habits, their immune system is going to work better. In some ways it’s so simple that it’s often overlooked, but it’s one of the first steps to take.

I don’t get too involved with antibiotic treatment but I will start them as a test to see how the patient responds, which can help in diagnosis. But you always have to look for the Herxheimer response. A neuropsychiatric Herxheimer reaction can be fatal. Someone can become suicidal. So you start with low-dose oral antibiotics and gradually increase. If they’re benefitting, then a patient probably needs to see someone to take it to the next step with a comprehensive antibiotic treatment. As long as someone’s improving from the antibiotic treatment, you keep it up. If someone isn’t improving then you try a different strategy. I do the psychiatric treatment, knowing that will help overall.

Think of disease theory: there are predisposing factors and there are precipitating factors. Then you have disease progression. What maintains or contributes to disease progression isn’t necessarily what started it in the first place. For example, someone with tick-borne disease may be sleep deprived, which contributes to disease progression. So you need to deal with sleep deprivation even though it isn’t what initially started it. That’s an example of the part of treatment that I do.

Why is sleep such an issue?

Sleep does a few things: adaptive immunity occurs in deep sleep; it’s necessary to overcome fatigue; it's critical for cognitive functioning and for mood stability; it helps pain sensitivity. So there are a number of areas where it helps, particularly with chronic disease.

How does Borrelia hijack sleep?

A study demonstrated 100 percent of Lyme patients have disturbed sleep. Inflammation in general causes sleep deprivation, and sleep deprivation pushes you further into an inflammatory state. So you need to try to break that cycle.

Is there anything to be said for a holistic approach?

That’s part of what I’m saying. There was a study that someone did a number of years ago that compared a person that was 35 with someone who was 65. They looked at good habits: limited alcohol consumption, exercising, getting adequate sleep, not smoking, managing stress - all those things your mother told you to do. The person who was 65 and did everything right was as healthy as the person who was 35 and did everything wrong. If smart living can give you 30 years of health, that's important. When you have infection, health is a balancing act, and you’re trying to tip the balance in your favor. Good diet also supports that.

With tick-borne disease a holistic approach doesn't seem to go far enough

Well, you have to think differently. The Human Microbiome Project recognized that 90 percent of your body is microbes - by a ratio of ten to one - and you’re in a dynamic balance with organisms within you. Certain pathological infections throw off that healthy balance and you need to try to restore it. How can you eradicate pathological organisms within you without doing harm to the beneficial ones that you want? That can be a tricky. Increasing antibiotics has to be a weighted decision in terms of are you harming organisms that are good for you that sometimes keep certain pathogens at bay. For example, if you take a lot of antibiotics, you get yeast overgrowth. Dr. Lida Mattman showed me a slide that showed Lyme spirochetes growing inside of yeast cells. Lyme can grow inside the yeast cells. When this happens antibiotics can potentially increase yeast overgrowths.

Think of it like this, humans haven’t been on this planet as long as *Borrelia*, and it didn’t survive for millions of years by being stupid. It’s not like they have a brain but they have adaptive capabilities and can survive in many environments. In some ways, that’s what humans are good at, being able to survive in different environments: equatorial, polar, outer space. But spirochetes have that same adaptive capability. It’s a formidable adversary in ways that we don’t fully appreciate. So we can’t think of them in simplistic terms like we used to.

Do psychotropic meds affect people with Lyme differently?

Lyme patients seem to be more drug sensitive. We might speculate that low body temperature slows down chemical reactions, so people may be more drug sensitive and need lower doses. Sometimes people pick the wrong psychotropic medication but more often than not they were given too high a dose too fast.

Do you think that brain scans, SPECT scans and MRIs are useful diagnostic tools?

Yes, within limits. The scans may support what you learned from your exam but I think the most important thing is the comprehensive exam. Immune testing also gives some information.

Where is the science going with tick-borne illness?

You have to look at a paradigm shift, recognizing complex contributors to disease, complex mechanisms, pathophysiology, and the complex ways it presents. So you need a different, more complicated disease formula. You can’t use the simple disease formula anymore.

Is there a place for that in medicine today?

There are a lot of people that incorporate it in the way they think, but not everybody does. I use a systems approach. In psychiatry we used to fight and say well, there’s a psychoanalytic approach and then there’s people who think of brain function; it’s not either or, you have to combine both. That’s how you have to think of any disease, you have to use a complex system model. Similar to the shift in math from Newton to Einstein, you need a more complicated model, which is basically an ILADS approach.

But not an IDSA approach . . .

They’re still stuck in the simplistic approach. A big part of this is that Lyme starts as a joint condition, and that gets doctors with that training involved in treatment. But then it ends up as neuropsychiatric issues, and now you need a different set of skills to deal with later disease than you did early disease. The people who have placed themselves in the position of controlling that disease are people who are not trained in comprehending the later stage manifestations. That’s a big problem. I think there are issues with research funding and people want to keep the funding in their category. If I define Lyme as a neuropsychiatric illness then neuropsychiatrists should receive the research money, not rheumatologist, and that may be threatening to people who are currently receiving those grants. There’s a turf issue there; that’s a piece of it, and there are people who can’t think of a multi-system approach.

Dr. Robert Bransfield practices psychiatric medicine in Red Bank, New Jersey

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The Three C’s of Conscious Living … A New Perspective for 2014

Are you ready to shift from feelings of struggle and being overwhelmed to those of empowerment and joy? Then you’ll want to join us for this free, three-part series guided by Reiki Master/Teacher and HeartMath Instructor Ellie Kirk.

*CENTER - Step back from your old story, mindful of an opportunity to write a new one

*CONNECT - Make the most of daily gratitude for the small things in life, relishing the relationships that make you happy

*CREATE - Manifest a new outcome with ease and grace

This program is being offered during our regular Friday daytime support group session. To reserve your spot, email Jennifer@Lymeconnection.org. Space is limited.
Date: Friday, January 10 - Friday February 14 - Friday March 14
Time: 1:30 – 3:00 p.m.
Location: 2nd Floor Board Room, RVNA offices, 90 East Ridge, Ridgefield

This series will be full of discussion and experiences based on the proven research of Positive Psychology and The Institute of HeartMath, as well as your own deep intuition and amazing, hard-won wisdom. “A Change of Heart Changes Everything” Heartmath®

Energy Medicine Practitioner, licensed HeartMath provider, and Reiki Master/Teacher Ellie Kirk has spent the last 15 years studying the human energy field and optimum health. She gained insight into the value these practices have on patient recovery while working at the Bennett Cancer Center (part of Stamford Hospital) in their Integrative Medicine Program and through her work with the RVNA. Ellie has taught her techniques to Lyme patients at our retreats and support groups for the past five years, most recently joining us to support caregivers.

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Body, Mind, Spirit

While Lyme patients need help healing our physical bodies, our mental and spiritual states are integrally linked to our physical well-being and so deserve a bit of attention. Meditation is one way to enhance all three.

As an inveterate meditator, I can attest to the powerful but subtle impact meditation can have on a person's life. About five years ago, I opened the door of meditation and peeked inside, hoping to find something divine. I've yet to glimpse the inner light, but still I've persevered and my meditation practice is now habit: after morning coffee, I take time to close my eyes, control my breath, and focus on a mantra. Thoughts come and go, but sooner or later, it's all about the breath and the mantra, everything else falls away.

This is a peaceful place for the mind to dwell. Going there briefly on most days has left me a calmer person. If I skip two or more days, I feel the difference: I am more easily ruffled, more anxious and agitated. From a physiological standpoint, I've trained my brain to enter into a state of serenity - I've laid down a neurological pathway that's easy for my mind to follow.

There are many approaches to meditation - and numerous methods to follow. If you can't get out to a local yoga studio, there are many online sites that will talk you through a practice. We're offering two links here: one to *Yoga International*'s website where you can look for a method that suits you best. Another website is Deepak Chopra's, where, along with Oprah, he talks you through a free 21-day meditation. There are many others - *Yoga Journal* also has free instructions. I encourage anyone seeking to improve their health to learn this time-honored technique. The third link here is to a springtime course at the Omega Institute in Rhinebeck with Dr. Horowitz. The course explores Lyme disease from an integral perspective. Good luck and happy travels!

http://yogainternational.com/topic/guided-meditations

https://chopracentermeditation.com

http://www.eomega.org/workshops/living-well-with-lyme-disease#-workshop-description-block

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Our Support Groups

Lyme Connection offers three monthly support groups in Ridgefield for Lyme Disease patients and their loved ones. If you are looking for connection, validation, and helpful information, come join the discussion. If inclement weather is predicted, check for cancellations by calling the phone numbers provided. Groups are always cancelled if schools are closed.

RIDGEFIELD, CT - ***Lyme Connection (patient support services sponsored by the Ridgefield Lyme Disease Task Force)***

Evening Support Group
Day: Second Thursday of every month
Time: 5– 7:00 p.m.

Location: 2nd Floor Board Room, RVNA offices, 90 East Ridge, Ridgefield
Description: Free meetings offering speakers and discussion
Contact: Jennifer at 203-241-2400 or Jennifer@lymeconnection.org

Daytime Support Group
Day: Second Friday of every month
Time: 1:30 p.m. to 3:00 p.m.
Location: 2nd Floor Board Room, RVNA offices, 90 East Ridge, Ridgefield
Description: Focus on supportive strategies for coping with chronic illness and developing overall wellness practices. Beginning this January, a free, three-month series on stress reduction with Reiki Master Ellie Kirk. Please register so that we can accommodate everyone.
Contact: Jennifer at 203-241-2400 or email Jennifer@lymeconnection.org

Young Adult Support Group
Day: Second Saturday of every month
Time: 11:00 a.m. – 1:00 p.m.
Place: Annex Building/Adjacent to Yanity Gym, 66 Prospect St., Ridgefield
Description: Free, drop-in group for patients 14 – 30 and their parents and friends
Contact: Email Katy at Katy@lymeconnection.org

SUPPORT GROUPS NEARBY

BETHEL, CT - *Greater Danbury Lyme Disease Support Group*
Day: First Saturday of every month starting again April 2014
Time: 2 - 4 p.m.

Location: First Congregational Church of Bethel, 46 Main St., Bethel, CT
Description: Free meetings offering speakers and discussion.
Contact: Pat at (203) -837-0011 or email DRPATND@gmail.com.

GREENWICH, CT ***Lyme Research Alliance***
Day: First Thursday of every month (No meetings July and August)
Next meeting will held on Jan. 9 due to the holiday. Check February schedule on website.
Time: 7 – 8:30 p.m.
Location: Meetings are held at Greenwich Town Hall, 101 Field Point Road, C. Carleton Gisborne Room, ground floor.
Description: Free meetings offering speakers and discussion.
Contact: *Check* http://www.lymeresearchalliance.org/support-group.html for details *or call (203)-969-1333 during office hours*.
Special Presentation March 20 – Dr. Steven Phillips, 6:30-8:30 p.m., Greenwich Town Hall, Cone Rm, 2nd floor

OLD LYME, CT ***Lyme Support Group***
Day: Third Thursday of each month
Time: 6:30 pm
Location: 52 Lyme St., Old Lyme, CT 06371
Description: Free, open group
Contact: Call Kelly at 860-395-0284

SOUTHBURY, CT ***Tribury Lyme Disease Support Group***
Day: Third Thursday of every month
Time: 1:00 p.m.
Location: United Church of Christ, 283 Main Street, Southbury, CT
Room 101, Use side entrance, follow green signs.

Descripton: Free meetings offering speakers and discussion.

Contact: support@triburylyme.org Check website triburylyme.org for cancellations.

MERIDEN, CT ***Meriden Lyme Disease Support Group***

Day: Second Monday of every month. March TBD. June and October meetings will be held on the third Monday of the month.

Time: 5:30- 7:00 p.m.

Location: Meriden Public Library, 105 Miller Street, Meriden, CT 06450

Description: Discussion, information and support

Contact: Crystal Carter, Group Facilitator at raincarter4hope@yahoo.com; http://www.facebook.com/MeridenLymeGroup

PLEASANT VALLEY, NY ***The Mid-Hudson Lyme Disease Support Group***

Day: Second Wednesday of each month

Time: 7:30 p.m.

Location: Pleasant Valley Presbyterian Church, Rt. 44 Pleasant Valley

Contact: Pat at 845-889-4242

If you run or attend an ongoing Lyme Disease patient support group and would like it to be included in this listing, email Jennifer@lymeconnection.org.

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Caregivers Retreat November 18th

Speakers at the Caregivers Retreat included, from Left: Ellie Kirk, Laura Switzer, Christel Autuori, Jennifer Reid, and Sandra Novella

On November 18th, caregivers from the region gathered at the Leir Retreat Center in Ridgefield, Connecticut for a day of food, relaxation, and tips from speakers on ways to care for oneself. For many attendees, it was precious time where the focus shifted from taking care of loved ones to looking at ways to love and care for oneself. The day began with integrative health coach Christel Autuori talking about compassion, with a quote attributed to the Buddha: *If compassion does not begin with yourself, it is incomplete*. Christel's focus is on not only the health of the body, but also on the mind and the spirit. She offered meditation techniques that can help us gather our attention and direct it towards feelings of love and kindness. She provided a simple de-stressing technique that involved bringing your hands together behind your head with fingers linked. On an inhalation, gently open that posture by moving your elbows towards the back of your head. On an exhalation, bring your elbows forward towards each other. Repeat this while moving with the breath.

Laura Switzer, MSW, LCSW, advised retreat participants to maintain our friendships whenever possible, and not to forget our spiritual side and the support that often renders. Registered dietician Sandra Novella emphasized good dietary habits, advising participants to think about every food choice we make and always to chose the healthier option. She also reminded us how important it is to stay hydrated, and to think about the first thing that we put in our bodies when we wake; water or tea is a great way to gently waken our digestive system.

Ellie Kirk, certified Reiki Master spoke about taking time to love ourselves with a focus on our heart and on feelings of love, appreciation, gratitude, and compassion (see more about Ellie Kirk in this newsletter). Research has shown that these feelings benefit our brains. Regular practice of an “attitude of gratitude” will reinforce these brain pathways, benefiting our emotional state not only during the moments practiced, but also over time. Christel Autuori reiterated the importance of these sentiments and offered a gesture to use when focusing on them: bringing the palms of our hands together as if in prayer, with thumbs gently pressing into the breastbone, a spot referred to as the sea of tranquility. Christel wrapped up the day with a reminder to do things that give us joy and make us laugh. We want to thank these practitioners as well as our partners at the Caregivers Retreat: The Ridgefield Visiting Nurse Association and The Leir Retreat Center, for making this wonderful free day of healing possible.

Lyme Connection is a bimonthly newsletter of the Ridgefield Lyme Disease Task Force

The Ridgefield Lyme Disease Task Force (RLDTF) was established in 2003 in response to growing concern about tick-borne diseases in our community. Since its inception, the task force has focused on preventing illness, supporting patients, advocacy and educating the community about all issues related to tick-borne diseases. Our mission is to alleviate the suffering caused by tick-borne diseases. Our vision: A world where tick-borne diseases are no longer a threat to health and well-being.

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BLAST volunteers Dee Strilowich of Personal Touch Welcome and Counselor Rita Debryune, M.S., at Ridgefield Summerfest.

Ongoing programs include:

BLAST Lyme Disease Prevention Program

BLAST is an acronym representing the five most effective ways to avoid tick-borne diseases. Partnering with the Ridgefield Health Department in 2008, the Task Force won a $50,000 Connecticut DPH grant to create a prevention and early symptom identification program. Look for the BLAST display and our devoted volunteers at health fairs and events throughout Connecticut. BLAST materials are available on the Town of Ridgefield website:

http://www.ridgefieldct.org/content/46/6311/6347/8905.aspx
If you have an event planned for 2014, contact us to invite a BLAST educator to join you: BLASTLyme@ridgefieldct.org

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Join Us:

The Ridgefield Lyme Disease Task Force meets on the second Thursday of each month, immediately following the evening support group. Everyone is invited to share your ideas or volunteer your time and talents. Join us at Tom Tom's Restaurant in Ridgefield. For more Information contact Karen Gaudian at karen@lymeconnection.org

BLAST Lyme Disease Prevention Program—Jennifer Reid 203-431-2745 or BLASTlyme@ridgefieldct.org
Support Groups, Jennifer Reid (Thurs. and Fri. groups) jennifer@lymeconnection.org
Saturday Young Adult Group, Katy Reid, katy@lymeconnection.org
Newsletter, Janet Jemmott, janet@lymeconnection.org

We'd love to hear from you regarding topics of interest. This is a work in progress that will depend on community support. Donations can be made out to Friends of Ridgefield Community Programs—RLDTF, and mailed to Ridgefield Lyme Disease Task Force, 66 Prospect Street, Ridgefield, CT 06877

Jennifer J. Reid, *Publisher*, Janet M. Jemmott, *Editor*

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