

Public Health Committee

House Bill #6200

**AN ACT CONCERNING THE USE OF LONG-TERM ANTIBIOTICS FOR THE
TREATMENT OF LYME
DISEASE**

I have decided to write about Lyme disease based on my personal experience, and also based on the suffering of so many others who have this devious and devastating disease. I was bitten in 1983 while traveling in the south of France and within a few days my fever was so high, and my head and neck pain so debilitating that it was surmised that I had meningitis. Once a very large round rash was discovered on my back right along my spine it was guessed by the treating French physician that I was either bitten by a tick or a spider. I was placed on Antibiotics for ten days. My improvement was dramatic and I considered the event resolved. In hindsight, ten days of antibiotics was insufficient. Over the next few years I developed more symptoms than I could possibly recount here. They were roving symptoms that did not fit any medical category neatly. The Lyme Titer was repeatedly negative; I was having multiple random odd symptoms, including pain and exhaustion. Physicians ordered numerous Lyme Titer tests, but all proved negative. In the absence of definitive medical proof that I had a clinically recognized syndrome, it was determined that it must be "in my head." It must be psychosomatic illness.

It wasn't until many years of suffering later that I finally found my way to a Lyme disease specialist in Connecticut who performed the **Western Blot** test. The numbers were "off the wall" and I had a severe case of Lyme disease. By that time the bacteria was deeply embedded in my body and brain; psychologically I was depressed, angry and disgusted by the lack of support that the medical community had failed to provide.

Long term oral antibiotics proved ineffective, though at times I had an exacerbation of symptoms - the **Herxheimer reaction**. At least this worsening of symptoms showed that I did indeed have Lyme disease, and the drugs were creating an effect. This showed me that the medicine was working, but it was insufficient. I was placed on **intravenous Rocephen** since this was the best chance at an antibiotic passing through the **blood-brain barrier**. In other words, even though the other antibiotics worked to some extent, it essentially was not passing through to the brain to cure/heal the brain symptoms. The neuropsychiatric manifestations of Lyme disease were finally being researched and explored by Brian Fallon of Columbia Presbyterian Hospital. His work validated, for me, the connection between Lyme disease and memory, the Lyme fog, depression, word retrieval problems, word reversals, difficulty with handwriting, and many, many more symptoms. With immediate treatment of sufficient duration, all of this could have been prevented.

I support public health bill number 6200 so that others will not have to go through the living hell that my daughter and I have had to endure.

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