

**LIGHTNING DATA CENTER MINUTES**  
**OCTOBER 14, 2011**  
**ST. ANTHONY HOSPITAL, LAKEWOOD, CO**

Monthly Quote: "It is better to have less thunder in the mouth and more lightning in the hand." -American Indian Proverb

1. The meeting was held in Conference Room E, began at 11:45 AM, and adjourned at 1:00 PM.
2. Members present: Ahlgren, Mary Claus, Elder, Gift, Langford, Yarnell. Two guests attended, names withheld for HIPAA compliance. New Member: Rebecca Ahlgren, medical caseworker. Langford moderated the meeting.
3. The meeting was nearly all dedicated to an invited patient. The patient and his wife were anxious to present the symptoms and experiences they have shared since he was struck nearly 29 months previously. We thank them very much for the time and travel they contributed to be with us. I will present the case in sections.
4. The circumstances: 52 year old male at the time of the strike, struck in Spring of 2009. At the time he was working as a handyman in Colorado, and had previously worked as a long haul trucker. The weather was cloudy with drizzle, approximately 3:30pm, and distant thunder was audible. The patient had directed his wife to head to the dry safety of a nearby trailer. He was attempting to service a trailer leveler leg with a crescent wrench, and was also in contact with soil which was damp from precipitation.
5. The incident: Lightning struck with immediate thunder; the exact point of attachment was unknown. Current traveled from the left leg to the right arm of patient and threw him 15 feet. His wife heard the loud thunder and saw him thrown. She quickly checked on him, and immediately called 911. He experienced intense pain through the left leg, and blood flow from the right ear. There was immediate short-term memory loss. The flash also tripped a 50 amp breaker in the trailer, but electric service was restored with a simple breaker reset.
6. A special note: The patient had two levels of his cervical spine fused in 2000, and an added level of fusion in 2008. The metal implants from each surgery are still present in his neck to this day. Subsequent evaluations have suggested that the fusion was not disrupted by the lightning injury, however he was asking for speculation on the possibility of heating or magnetization of his surgical implants. We would welcome speculation from satellite members on this topic. Langford suggested that either of these effects might have occurred, although no specific consequence would be an automatic result of such effects. A compass test by the neck of the patient was suggested to check for magnetization.

7. Long term sequelae: The patient has intermittent intense headaches, centered in the right side of his head and neck. Headaches may occur in early morning, but no specific correlation to the outside environment has been noted to trigger episodes. He reports intermittent muscular pain elsewhere in the body. He hears an intermittent buzz in the ears "like a tuning fork." Occasionally he loses the ability to speak. During such times he can still think clearly, if slowly, but his brain seems to "disconnect" from his speech capability. An EEG conducted 5 hours prior to one such episode showed normal activity. Speech improves gradually, and may take in excess of 12 hours to fully resolve. During times of lost speech, he is able to communicate by handwriting his thoughts on paper. A similar disconnect can partially affect his walking, and footfalls become more deliberate as the brain seems to disconnect.
8. More sequelae: The patient has difficulty with short-term memory, including very short-term tasks such as checking both ways to cross a street. He reports intermittent "electrosensitivity," and refused an MRI on one occasion as being too intense a sensory experience when he was in close proximity to the machine. A previous MRI showed nothing unusual. He has episodes of elevated anxiety and insecurity, is socially reclusive, and suffers from occasional confusion. If he perceives his response to his surroundings to be a "wrong" response he may experience a physical twitch or reaction. He reports feeling like he regresses to child-like state at times. Epilepsy monitoring reported as negative.
9. Triggers & resolution: Loud noises, threat of thunderstorm, stressful social situations, and strong electrical stimulation tend to trigger a stronger experience of symptoms. To resolve his episodes the patient uses his home as a "safe place," and requires relaxation and reassurance. His wife is a full time caregiver and support system, for which he is grateful. He tries to stay busy during the day, and plays brain games to try to improve his brain function.
10. Treatment: The patient uses occasional muscle relaxant and a variety of pain management medication, but expressed concern over the possibility of addiction to such substances. He has tried acupuncture, but reports only short-term relief of pain symptoms. He'd had an EEG within the last 24 hours before the meeting, and the supervising physician suggested after recent evaluation that the patient has "reached the limit of medical treatment." Continued documentation and adaptation was recommended, with pain meds and muscle relaxants as needed.
11. Langford wondered if there would be value in developing a nationwide list of doctors who have seen lightning patients using LSESSI members as references.
12. Phil Yarnell presented the following journal article: Strong C. When Lightning Strikes—A Significant Risk Factor for Headache? *Neurology Reviews* 2011;19(7):17. The sub-heading suggests "Lightning has a unique effect on headache that is unrelated to other meteorologic factors, according to researchers." Copies were distributed to those present.

13. LDC Disclaimer: These minutes do not represent official positions of LDC or its members. They simply reflect the comments made at the meeting. Furthermore, the LDC does not explicitly or implicitly recommend or endorse *any* product or service. Any service or product presented in these minutes is done so for the purpose of discussion and analysis. The merit (or lack thereof) is open for consideration and review by the entire membership.

14. Next meeting: Friday, November 11, 2011 at 11:30 AM at St. Anthony Hospital West. Conference Room E. Subject: TBA.

Respectfully Submitted,

Kenneth Langford, Mr. Random Enterprises, Inc.

### **In Case You Missed It...Lightning in the News**

**This is a monthly listing of news and videos about lightning and allied areas as reported in the media. A headline is listed, followed by a link to the article. Please note that some of the links are perishable, which means you'll need to go to the source for the article. Enjoy!**

From Facebook:

Lightning Storm October 2011

<http://www.facebook.com/media/set/?set=a.10150854731385615.748411.318319690614&type=1>

Photos of a storm in Afganistan

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From The Las Vegas Sun newspaper:

Lightning sparks building fire as storms drench Las Vegas

<http://www.lasvegassun.com/news/2011/oct/03/brief-rain-soaks-las-vegas-area-ahead-cooler-tempe/>

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From the Durango Herald:

Lightning disables 911 tower

<http://www.durangoherald.com/article/20111005/NEWS01/710059913/0/FrontPage/Lightning-disables-911-tower>