

Body Betrayed

*My Journey through
Sickness and Faith*

Dr. Kerry R. Bunn, Sr.

with Cathy P. Bunn

Body Betrayed

My Journey through Sickness and Faith

Copyright © 2010 by Dr. Kerry R. Bunn, Sr.
Ringgold, GA 30736 — krbunnsr@gmail.com
All Rights Reserved

No part of this book may be reproduced in any form or by any electronic or mechanical means including information storage and retrieval systems, without permission in writing from the author. The only exception is by a reviewer, who may quote short excerpts in a review.

Author: Dr. Kerry R. Bunn, Sr.
krbunn.com ❖ krbunn.blogspot.com
Contributor: Cathy P. Bunn
cathybunn@ymail.com
Published August 2010 CS
10 9 8 7 6 5 4 3 2 1

ISBN: 1452881472 EAN-13: 9781452881478

Cover design by: Dr. Kerry R. Bunn, Sr.
Photo by Cathy P. Bunn
Bridge over Tiger Creek
Keith Road, Catoosa County, Georgia

All Scripture quotations taken from the
New American Standard Bible®,
Copyright © 1960, 1962, 1963, 1968, 1971, 1972, 1973,
1975, 1977, 1995 by The Lockman Foundation
Used by permission. (www.Lockman.org)

Preface

Overview

Body Betrayed: My Journey through Sickness and Faith details the fifteen-month physical, emotional, and spiritual struggle in the life of active minister, Dr. Kerry R. Bunn, Sr. While this book is not purposed to be a medical text or theological treatise, it is intended to blend together the issues of serious sickness and faith from a personal point-of-view.

If we are truly more than physical creatures—which I fully believe we are—then the spiritual component of life affects every fiber of our being and all that we encounter.

The main cause of my sickness is an autoimmune process. Something has triggered my body to attack itself. In my case, the particular antibodies are still unknown, but their effects on me are certainly not unknown. In short, my Body Betrayed itself because of this autoimmune disease.

A Word about Chapter Structure

I began writing my journey as a series of blog posts. I kept the blog format for this book, but expanded the material and added commentary.

Each chapter is divided into three sections. The *Journey through Sickness* section is an expansion of my blog posts (<http://krbunn.blogspot.com>) and follows the story of my sickness in chronological order. Each blog post is dated

when originally written. The *Insights from Faith* section is my commentary about sickness and faith issues. The *Your Journey* section includes some thought provoking questions for you. The chapter on Holy Week meditations contains my spiritual insights in each daily meditation.

All textual materials, thoughts, and insights come from years of ministerial preparation, study, observations, and personal experiences. Nowhere in this text do I intend or pretend to give any medical advice or diagnosis.

About the Author

Dr. Kerry R. Bunn, Sr. is the Senior Pastor of First Baptist Church of Ringgold, GA. He was ordained to the Gospel Ministry in February, 1975. He and Cathy Lee Prince Bunn have been married for over thirty-five years. They have two adult children and seven grandchildren.

Dr. Bunn earned the Bachelors of Arts degree from Mercer University, Macon, Georgia; the Master of Divinity degree. from New Orleans Baptist Theological Seminary, New Orleans, Louisiana; and the Doctor of Ministry degree from Beeson School of Divinity, Samford University, Birmingham, Alabama.

Introduction

My world drastically changed when I cut my leg while trout fishing on Tiger Creek, Keith Community, Catoosa County, Georgia in late April, 2009.

Since that time, I have endured many medical tests, extreme fatigue, constant tingling, and aching pain over almost my entire body. My family has watched as a normally active person quickly became a couch-potato. To paraphrase someone I read somewhere, it's like having a rabbit's attitude trapped in a turtle's body.

I did not decide to write this book and begin my blog until February 17, 2010. In fact, this book is an extensive expansion of my blog posts. Events from that date are recorded in real-time, as they actually happened. Fortunately, I kept good notes during the previous several months, so I am able to report earlier events as accurately as possible.

My diagnosis has been changed and modified several times. This is not unusual due to the complexity and combination of my presenting symptoms. The good news about changing diagnoses is that doctors are able to better describe and narrow down causes of my disease. The bad news is explaining to others what is wrong and why doctors seemingly change their mind. I expect that by the end of this process, I will face a lot more change.

Some of the information and material in this book is

very personal and difficult to share. I choose to share in hope that my experiences will help others who are going through similar and trying circumstances.

I cannot say enough words to express my thanks to my family, friends, and church during this trying time. You have been there for me and I appreciate it greatly.

I am blessed to have what Cathy (my wife) calls a type “C” personality—comatose. There is not a lot that really stresses me. I have learned to be a "duck" and let the water roll off my back. But, even a duck has hard times when the water becomes acid!

This is my story .
Yours will be different!
So, the Journey Begins . . . August, 2010
Dr. Kerry R. Bunn, Sr.

Chapter One

The Journey Begins

Journey Through Sickness

Trout Fishing and a Gouged Leg (04/24/09)

While I enjoy fishing of any type, trout fishing may be my favorite. It is relaxing and peaceful walking in mountain streams, observing the scenery, listening to the sounds of nature, and catching rainbow trout.

Over the years, I have fished in many North Georgia trout streams. Since we moved to Ringgold, my trout fishing has been limited to two basic areas: Tiger Creek in Catoosa County, and Holly Creek in the Cohutta Wilderness Area of Northwest Georgia.

Holly Creek is a beautiful, isolated mountain stream that is well stocked and well fished. It is classic in its appearance of rocks, fast moving water, and mountain laurel. There is abundant fishing area to try one's luck. But, since it is more mountainous and the stream is slippery, I do not like to fish there alone. Since I fish alone most of the

time, I seldom go to Holly Creek. It is never a good idea to enter a wilderness area by yourself.

Tiger Creek is less than fifteen minutes from my house. It is classified as a year-round trout stream and is stocked twice-a-month during the spring and summer. The bridge on Keith Road over Tiger Creek is where the trout are stocked. Most trout go down stream about forty yards to a large, old-fashioned swimming hole—complete with rope swing. A few trout go upstream to assorted pockets of slow water around rocks and other stickups. Very few trout remain in the fast, rocky water under the bridge.

A lot of regulars fish Tiger Creek. Many of them are already on the bank fishing by the time I arrive, usually 7:30 AM on Fridays. This morning was the same: my favorite spot was already taken. I had brought along a fly rod to experiment (play) with that day. I was standing on the bank working the fast water under the upstream side of the bridge with my short fly casts. As I turned to walk a little further upstream, my right shin crashed into a rusty-old bridge support that stuck up about twelve inches out of the ground at the edge of the creek.

The old bridge support gouged a large gash in my leg. I was bleeding a lot. I wrapped a towel around my leg and decided to quit fishing. When I got back to the car, I applied some hand sanitizer to the wound, wrapped a towel around my leg to keep the blood under control, and headed home.

My leg did not hurt that much. At home, I washed the gash out with soap and water, drenched it with hydrogen-

peroxide, and opted not to go for stitches—I can tough it out! I decided to get a tetanus shot later that morning because the creek ran through a cow pasture and the old bridge support was often under water. Things go down hill from this point forward quickly!

First Symptoms (05/26/09)

On Memorial Day, Monday, May 24, 2009, I noticed a large pimple on my left knee and I lanced it with a sterilized needle. It did not hurt at all no matter how deep I pushed the needle into my skin. "That's strange!" I discovered that I could not feel needle pricks in many areas of my lower legs. Cathy tried sticking me several times also. I think she enjoyed it—just kidding. I could not feel needle pricks in my lower legs, but could feel touch and pressure, hot and cold, just nothing sharp.

On Tuesday, May 26, 2009, I went to my local physician because of the inability to feel the needle pricks. I also had been hurting and aching all over for a few weeks, but had not thought much about it because I had been engaging in a lot of yard work. I had actually experienced a dull muscle ache for about one year. A previous doctor did an examination and blood work and believed the dull ache was caused by a viral infection, probably a human parvovirus.

This morning, my physician noted right away that I was moving like an "old man." I certainly was feeling like an old man that day. This was the first time I recognized that my movements were much slower than normal. I was having

trouble with mobility which was totally new to me. I had trouble squatting and rising, and getting in and out of chairs. I almost had to crawl up my own body using my knees as props to get off the floor or out of a chair. I was beginning to experience a good deal of fatigue. The doctor did a neurological exam and ordered blood work since my symptoms seemed to come from a variety of causes.

My basic neurological exam was normal, except for slow movement and loss of pain perception in my lower legs. He suggested that I see a neurologist for a follow-up and more thorough exam.

The blood work later revealed that I had developed a slightly elevated creatine kinase (CK) level. Something was happening in my body that was making me stiff and achy. I felt like I had just ran a marathon—I ached that bad and felt that tired.

First Neurologist (05/29/09)

My first visit with a neurologist went fairly well. He asked a lot of questions about my family and medical history. He did a preliminary neurological exam and ordered blood work. My return appointment would be in two weeks. I told him I felt like I had just ran a marathon. His possible diagnoses include: polymyalgia, arthralgia, myositis, or CIDP (chronic inflammatory demyelinating polyneuropathy). It would take more tests to determine the actual processes happening in my body.

Three things surprised me about this appointment. I already knew I had reduced sensation to needle pricks

below the knees. I did not know my ankle reflexes were reduced. I did not know I had reduced vibratory sensation in my feet and ankles. The most surprising thing was to discover that I could not do a regular sit-up. I have always been able to do lots of sit-ups. But now I could not do a single sit-up no matter how hard I tried. It seems my proximal stomach muscles were getting weak.

The neurologist prescribed gabapentine, which is a medicine designed to calm inflamed and irritated nerves. A follow-up appointment was scheduled for a few weeks later. While this first appointment went well, it would end up being the last good appointment with any Chattanooga neurologist.

Important Blog Format Issues

I am well aware that not everyone reads the preliminary material in books. Its very tempting to start reading at chapter one, but if you do you will miss some critically important issues to understanding my journey. With that in mind let me restate some of what I said in the preface and introduction.

Body Betrayed: My Journey through Sickness and Faith is the story of my fifteen month physical, emotional, and spiritual struggle. It blends together the issues of serious sickness and faith from a personal point-of-view. I began writing my journey as a series of blog posts. I kept the blog format, but expanded the material and added commentary.

Each chapter is divided into three sections. The *Journey through Sickness* section is an expansion of my blog posts

(<http://krbunn.blogspot.com>) and follows the story of my sickness in chronological order. Each blog post is dated when originally written. The *Insights from Faith* section is my commentary about sickness and faith issues. The *Your Journey* section includes some questions for you.

Insights from Faith

Fate, Faith, and My Response

Was it preordained somewhere in the universe that I would gouge my leg trout fishing and set in motion the events of this past year? Is everything that happens to me set-in-stone or just random events? Do I have any control over any of the events that happen in my life? Am I "fated" to a certain existence? These and many other similar questions are asked by people daily. They are hard, probing questions which cry out for an answer. How we arrive at our answer makes the difference between hope and hopelessness; endurance and giving up; living in a spirit of patience or living with fits of anger; feeling bound by fate or living by faith.

The Issue of Fate

Fate is often thought of as causes outside of human control that determine the outcome of human events. From a non-believer's point-of-view, and sometimes from a believer's point-of-view, the issue of fate is commonly understood in one of three ways.

First, some think of fate as simply "destiny:" a type of predetermined purpose in life. We often hear phrases such as, "He's destined for great things," or, "That's their destiny in life." Throughout the history of the world, and still today, many people believe one's destiny is determined by either the gods or the stars.

Second, others talk of "fortune" when it comes to understanding fate. "Fortune has smiled upon him," or, "They're less fortunate than others" are common phrases. Have you ever heard of "Lady Luck?" Fortune often refers to the outcome of one's life in connection with luck or chance. Still, others see fortune as some unseen, uncaring force, directing the events of life.

Third, with our country's Judeo-Christian background, fate is often called "Providence," or the "Hand of Providence." In religious terms, Providence means the actions of God in our world. But, referring to fate as providence amounts to little more than tipping-one's-hat to God, just in case there is a God in control of all things. Its better to be safe than sorry.

The sad, end-result of trusting one's life to fate is often feelings of hopelessness or helplessness. It's like being adrift without an engine or rudder. Fatalism often breeds from such beliefs. I do not believe in fate or fatalism or I would have given up a long time ago. From a believer's point-of-view, it is proper to talk about God's will for our life in terms of faith not fate.

Faith and Predestination

Even among believers there is disagreement about what God's will is, how His will affects our life, and where faith fits into it all. There are two basic and opposite views about God's will and faith. I should note these next paragraphs are really oversimplifying some very complex arguments and painting these positions in black and white rather than in shades of gray. I am using broad brush strokes to paint these simple portraits of high-definition images.

The first view is often called Calvinism and is the basic foundation of Reformed Theology. Those who hold this view believe God is totally sovereign and in complete control of our life. His will cannot be overthrown and He has already decided the outcome of our life (predestination). Whatever happens to us, whatever problems or joys, whatever blessings or curses, happen according to His purpose. God's will and purpose for us will ultimately come to pass.

This is different than believing our lives are directed by fate because God—not some unseen, unknown force—is in control of all that happens. Faith then, under this theological view, becomes the positive acknowledgment of God's predetermined actions involving my life. My cut leg and recent illness, taken to the extreme in Calvinism, would have been ordained to happen by God Himself. Faith would require me to accept the events of this past year as God caused, for His purpose and glory.

There are a few situations in Scripture where this seems

to be the case. The weeping prophet Jeremiah was known by God and ordained for God's purpose before his birth (Jeremiah 1:5). In the Old Testament, all of the Jews were facing extermination in Persia at the hands of evil Haman. It was old uncle Mordecai the Jew who tells Queen Esther in Esther 4:14,

For if you remain silent at this time, relief and deliverance will arise for the Jews from another place and you and your father's house will perish. And who knows whether you have not attained royalty for such a time as this?

In the New Testament, the angel Gabriel tells Zacharias, the father of John the Baptist, John's life purpose even before John is conceived (Luke 1:13-17). One could argue from both John 17:10—where Jesus calls Judas the "son of perdition"—and Acts 1, that Judas was predestined for his inglorious task. The case of the man who was born blind in John 9:1-5 clearly indicates his blindness from birth was for the glory of God.

As He passed by, He saw a man blind from birth. And His disciples asked Him, "Rabbi, who sinned, this man or his parents, that he would be born blind?" Jesus answered, "It was neither that this man sinned, nor his parents; but it was so that the works of God might be displayed in him. "We must work the works of Him who sent Me as long as it is day; night is

coming when no one can work. "While I am in the world, I am the Light of the world."

Faith and Free Will

The second view is the opposite of Calvinism and reflects a position commonly known as Arminianism, and in more recent times by a new theological approach called Openness Theology. The freedom of man's will is stressed in contrast to God's sovereignty. We are in complete control of our life since God made us free moral beings. Some would go so far as to say that God does not even know the choices we will make as we live.

As totally independent beings, we decide the outcome of our life. Faith then becomes a matter of making sure that our will and life are in accordance to what we understand and know of God's will. My cut leg and illness were just results of my poor decision making and inattention about where I was fishing that day. I have tried to figure out where faith fits into cutting my leg on Tiger Creek: I really can't, unless I was unfaithful that day by going fishing when God intended something else for me.

A Balanced View

I prefer a more balanced view about God's will and faith. God is sovereign, and in His sovereignty made us as free-moral agents with the ability and responsibility of choice.

He works constantly and consistently in our life in such a way so to accomplish His will without ever violating our freedoms of will or choice. Throughout all the events of our

life, whatever they may be or the decisions we may make as free moral individuals, God's purposes and "will," will ultimately come to pass.

At the same time, we are responsible to God for the decisions and choices we make. This makes us neither dependent nor independent, but makes us accountable to God. Accountability is part of faith and faithfulness. Faith, in my best understanding, is freely and voluntarily conforming my will to God's will for my life in every circumstance or situation. So, faith would have little to do with actually cutting my leg while trout fishing, but everything to do with my response to what has happened since. The old acrostic rings true:

Forsaking All I Trust Him.

My Response

Now, let me try to answer some of the questions posed at the beginning of this section. Was it preordained somewhere in the universe that I would gouge my leg trout fishing and set in motion the events of this last year? Is everything that happens to me set-in-stone or just random events? No, especially if we are talking about my symptoms being the result of fate. But if my experiences from last year were designed and ordered by God for His glory through my life, who am I to argue and complain. I must trust Him by faith.

Do I have any control over any of the events that happen in my life? Some I do, some I don't. I have a lot of control over the events in life through the choices I make. Should I

save money? Should I get an education? Should I get a new car? Should I plant a garden? Should I have hamburgers or hot dogs for supper? God does not care if I have yellow or brown mustard on my hot dogs—just not ketchup—its my choice.

I have no control over other situations. I have not been able to make it rain yet—as hard as I have tried—even if I have chosen to plant a garden and it desperately needs water! If the real issue of faith for me is accountability for my actions in the events of life, planned or unplanned, then when my garden needs water, and there is no rain in sight, the accountable choice is to water! When faced with sudden, unexplainable illness the accountable choice is to seek the best medical advice and treatment, pray for healing, and choose to live faithfully day by day to the best of my ability. Living faithfully is doing the right thing at the right time in harmony with the principles of God's Word in every circumstance of life. Is it possible that faithfulness and common sense are related? I think so.

Am I "fated" to a certain existence? No, but as believers, we are called to hope, not hopelessness; endurance, not giving up; a spirit of patience, not fits of anger; life by faith, not bound to fate.

*And we know that God causes all things
to work together for good to those who love God,
to those who are called according to His purpose.*

Romans 8:28

Your Journey

Questions for You

1. Have you experienced anything that significantly changed your life? How did you respond?
2. How would others say you responded? What would God think of your response?
3. Was your response of fate or faith? How would you define the difference between fate and faith? Is your faith stronger? Why or why not?

Chapter Two

On a Slippery Slope

Journey Through Sickness

Downhill from Here (06/16/09)

Between neurological visits, my body took a huge slide downhill. Walking became more and more of a problem and I had to use handrails to pull myself upstairs. While I hurt and ached some all over my body, the majority of the problem was in my legs. I still was insensitive to needle pricks.

On Monday, June 15, 2009, I noticed a lot of twitching in both legs and was having even more trouble walking. Twitching is called fasciculations and is often a sign of ALS (Lou Gehrig's disease). My return appointment with the neurologist was Tuesday, June 16, 2009.

Tuesday morning, June 16, 2009, I had been at church and worked on several items. I left late morning for my second neurological appointment. I had gathered a lot of medical records from previous doctors over the last few

years to provide any needed background information to the neurologist. In November 2005, I was diagnosed with a partial tenth cranial nerve (CN10) palsy. Since I did not know if there was any connection between then and what I was experiencing now, I wanted the doctor to have the medical report from 2005.

Here is what happened back then. In the summer of 2005, I was eating a Frosty[®] from Wendy's. I noticed that I could feel the cold on the right, interior of my throat, but not on the left interior. I did not think much more about it. On an ENT checkup in October, 2005, I mentioned the loss of sensation to my doctor. He began a series of studies that eventually diagnosed a partial tenth cranial nerve palsy. From all the tests I had back then, the most probable cause was a viral or bacterial infection which had slightly damaged nerves in my throat.

When I arrived for my appointment on June 16, 2009, I was in a lot of physical distress. It is a very long walk from the Erlanger Medical Center parking lot to the doctor's office in the medical complex. My heart was racing, I was feeling faint, my legs and arms would barely move, I was having trouble catching my breath, and greatly fatigued.

The receptionist said that she "was sorry, but the doctor was not in today and I would have to reschedule my appointment." I explained my situation to her and that I needed to see someone now! She very politely said that "there was no way they could help me today—all of the other doctors were very busy." WHAT? I pleaded with her to find a doctor. I was in great distress. She finally went to

check and see if the other doctor would see me. "No!" I was angry, upset, mad, and very sick at this point.

I began to make my way back to the car, walking like an old man who had lost his cane. My balance was out of sync with my body—I probably looked like I was drunk. I had to stop and rest several times before I got to the car. I called Cathy and told her what had happened and that I was heading home. She could not believe what the neurological group had said and done.

By the time I returned home, I was in even greater distress and tears were running down my cheeks from the distress. I could not walk up the three steps from the garage into the house. Cathy and Kerrell (my daughter) finally got me to the bed. After a few minutes of resting, we went for medical help. We stopped by my local doctor's office and he said go to the emergency room at Erlanger. Erlanger Medical Center is a teaching hospital and major trauma center. Since the neurologist I was seeing was connected with them, that would probably be the best place to go for the quickest help.

Emergency Room at Erlanger (06/17/09)

We arrived at the emergency room early afternoon. I was barely able to walk in with Cathy's help. It was uncomfortable to sit still, so I alternated between sitting and standing. The triage took me very quickly. After an initial assessment, it was not long before they took me back into an exam room.

The doctors did a good and thorough job of examining

me. Blood work and neurological exams were the order of the day. Guillain-Barre syndrome was a real concern for me and the doctors.

Guillain-Barre (GBS) is an acute and severe nerve inflammation that causes nerve demyelination and varying degrees of paralysis. My mother was one of the 500 or so people who developed GBS from the swine flu vaccine back in the 1970's. She spent forty-seven days in intensive care and almost died. Could there be any genetic predisposition toward GBS in me?

One characteristic of GBS is loss of deep tendon reflexes. My ankle reflexes were reduced, but my knee reflexes were near normal. Therefore—according to the emergency room doctor—I could not have GBS. The best way to diagnose GBS is through a spinal tap and search for elevated proteins in the spinal fluid. A spinal tap was never ordered so there is no way of medically confirming the presence or non-presence of GBS. I have since learned that it is possible to have GBS and intact reflexes—it's not common, but it does happen.

Since the emergency room doctors were convinced I did not have GBS, they began looking for other disease processes. I told the doctors about the tetanus shot, but they said there was no possible connection. An EKG was ordered to check for heart abnormalities, there were none. A CT scan with contrast was ordered to check for brain abnormalities.

I am very allergic to the IV dye used in CT contrast scans. I voiced my great concern to the doctor, but he said

they would premedicate me and I should be fine through the process. I was premedicated for IV dye on a previous occasion when dye was injected into my shoulder to check for rotator cuff problems—but the dye was not injected into my veins back then.

I was given a large dose of steroids, and the equivalent of ten Benadryl®—I was a happy boy! During the CT scan, I had a mild reaction. As the dye went in, my lungs felt like they caught on fire. The CT scan doctor and nurses were able to quickly give me additional medication intravenously that stopped the reaction.

Before the CT scan, a physical therapist came in to help evaluate my physical strength and movement abilities. I was shocked to see just how weak I had become. Just a couple of years ago, I could bench press 275 pounds, I could leg press over 600 pounds, I could curl 75 pounds with each arm. I was one of those people who has been naturally strong all of their life. If I wanted to move anything, I just grabbed it up and went.

The therapist looked like she weighed about 100 pounds fully clothed and dripping wet. She stood in front of me as I was seated on the bed. She reached out both hands before me and told me to place my hands against hers and push her away. No problem! I could push someone her size through the wall and into the next room.

In the words of Gomer Pyle, "Surprise, Surprise, Surprise!" I could not budge her no matter how hard I tried. I had lost almost all my strength—and I did not even realize how weak I was. I know what Sampson must have

felt like! In further strength testing, she could hold my legs down with one hand. She could push my arms down even though I was pushing against her with all my might. Where is my spinach when I need it? Wow! I was shocked!

The head emergency room doctor and the hospital neurologist did not think I was that weak. I tried to convince them that I had always been very strong and should have pushed the therapist—and themselves—through the wall with very little trouble. In the hospital's neurologist's final report, he states, "I do not notice weakness in the patient...the patient is able to exert force with encouragement...this leads me to believe this condition is stress related."

Why could they not understand how weak I was? Why do so many physicians jump to a conclusion of stress when they have difficulty making a diagnosis? Why do so many doctors fail to listen to what their patients are saying; after all who knows their body best? This is very frustrating. They admitted me to the hospital on Wednesday, June 18, 2009 about 5:30 AM.

Admitted to Erlanger Medical Center (06/18/09)

After being admitted to the Erlanger Medical Center, I was moved to my room in the early morning hours. By now, the emergency room doctor had given my case over to a hospitalist and hospital neurologist (the neurologist I previously saw was unavailable: it figures). The hospitalist became the primary doctor for my admission.

That morning, I was visited by a social worker and

physical therapist. The first question they asked me was, "Where do you want to go for your rehabilitation?" Say What? I did not want to go anywhere! I wanted to go home, not to a rehabilitation unit! I would do everything in my limited strength to keep that from happening.

They began physical therapy on me that morning. I learned how to walk with a walker; at that time I could not have walked without one. But I was determined to quickly progress off the walker, and before they dismissed me, I was walking with a cane not a walker. I think the large dose of steroids given to me before the CT scan really helped my ability to walk.

While in the hospital, I had an EMG/NCV test. It was almost lunch time when I went for the appointment. I sensed the EMG doctor would rather eat lunch than test me. But, test me he did. The EMG (electromyography) test involves sticking long needles in various muscle groups to record their electrical responses. The EMG test looks for nerve/muscle damage. The NCV test (nerve conduction velocity) involves placing electrodes on the skin and then passing an electrical current between them to measure the time it takes for the electrical signal to be processed. The NCV looks for nerve conduction ability damage. These tests are usually painful, they did not bother me much at all. The results were:

This is an abnormal study. The electro-diagnostic data are consistent with a mild predominantly sensory neuropathy. Median and Tibial distal motor latencies are slightly

prolonged but do not satisfy criteria for inflammatory demyelination. Included in the differential diagnosis would be diabetes, glucose intolerance, toxic exposure, and connective tissue disease. There is no evidence of myopathy or motor neuron disease.

Following that EMG/NCV report, I was released from the hospital because my condition was not life-threatening and instructed to keep the follow-up appointment with my neurologist. At this point in time, I am still hurting, experiencing the same symptoms, walking with a cane, and wondering what is next.

Just a note about the doctors at Erlanger. The lady who attended me was a student doctor. She did a good job, showed real concern, and had good people skills. The head physician was sort of arrogant and cocky. Cathy did not particularly like him. I think he did not really hear anything I was saying—after all—he is the doctor not me. The EMG/NCV doctor knew his specialty, but seemed disinterested and hurried. The therapists were all good and professional. The hospitalist was very nice, concerned, professional, and a good physician. I appreciate her. The hospital staff was good.

Church Newsletter (06/19/09)

By now you may have heard that I have been in Erlanger Medical Center for a few days. I was released late Thursday and am doing much better. Cathy and I both thank you for

your prayers and support. Since this happened so quickly and unexpectedly, I would like to share a little about what happened to me.

On Memorial Day, I noticed the loss of some sensations mainly in my legs, but also in my arms. I was beginning to have a little trouble walking and fatigued easily. I went to my doctor on Tuesday and he sent me to a neurologist later that week. Both doctors did blood work and tests—the waiting game began.

About ten days ago, I noticed I had lost a lot of strength, was having more difficulty walking, and began to experience cramps in my legs. On Monday of this week (June 15, 2009), I noticed a lot of twitching in both legs and was having even more trouble walking. My return appointment with the neurologist was Tuesday (June 16, 2009).

Tuesday morning I had been at church and worked on several items. By Tuesday noon, I could barely walk, was extremely fatigued, and in a lot of pain. My local doctor sent me to the emergency room. At Erlanger, I could only walk very, very slowly with great difficulty and assistance. It was as if my legs would not move. I had lost about 90% of my strength. The emergency room doctors began a series of extensive tests late Tuesday and admitted me to the hospital on Wednesday around 5:30 AM.

Here is the good news. I do NOT have heart/circulation problems, a stroke, a brain tumor, a ruptured disk, or diabetes. I do NOT have muscle problems or damage. I do NOT have one of the devastating neurological diseases

such as multiple sclerosis, ALS (Lou Gehrig's disease), Guillain-Barre, etc. We were really worried about these because I had many of the symptoms.

I have been diagnosed with sensory peripheral neuropathy. Something attacked the nerves in my legs and arms causing pain, loss of feeling and sensation, muscle weakness, tingling, twitching, fatigue, and made it very, very difficult to walk. They are treating this with medication and I should be fine. The medication seems to be working. I am walking better (by myself) and my strength is returning quickly. I go back to the neurologist on Monday.

Thanks again for your prayers and support. I will see you soon (that is as soon as Cathy lets me out of the house).

Insights from Faith

Vulnerability

This is by far the hardest part of the entire story for me to write. It deals with my vulnerability, my loss of strength, my loss of authority, my loss of control, and a little bit with my pride—well, a whole lot of my pride. No man likes to be vulnerable, but we all face it at one time or another in our life.

There have been occasions over the years when I have felt vulnerable in my life, but those times have usually been very brief. Going to any bank for a loan has always made

me feel like I was being called to the principle's office: vulnerable. Getting an audit letter from the IRS will make anyone feel vulnerable. Seeing flashing blue lights in your rear-view mirror: very vulnerable. We all have things that make us feel vulnerable. Get the point?

There are other levels of vulnerability which last longer and go deeper into the very soul of our being. For example, relationship and interpersonal problems are always difficult to face, especially since we cannot control the actions of others. Anyone who has ever raised children knows how vulnerable their own heart is to the behavior, decisions, and actions of their children. Anyone who has experienced divorce in their family knows the lingering, aching hurt of this vulnerability. These and other similar circumstances are on a deeper level and open us up to a vulnerability that is more than just getting a speeding ticket. Need I say more?

Still, a deeper level exists where the vulnerability is not just from external factors or personal interactions, but comes from inside a person's own mind, body, and spirit. I experienced those times of internal vulnerability as types of "loss."

Loss of Strength

I am a big, strong man—at least I once was. I am six foot, two inches tall. My chest measures fifty inches and my waist is forty-three inches. My neck is nineteen inches and my arm length is thirty-eight inches. I currently weigh about 260 pounds, solid not flabby. I have always been a

naturally strong person all my life. I always enjoyed doing feats of strength such as: tearing phone books in half, bending nails, breaking solid bricks with my bare hands, lifting deadweight, etc. At one time in my late 20's and early 30's, I could lift one end of a cart weighing about 1,600 pounds completely off the ground. I guess I must have watched too many Paul Anderson (the World's Strongest Man) clips growing up. Technique and know-how is important in doing feats of strength (that's 75% of the game), but natural strength must be present also. I do not want to sound like I am bragging, these are just the facts.

I did not notice my loss of strength at first, I thought I was just tired and achy. That's how so many things in our life are: we do not notice the losses at first, they just kind of slip up on us. We simply wake up one day and there it is—loss staring us in the face and refusing to go away. I could handle loss of strength better if I was in my 80's, but I'm not. Combine loss of strength with inability to walk and with balance problems and this loss became a frightening experience. I felt as if my whole body was betraying me.

Discovering my physical strength had all but left me was a real shock and is still taking a lot of adjustment. Transitioning from someone who could do basically whatever he wanted to do physically, to someone who could barely do anything, stresses the mind and spirit. I should be working in the yard. I should be taking out the trash. I should be finishing the remodeling projects I began before getting sick. But my physical strength and stamina

will not let me. I even hate to use these words, but I just can't do some things I once did. The loss of my physical strength resulted in some natural feelings of uselessness, and to be fully honest, a little bit of depression. I felt physically vulnerable, and I was!

Loss of Authority

As a senior pastor, there is a certain amount of authority that goes with the position and is essential for leadership. I have always been careful not to overuse or abuse authority. My philosophy is, use authority sparingly, then when authority is really needed people listen. I think that is a good philosophy of life as well.

In seminary, we learned some unwritten lessons and other skills not taught in classrooms. One of those is to look like and be an authority figure in church. It is difficult to look and be authoritative when you require a walking stick to move and need to sit down to preach. Its hard to express proper authority, church direction, and leadership when you are sick at home in bed for long periods of time. It's hard to project authority when your losing weight and look tired, fatigued, and sick. Knowing all of this made me feel vulnerable.

Yes, I know true authority is inherent in the position and character of the person in charge. But like one of my favorite sayings states, "perception is often reality." Let me illustrate.

Years ago I was making a routine hospital visit in a major, downtown Atlanta hospital. I was wearing a nice

suit that day and was looking very professional. I made a wrong turn and ended up in the secure pharmacy area. Oh! Oh! I kept walking, with confidence, looking and acting just like I was supposed to be there and that I knew what I was doing. I took the nearest exit, left the pharmacy and found myself in the middle of the morgue. I did not tarry long there either. My point is, if you look the part, people's perception often becomes their reality.

People could easily pickup on how I was feeling and how my sickness was progressing. This made me seem vulnerable from my perspective and is probably the unconscious reason I put such a positive spin on a serious situation through my church newsletter article of June 19, 2009 earlier in this chapter.

Loss of authority was a deep, inner, personal struggle for me. I do not think anyone even knew I faced this struggle, that is until I wrote this section. My family and church were very supportive and still followed my leadership. But my own questions and concerns of authority issues circled over me like buzzards watching a dying animal. Sometimes I still see a buzzard's shadow pass over me.

Loss of Control

I have been blessed to retain control over my normal bodily functions, except for sweating, orthostatic hypotension issues, and always feeling full. But this physical loss of control is not what I mean.

Loss of control means dealing with issues which affect

my self-determination and decision making ability. My mind is still sharp and I do not expect any problems with my thinking. Although, medication and fatigue can tire one mentally. In any medical sickness situation, there are always factors which are beyond one's control.

The scariest part about loss of control for me is the possibility of disability. I watched my father go on disability in his fifties because of back surgery. I saw the physical pain and emotional stress disability placed on him. It was all beyond his control. All of my adult life, I have secretly dreaded following in his steps of disability.

This is why I worked so hard to avoid going to a rehabilitation unit. I did not want to lose control, I did not want to be disabled. Yet I had to face facts; the possibility for true disability was staring me in the face and made me feel very vulnerable.

My Pride and His Sufficient Grace

I was amazed while typing these insights how many times "I," "Me," and "My" were used. If that is not an indication of my pride, I don't know what is. See, there I go again, and again! When all is said and done, and my vulnerability is boiled down to its true cause it is this: my pride. I feel vulnerable because I am not what I once was and will probably never be again. This, for me, is loss and vulnerability. As we would say in the deep south, "that hurts my pride."

The Apostle Paul fought a similar situation with his "thorn in the flesh." No where in Scripture are we told what

the problem was, but it seems reasonable to assume it was something physical. He prayed for this fleshly thorn removal three times, but to no avail (2 Corinthians 12:17-19). In fact, Paul plainly states his thorn in the flesh was given to keep him humble. Ouch!

Paul received something much more important than thorn removal. He received God's sufficient grace to live with the thorn. Or maybe it is better to say live through the thorn, or even, live in-spite of the thorn.

So what is the cure for my vulnerability, my pride? It begins with the realization of my prideful self and surrender to God's sufficient grace for my life. I must give up my strength to take on His; for when I am weak then He is strong through me (2 Corinthians 12:9). I must humble and submit myself to His authority; for He calls, equips, and commissions (authorizes) me for His purposes. I must surrender control of my life to Him; for only when I give up myself can He truly direct my life. I must give up the very thing that concerns me most, my fear of vulnerability, before He can take away the fear of vulnerability from me. All of this is easier said than done. I trust God's grace is sufficient.

Your Journey

Questions for You

1. Does vulnerability affect you? How do you experience vulnerability?
2. Have you ever overplayed or downplayed an important issue in your life? Which way and why?
3. How is God's sufficient grace working in your life?
4. What do you think I meant by, "I trust God's grace is sufficient" in the last paragraph?

Contact me at

krbunnsr@gmail.com

<http://krbunn.com>

<http://krbunn.blogspot.com>

cathybunn@ymail.com

My Books include:

Body Betrayed: My Journey through Sickness and Faith.

Formatting eBook with Open Office Writer (coming soon).

Max and Toby (coming soon).