

# The First Thing is Insight: the Reason Millions are Lost

by Dr. James Schaller, M.D.

If you have an infection or inflammation in your brain, one of the first things you lose is insight into your own personality and subtle body changes. Presently, millions in the USA are ill with Bartonella, Babesia, Lyme, Lyme biotoxins like BbTox1 and indoor mold toxins (perhaps 30% per EPA). Most of these individuals have become different people. They have new entitlement. They have an edge to their personality. They are foggy. They are easily annoyed and alienate others. Any suggestion they might have one of these five common conditions is rejected. Most appear lost forever. Slowly, ever so slowly, they have had a change in their mood, personality, or functioning.

Unfortunately, useless diverse labels will often be given to them, e.g., “too much stress,” “a jerk,” “fibromyalgia” “bipolar,” “a loser,” “chronic fatigue,” “heavy metal trouble,” “work troubles” or “Candida.” Even if these have some merit, they are often distractions from the true cause of their troubles. One famous person was diagnosed clearly with Lyme a few years ago, and then some foundation’s top physician talked him into believing he had MS. He is lost forever. Another popular physician with many tick bites preaches to others about weight loss, toxic metals and Lyme, when he is profoundly obese, glassy eyed, bizarre and sadistic. He is also lost for good.

Further, the newly discovered 32 species of unique Bartonella will only have optimal testing available in the fall of 2008 or in 2009. And most importantly, it has massive personality and insight impacts that make someone clueless about the person in the mirror.

Bartonella is vastly more common than Lyme and promotes alienation, tensions, severe depression and anxiety. It can also lead to violence, addiction and criminal behavior. Others live with no symptoms for years, but they eventually lose the immune system battle—they get cancer or arthritis from Lyme, or have lower functioning. Bartonella profoundly promotes Lyme disease immune system suppression.

## **Get People Treated Now Before Insight is Lost!**

Patty is the mother of two ill children. She spent some time getting them diagnosed and treated, but while she had positive extensive labs herself for Babesia, Ehrlichia and Lyme, “She wanted to be able

to care for her family and did not want to be ill with a herx when her family needed her.” Of course, I explained to her we do not do use “protocols” or “guidelines” which assume people are all the same and which objectifies them. In her case, we could have given her very heavy dosing during a 12-36 hour period in which others could care for her family, and offer lower doses the rest of the week to keep the infections from increasing. After two years of avoiding her own treatment, and not having the insight to see she was becoming less functional, she suddenly could barely get out of bed. She was unable to be helped by a number of clinicians. Her children’s pediatrician did not treat adults, and she became deeply frustrated after consulting with over a dozen physicians. She wanted to get better yesterday. She had been ill at least five years.

After some time, Patty finally started useful and serious treatment with Mepron dosing for her Babesia that was above the relapse promoting dose of 1500 mg/day. (In blind testing, we found 1500 mg/day was not fully curative in the long-term after rechecking patients one full year with complete and new types of lab testing). She also addressed her other infections and indoor mold exposure that was particularly bad in her car.

She was lost, but after a stamina crash and appeals from her family, she understood she was not herself. Thankfully, Patty is slowly getting better. She is a great person who made the common parental mistake of ignoring herself.

## **People Who Only Get 20% at a Time**

Tom was diagnosed with Babesia and Lyme. He did two weeks of treatment for each, even though both infections were probably present for more than 20 years. He felt better after the treatments and felt he was cured. He did not do any testing to confirm he was cured, and in his initial labs his VEGF was very high and his IL-6 was very low--- common signs of Bartonella. Yet he was never tested for Bartonella or Ehrlichia, and the treatments he had would not have killed them if they were present.

His wife was very discouraged about his rigid determination that he was cured, and that he was not infected with things he had never checked. He still had adult onset restlessness and memory trouble, and she felt it was likely due to incomplete treatment. Yet he is a success, because Tom started treatment and admitted that he had an infection. It is highly likely if he does get worse, he will revisit this issue. He is not lost. Do not give up hope.

Lisa was diagnosed with Bartonella and Lyme and took one antibiotic that does not impact Bartonella for 6 weeks. She had strong joint aches, fatigue and a headache on the antibiotic, and so she felt she was getting a die off. When this stopped on the same dose, she felt she was cured.

She is acting irritable and entitled. She seems to think people owe her a great deal. Did her brief treatment help her? Sure it did. Was it a cure? Nope. And one hopes that she finishes her program someday, and goes for a home run and not a single. She has partial insight just like Tom. Some insight is better than nothing. And the game is not over with anyone until they are dead. Like baseball, usually after a strikeout, you get to bat again.

## People Who Never Have Insight

John felt he never had any tick-borne infections. He had camped or visited states like the Carolinas, New Jersey, Wisconsin, Texas and New York with large tick numbers, but refused to consider the possibility he had a tick-borne infection.

He was functional, but not as functional as 10 years earlier. John was foggy, forgot things and had trouble with loud sounds. He was also slightly moody and reactive, overweight, and could not handle stress as well as in the past. I had sent him articles, checklists, books and emails, to encourage him to get full and complete testing, and not just a cheap junk ELISA from a huge national lab. I considered him lost forever.

But I was wrong about John.

What I now realize is that some are on the five and ten year plan. Part of this “plan” is that they know you care for them and that the relationship is not dependent on whether they get testing for tick infections. So I occasionally and respectfully remind them of the possibility of tick infections -- if they have a cold that lasts too long, or if they have excess fatigue. Further, if they start to see changes in their cognition or personality, I might share a comment 2x/year -- most of the time I shut my mouth.

Using this approach, in the last 9 months I have seen individuals who I had written off as gone forever, and as having the insight of newts, make real progress in being tested and treated fully.

Not everyone will have time to reach out to folks who put up huge walls. But look around at the people in your life and some might be those with tiny holes in their walls who are ill, and in five or ten years will seek treatment. Only you know who those select people are in your circle of loved ones, friends and acquaintances.

## **A Few Thoughts on 2009 Tick Infection Testing and Insight**

One article in the Mayo Proceedings has recently said, since testing is unreliable, Lyme is often a clinical diagnosis. If this is true, patients with poor insight are in deep trouble. Why? If they are finally willing to be tested, people with poor insight typically go for inexpensive and incompetent labs with no tick or flea-borne infection expertise, and then get consultations with physicians with a similar lack of serious study and experience on these topics.

While I believe direct and indirect lab testing performed at different labs allows you to find all major tick infections, some specialized testing is not covered by insurance. Further, as I shall discuss in one of my two new upcoming Babesia books, sometimes you have to use Babesia-killing medications to provoke a positive antibody reaction. If this is not done, patients will see a negative result and believe all is fine.

Yet low levels of Babesia red blood cell parasites are routinely missed, even by exceptional laboratories and exceptional pathologists, so killing a few Babesia may be needed to find an increased ECP level and to also find positive antibodies to Babesia -- though no lab currently can test for all human forms. (Two labs are on the verge of advanced new testing to catch virtually all Babesia forms that infect humans).

Further, all patients with possible Bartonella, based on tick or flea exposure, should be examined for the 40 physical exam findings in my two-part color Bartonella textbook and, if able, with the following labs: VEGF, IL-1b, IL-4, IL-6, IL-8, IL-10, IFN-g and TNF-a. Also, a manual smear of blood should be sent to at least two labs that have demonstrated a solid ability to see both Bartonella and Babesia on a blood smear.

In this context, I recommend all patients with a new willingness to be tested get a manual blood smear with two stains which shows two different areas under the microscope---this is available from Fry Clinical Labs for \$350.00. Other laboratories might offer this option in the future, but none will do yet. Ask Fry Labs for the "Schaller double stain option for 350.00." If it is not clearly asked for on your requisition, you will get one field and one stain.

I am publishing a serious blood smear color picture book in just two weeks. It has over 250 pages, and as many blood images, and shows how to recognize color images of Babesia and Bartonella. This is the first book of its kind in human history, partly because it has taken until 2008 to assemble vast numbers of unique and published Babesia forms. I wrote it because most Babesia examined under the microscope is missed. And once one can identify various Babesia forms, identifying Bartonella is also much easier.