

# Infections Routinely Ruin Relationships, Mood and Character — The Most Serious Consequence of Tick and Flea Infections

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**Do you see any of these in yourself or others in your life?**

- Moody and irritable
- Rigidity
- Impulsivity
- Poor insight
- New distractibility
- Trouble finishing a task
- Difficulty handling unfair criticism
- Acting unwisely with money, drinking, drugs, sex or speech content;
- Decreased speech speed and smoothness
- Decreased coordination
- Stress with transitions or change
- Thoughts of suicide, dying and hating life
- Others are flawed while patient is blind to his or her flaws
- Routine lateness
- Empathic deficits
- Revenge fantasies and holding grudges with loved ones

## **Poor boundary awareness**

All of these behaviors, mood problems and cognitive troubles listed above were found in seven patients whose blood imagery is below. None of their regular physicians or smart Lyme literate physicians diagnosed their Bartonella and Babesia. Why?

Perhaps because some Lyme literate physicians still do not appreciate almost all tick bites are "dirty infections" which transfer many types of bacteria into your body. A person who is not improving with advanced Lyme treatment has at least one coinfection, and often more than one. An individual who has been bitten by ticks three or more times almost always has co-infections.

Second, they do not have access to a powerful new blood stain. Specifically, a new patent--pending blood stain which makes Babesia and Bartonella vivid and clear to see. (See below). An infectious disease physician told me my patients had too many positive results for Lyme, while his laboratory Lyme Western Blot results were almost always negative, including in patients with extensive tick bites and repeated bulls-eye rashes. He is fully certain that his lab is reliable. I would not trust them to identify a stone. Their hospital's manual blood smear missed the Babesia and Bartonella infections in the two images above, and they also missed these two infections and Lyme in antibody tests against each of these infections.

As I reflected on this physician's extreme rigidity, unreasonableness and routine false negative results in patients with obvious Lyme disease, I realized something was cognitively wrong with him. Upon reflection, I realized when I talked with him I observed many personality, character and neurological flaws; then I realized I had many patients with similar flaws. Many of my patients had very subtle, pathological personality signs, not merely obvious bulls-eye rashes. So I began testing for all major tick-borne infections whenever I noticed any small personality abnormalities, cognitive changes or emotional troubles--things commonly missed by relatives, friends and physicians, but which were called "character troubles."

I believe the most common symptoms of Bartonella, Babesia, Lyme, indoor mold and biotoxins are small emotional and personality changes. If we look at the evolution of Lyme and Bartonella, we see that the symptoms regarded as central and typical are not found in most patients. For example, Lyme disease was initially seen as almost entirely a rheumatology and joint disease. Yet today we now know that a large percentage of patients have no arthritis. In contrast, I would propose that 90% of Lyme patients will at some time show psychological, psychiatric or cognitive neurological findings.

Further, my initial Bartonella textbook findings show that this infection has a massive variety of psychiatric and neurological signs and symptoms, and these are far in excess of simplistic views of Bartonella. The notion Bartonella is merely a short "cold" with a few weeks of enlarged lymph nodes is false. I have found that Bartonella causes virtually every psychiatric illness, personality illness, and mood and cognitive disorder. The patient cases below are routinely found with "recovered" Bartonella and Lyme patients.

Infectious disease physicians have a very poor ability to notice highly subtle psychiatric and cognitive changes, and so do not notice slight infection or inflammation brain pathology signs. When I mean “slight” and “subtle,” I am not talking about obvious psychiatric and cognitive troubles such as depression, anxiety and memory troubles. I am talking about comments, emotions, thoughts and interpersonal behaviors that require study of the frontal lobes and experience for educated patients to learn how to see.

Infectious disease physicians and General Physicians are able to diagnose enlarged lymph nodes and fevers, but are unable to notice subtle character, psychiatric and cognitive changes. Many physicians are seeing emerging infections and emerging biotoxin issues, but they are often considered as part of a person’s character defects, and not medical in any way. Psychiatric character changes and small cognitive neurological illness are routine in Lyme, Bartonella, Babesia or indoor mold exposure.

So, for example, if you feel that arthritis or joint symptoms are the most common symptoms of tick or flea infections, I would suggest that you are wrong. Individuals with these infections have neuropsychiatric findings far more common than joint disease. Then these people with psychiatric and characterological impairment are more likely to be rejected by their spouse, children, parents, siblings, friends and work associates. These neuropsychiatrically ill individuals are often rejected by loved ones because their brain illness is incorrectly considered “character impairment.” The brain infection and brain-inflamed illness is seen incorrectly as “who they are.”

Sometimes patients do better with joint disease because they are seen as a poor, suffering patient with arthritis. If the infections and/or biotoxins cause significant brain inflammation areas, these patients are seen not as having a neurological or psychiatric disease, but as being “bad.” They are seen as nasty, selfish, self-centered, distant, restless, lazy, moody, rigid, impulsive, clueless, distractible, unhelpful, abusive, uncaring, pushy and impulsive.

I believe millions of people with “personality and emotional problems” are actually clear victims of newly emerging infections caused by common ticks, fleas and contact with flea feces. Character disordered people or individuals with excess aggression can have these problems caused by Lyme disease, nine human Bartonella species, thirteen human Babesia species, and flea and dust mite feces contact. Some are also character disordered by the biotoxins from indoor mold, Lyme disease or Bartonella—not the bacteria or spore, but the outer surface toxin.

Below are samples of the causes of brain inflammation or brain infection which clearly alter a person’s personality. When the brain is inflamed or infected, a person’s behavior is seriously changed in very specific ways—from starting fist fights to mild restlessness.

Since I see this every day, I believe it is critical we stop calling these medical illnesses “flaws in character” or “immorality.” Many infections and many types of inflammation alter behavior. In patients with Bartonella, Babesia, Biotoxins, Lyme, indoor mold exposure, biotoxins or inflammation,

approximately 95% have clear personality problems that are considered character and personality flaws by their friends, relatives and co-workers. This often leads to abuse of the patient, and rejection and isolation of these neurological and psychiatrically impaired individuals.

These infectious, biotoxin and inflammation diseases are so severe that at least 20% require schizophrenic and antidepressant medications at profoundly high medication levels. Another 40% are easily overwhelmed by extremely low slivers of the smallest doses, because their brain is so sensitive and inflamed. They have “brain fire,” which is severely inflamed brain tissue and inflamed blood. This sensitivity clearly has nothing to do with character, morality or their true personality. They often do well on small fractions of medications, e.g., 1/8th to 1/4th of the very smallest tablet or capsule.

It is critical we stop calling these medical illnesses “flaws in character.” They are clearly due to altered brain function by very stealthy infections and profound inflammation. Tick and flea infections and indoor mold all affect the front of the brain, appropriately in the front of your head. We call this the “frontal lobe.” Think of it as the top of a pyramid.

And if a “brick” is out of place below the top of the structure, the top of the pyramid will be “off.” Similarly, if brain tissue is irritated, inflamed or infected below the frontal lobe, it will alter a person’s personality. So why should you care? Again, the brain is probably the most sensitive organ in terms of irregularities. If you deprive it of glucose or oxygen for minutes you are dead, but many muscles can last hours.

Therefore, I believe the brain is the most sensitive organ to Lyme, Babesia, Bartonella and mold biotoxins. If the brain is only slightly infected or inflamed your behaviors might be seen as “crazy” or “eccentric.” Sloppy and simplistic physicians will not see that your interpersonal errors are merely another symptom, much like a rash. You are never the person who has an infected brain or one filled with inflammation. Only fools would consider the “true you” as the person seen on Halloween night.

## **Common Frontal Brain Signs**

### **“Flaky” & “Spacey”**

Kim is called “flaky” because she is regularly distracted. She was not that way until she moved to Long Island at the age of twenty-four. She cannot have ADD or ADHD even if she has some behaviors that show troubles with focus and impulsivity, because it does not start in adulthood. Her basement was found to have three species of toxic mold. After a top remediation she was normal after four months of mold biotoxin treatment. We thought her troubles were residual Lyme, but repeated tests over a year at three labs did not show any residue of Lyme.

## **“Clueless” About Self Health**

Ed is a respected engineer with a home near deer walkways and rarely, mice. The neighbor's horse gets two shots a year for “Lyme.” A man a few blocks away died of an aneurysm two years ago. Ed's daughter has an unusual arm tingling problem. When someone mentioned he might consider being tested by a progressive lab like IGeneX for Lyme, he saw no need. He gets “regular yearly exams and lab work, takes nutrients, and exercises.”

A year later a child down the street had a seizure and was diagnosed with Lyme. Ed's dog was also diagnosed with Lyme in a routine screening test. He still sees no need for his own testing. He feels “fine.” Why would a very smart man, who prepares for everything in his business, be unable to connect his many risks of Lyme disease and get a \$190 test? He has medical insight impairment.

Mark is a physician who has read hundreds of pages on chronic untreated Lyme and the biotoxins Lyme leaves after it is dead. He knows he has had the illness at least twenty years. He does a couple months of antibiotics and then stops talking to his physician. He also stops taking cholestyramine to bind up the Lyme toxins. Without thinking, he drifts into a state of non-reflection and non-treatment. Why? His ability to evaluate himself, or look at himself, is impaired. Mark also is positive for Bartonella based on a blood smear showing Bartonella attached to the outside of his red blood cells. He would only do this after I agreed to pay for his lab. His blood looks similar to this sample below.

## **Decreased Productivity**

Linda has been running her household and a part-time job for five years. In the last two years, very slowly, she has been finding her “to do” list harder. She has new trouble completing a complex task, i.e., carrying it from “a” to “z.” She has Babesia and Lyme.

The Babesia testing took a long time to have done because it was low on her “to-do” list. Her blood looks approximately like this sample below. Obviously she has decreased productivity. This insight is outside her awareness due to Babesia (or Lyme disease). All the cells that appear to have a nucleus are actually showing parasitic Babesia inside the cells. (Babesia Slide compliments of Dr. S. Fry)

## **Impulsivity**

Michelle has been arguing with her husband a lot this year. She spends so much money on clothes, crafts, furniture, and antiques that he says it seems she wants him to work to death. She feels guilty at times, and does not know why she spends as she does. Her brother “acts out” with drinking and marijuana. He has wanted to cut back on both, but finds it very challenging. He has tried NA and AA, but finds it hard to attend in a sustained manner.

Tom struggles with anger and since his visit to his friend's home in Harrisburg, PA on a hunting trip in the surrounding counties; he finds he “goes off” on his wife in a way that scares her. She is fairly stunned that his drive to achieve has turned into unhealthy work hours. He shows unusual hostility

at modest frustrations after long work hours. He curses, yells and throws things. “He never did this before,” she reports. His tests came back positive for Lyme and Bartonella.

Lynn loves her husband. He works hard, and she knows he is trying to find them a better life. She is frustrated with her life and yet is unable to explain why. She has traditional morals, but ends up sleeping with the local pharmacist. She asks, “What was I thinking?” She reported having a bulls-eye rash when she was nineteen, and being treated only two weeks with a low dose antibiotic. She has mild major depression, and she is the only one to have this problem in her blood line.

### **Rigidity to New Ideas, Changes, Demands on Time**

Anthony is a bright man, and he has “always been open to new ideas.” Recently, he has had worsening pain in his knees and shoulder. He used to play different sports, which caused some injury to these joints. When he mentioned that they were originally from New Jersey, I mentioned Lyme, which has enzymes to dissolve cartilage and can affect bones. He rolled his eyes when I mentioned this, and yet tried to not let me see.

I mentioned to him that Lyme could make any area of body weakness worse. (He kept forgetting this point in our conversations. I guess his joints are somehow affecting his memory?) He mentioned he had been to see Dr. Robins and the prestigious Dr. Smith, and if “I had Lyme I am sure they would have checked for it.” I asked him when very over worked surgeons had the “free time” to read about cutting-edge tick illness disease material. The unwillingness to even consider my comments a possibility shows frontal rigidity. He refused testing.

Mark has been having some chest tightness and depression for many years. He was hospitalized twenty-three years ago for a very high fever. He was given antibiotics for an “unidentified infection” and after twelve days was released. Yet he had residual fatigue, depression and anxiety. He has seen over thirty different physicians in six states, trying to find a cause for his emotional trouble.

When his labs came back he was positive for Lyme, Ehrlichia and Bartonella. Ticks, especially poppy-seed sized ticks, commonly carry these three infections. He also showed high body inflammation (a high MMP-9 and a low VIP), and HLA genes that showed he was very mold susceptible to mold biotoxins. He said over ten times, over and over again in the months that followed, “I just cannot believe my respected doctors all missed these medical problems.” He was treated with four different antibiotics; then Actos to cool down his inflammation genes, and cholestyramine to remove the Lyme and indoor mold biotoxins.

He is better every few weeks and is improved 80%. He is off three of his psychiatric medications and the other two are markedly more effective. He was agitated and suicidal when I first met him, now he is only merely occasionally bored. He finally understands he was ill and it was impacting his brain.

## **Narcissism and Profound Self-Centered Thinking**

Alice complains routinely. She hijacks conversations to talk about herself. When you talk with her you sense she is not connecting—you could just as easily be a chair. She was diagnosed with Lyme by IGeneX, had a number of signs and symptoms of Lyme, and had a SPECT scan consistent with Lyme. On a heavy metal challenge she showed elevated arsenic and lead. A home water test by Doctor's Data found both metals elevated in the well water. After treatment, she slowly had a personality shift. Her ability to care and connect is clearly improved. She believes both the infections and metals undermined her brain function and altered her personality.

## **Processing Trauma**

Pam's husband cheated on her during their early years of marriage. She is married over 30 years and talks about it like it was yesterday. I have no evidence that he has violated his vows since those early years when he was an alcoholic. They have had eight years of therapy, but the pain of the betrayal has not been "metabolized." Both are IGeneX positive for Lyme and she is also positive for Bartonella. She had a bulls-eye Lyme rash in the 80's and two years ago. After full treatment for the Bartonella and the Lyme, she is finding it easier to think of her marriage as having a fresh start. She is no longer stuck on problems from many years ago.

## **Excess Irritability**

Tom has slowly become more hostile over the last fifteen years. He scares his wife with his temper. She reports at times that he "shorts out." He is unsettled if faced with more than one topic or activity at a time. Occasionally, modest sounds, sunlight or people talking all at once anger him. Often their children speak simultaneously—it seems to cut him with an invisible knife. So he yells at them.

He is very hostile at the end of a work week, and seems thin-skinned, with little emotional reserve for the weekend. He improved for four months with a new generation antidepressant and an anxiety medication, but dose increases did not regain his improvement. He was PCR Bartonella positive on his third test at Medical Diagnostic Laboratory and had a positive Western Blot with IGeneX. After treatment, his wife and older daughter report that he is 75-80% improved in his mood. He opted to stay on both his antidepressant and anxiety medications, but at 50% of the initial required dose.

## **Eccentric Personalities**

Doug is called "unusual" by his loved ones, and is despised by many people in his company. He is hard to understand. He is clearly self-centered, but something else is present. He assumes others in the company and community would do him ill. He does not seem to care for anyone but his wife and kids. He is smart, but some of his activities are fairly bizarre. He takes credit for projects obviously designed by others. He hides behind corners to listen to other employees. He feels he has wisdom on medical matters that he has not even studied. His four daughters are all Lyme positive and one had a bulls-eye rash sixteen years ago. He refuses any testing.

## **Road Runner**

Ellen was always a vibrant person, but in the last four years she seems wired and unusually intense. Her personality is like a fire hose, and she is uncomfortable unless she is moving and doing. She has no depressive restlessness or anxiety. She is most comfortable doing fifteen things at once, and living frenetically. She is Lyme positive along with another member of her household. She has been called, “hypomaniac” and “an overwhelming personality,” but she has no insight into this increased eccentric energy, and avoids antibiotic treatment or other respected Lyme treatments.

## **Forgetful**

Barbara jokes about her memory and about her “age.” She is only forty-six. Her mother has a better memory! While memory is related to many parts of the brain, the frontal lobes are also included. She is Lyme and Babesia positive.

## **Organization Extremes**

Tony is a computer tech who has always liked a clean home. Yet two years ago after a fishing trip to upper New York State, his housemate and friends noticed he gradually became unsettled with slight “disorder.” Changes that bother him more include a plate left out, a bill paid too close to the due date, unexpected modest changes to his budget, and car cleanliness. He was found to be positive for Lyme, Bartonella and Ehrlichia.

Marianne’s home has slowly become very sloppy and disorganized. She lives alone, since no one has wanted to live in such a messy home. In past years she has managed different businesses, and so clearly this is a lost ability. She is Lyme and Babesia positive, in addition to having regular exposure to outdoor water with toxic algae. After treatment with antibiotics, Actos and cholestyramine, and another short-term anti-inflammation agent, along with removal from her water exposure, she eventually could manage her home, bills and life better.

## **Regressed Feelings & Thoughts**

\*Kimberly has slowly been feeling a need to be closer to her family and especially her mother for reasons she does not understand. She finds a deeper need for affection, “being heard” and time alone with her mother. Nothing in her life circumstances seems sufficient to explain this change. She feels she has become too “clingy” with her mother and a few select friends. She is Lyme positive.

Kevin used to be moderately open-minded, but now he seems to think in caricatures. People are smart or stupid, good or bad, mature or childish, black or white. People are for him or against him. You either agree with him or you are an “idiot.” He is Lyme and Ehrlichia positive, in addition to having exposure to indoor toxic mold in his second home in the mountains.

## **Dead Creativity**

Lisa has a good sense of humor and likes to design flower beds. She also is an exceptional dog breeder. Over the past years she has become less spontaneous. She might think of a quip, but by the

time she gets it out, the timing is past. She cannot think and speak as fast as previous years. She occasionally plants a few plants, but she has gone from annuals to perennials—she doubts she will have the drive to do even those next year. She has asked her niece to handle the breeding strategy, and tells herself this is because of her niece's experience. But her niece does not have these gifts. Lisa is Lyme and Babesia positive. A "friend" considers her "too withdrawn" and ignores her medical findings as having no credibility.

This list is not complete. Yet hopefully it will help loved ones see that areas of residual character trouble can have a medical foundation. It is hoped this list will help your family, parents, siblings, adult children and close friends expand their discernment of tick and flea-borne infections and indoor mold toxins. The latter are in 30% of USA structures.

Further, this material is written so that people will notice neurological and psychiatric signs and to "see themselves." Since the brain is the most sensitive organ, it is often the first place to show signs or symptoms of these illnesses. Often the first medical symptom of tick and flea infections is a decreased insight. Earlier diagnosis due to an improved insight means a better outcome for you if you are infected, and your loved ones who are infected, if treatment is started promptly.