

Why Lyme Treatments Fail

Part II

Additional Reasons

If you are reading this, please also read my first article “Reasons for Lyme Treatment Failures,” or you may not experience the improvement you desire. It can be found on many sites including this free link:

<http://www.personalconsult.com/articles/jamesschallermd.html>

Our average patient has been to 10-50 smart, sincere and concerned physicians, but they have not returned to their baseline level of functioning. We also inherit many treatment failures, which allow us to see by indirect and direct diverse types of testing what worked or failed before they came to us.

1. **The notion of “Lyme Disease” is a 1990’s notion.** If a clinician uses advanced, direct and highly important indirect testing to look for the increasing number of infections carried by deer ticks, it is clear that organisms besides Lyme are present routinely in deer ticks. The idea that deer ticks only carry one infection is a disaster. Deer ticks carry multiple bacteria, parasites, and viruses. For example, Bartonella is far more common than Lyme disease.
2. **There is no correct starting dose for virtually any medication.** I was asked years ago by two top editors to write an article on “sensitive and careful dosing in clinical practice.” They noticed within my various papers we were pointing out the need for tailored dosing instead of chemical battery. For example, all medications should begin with a first dose that is below a full tablet or capsule, because sometimes it is 20x more effective than normal. Always start with a fraction of the lowest dose pill and this can be increased over a mere 24 hours.

Further, one never should increase or start two treatments at once. This is chaos, and causes confusion over the reason for a side effect or a good benefit. Also, if a patient develops uncomfortable feelings, either from the die off of an organism or from medication side effects, they become demoralized, and the cause is unclear

with many treatments. Simply, no two people have even been treated by me the same from start to finish, and this is why a cure book on all major tick-borne infections cannot be published.

3. **Is the new explosion of so-called “Lyme Literate” or LL-MD experts really trained to do more than basic screening?** Generally when I am trying to pursue an expertise in any aspect of tick and flea borne infections, I spend years engaged in full-time reading on the topic and try to talk with the leaders around the world who know the most on the topic. Unfortunately, as of 2010, “Lyme Literate” really means that you have gone to a couple conferences, learn the basics from the last five to ten years, and some also shadow one or two physicians for days to a week while they see patients—both are good experiences. Both are a good starting place, but does not make one “tick-infection literate” in any serious manner. Finding someone that knows how to use a wide range of labs which will check for a direct and indirect presence of the infections from tick, who has read thousands of articles, and consults with physicians and scientists regularly for success and failures along with finding new solutions is extremely rare in the world. Yet we do need every screening healer we can get!

4. **Routine speed IV treatment of most new patients is an error.** Some individuals treating Lyme disease do a fairly rapid assessment and quickly put all of their patients on an I.V. like they are running a mill. It is almost as if they say “It is nice to meet you, let’s get you started on your I.V. quickly.” There are many problems with this approach and far too many to discuss here, but the first problem is that the volume of spirochetes that can die with an invasive I.V. could be too many, due to the release of Lyme debris and/or Lyme biotoxins, such as Botox I can increase inflammation. It also ignores the fact that Bartonella, with increasing numbers of human species found yearly suppresses immunity. IV treatment will never be as effective as it could be when used alone without the use of new 2010 selected Bartonella treatments that are clearly proven to work when used alone or in combination. Meaning, IV and all other types of Lyme treatment work profoundly better if one or more new Bartonella treatments are used. We find new such treatments every few seasons. As previously stated in my first Townsend article on the Reasons for Lyme Treatment Failure, the most common treatments for Bartonella come from a mere 25 basic Bartonella

treatment articles or infection handbooks. They lead to relapse even when they appear to work for a variable periods of time.

I.V. gall bladder emergencies are too frequent. One reason some insurance companies do not want to do prolonged I.V. treatment is because of gallbladder emergencies. I am fairly stunned that the only thing given to protect the gallbladder and liver with the use of I.V. medications is Actigall, and some do not prescribe anything when giving I.V. treatment. Many have little knowledge of advanced ways to protect the liver, and yet use liver stressing treatments. For example, any dose of azithromycin, Mepron, Malarone, Diflucan or IV or injected muscle antibiotics can stress the liver, and low doses that do not stress the liver may lead to residual infections.

5. **Following the guidelines of practitioners with famous names, university titles or organization leadership positions is an error in judgment.** If you are famous or have a title or “chair” or are high in an organization, the more brutally busy the healer can be, sometimes working 12hours virtually every day. So this healer can never read high volumes of new material published this season. Therefore, no organization, government agency, web site or person has the definitive, updated information on tick-infection medicine in the USA or the world. No single organization or group of organizations can provide people with authoritative instruction in how to treat an *individual* profoundly unique patient.

6. **All guidelines for medicine are flawed and outdated within one month of publication.** The explosion of new published material and non-published discoveries by hundreds of international healers make guidelines mere suggestions.

Hundreds of thousands of articles are published every few months. In our practice, we have only published five percent of what we have found. Similarly, many fellow researchers I know also have limited time to publish their discoveries.

Further, the great philosopher of science, Kuhn, has shown that there are so many variables that impact all scientists that the notion that any group of physicians can give unbiased pure scientific recommendations is impossible. Obvious guideline errors are present in all current tick and flea-borne infection guidelines.

Different guidelines have outrageously specific treatment plans which are not even appropriate for cars, which in this current age have different types of oil and different amounts of recommended oil. The human body when it is infected with a cluster of tick infections is a billion times more complex than any automobile. Some guidelines use highly dated doses from studies that are fifteen years old. Other guidelines do not even mention infections such as persistent human atypical Bartonella, which has vastly more vectors than Lyme disease, or Babesia and based on years of full-time reading, suppresses the immune system in highly specific ways that some guideline agencies and groups seem to totally ignore.

7. **A complete lack of meaningful knowledge of the immense magnitude and danger of Bartonella.** This stealth bacteria has over ten different ways to infect you, and not merely a few types of ticks. It kills and harms every organ and decreases fevers and immune defenses, and does not fully respond to the top ten “published” traditional or alternative treatments. In one case report it appears that Bartonella turned off all the antibodies to five tick-borne infections, including its own antibody titer levels. In this medical family they self treated with a new Bartonella agent and this resulted in an explosion of western blot Lyme disease bands and all major deer tick infection antibody titers suddenly rose to profound levels because the immune system was no longer suppressed against them by Bartonella. Therefore, merely by the use of this newly uncovered Bartonella treatment, all of these patients negative labs at a large national lab, turned positive after being repeatedly negative.

8. **The use of fetish, “favorite” medications, herbs or new “discovered” causes of prolonged illness.** Of course, any healer studying traditional or progressive medications is serving all. My appeal in this criticism is not to reject the fine work done by at least two hundred people internationally on traditional antibiotics, protozoa medications, anti-virals, herbs used for a wide range of infections, essential oils, and at least fifty progressive alternative treatments.

However, like the experience of falling in love, when one love becomes all you think about, this is not optimal medicine when you fall in love with a few treatments.

For example, minocycline, tetracycline, clarithromycin, rifampin, azithromycin, HBOT, Rife, special saunas, ozone, IV nutrients to “boost immunity,” chelation, confused detox formulas, Artemisia derivatives, essential oil combinations, IV medications, various weak alcohol based herbal programs, various energy machines, and a hundred other options found in chat rooms and Lyme disease “information” sites, are not meant to be the sole or primary style of all patient treatment. Carpenters use select tools at select times for select needs. Nevertheless, with my thanks for the above passion of those that promote these and hundreds of others of treatments, they have to pass blind rigorous simple direct and indirect testing to show they work, and very few know how to do such testing. I feel it is an error to only use an antibiotic which has limited mechanisms for killing bacteria.

I have published the most current textbook on Artemisia derivatives, including Artemisinin (qinghaosu) and many other toxic forms that should be avoided. And yet, despite being the most recent practical clinical book on the topic, based on a year of full-time study with Chinese consultants and WHO consultants, it has been ignored by some who have little herbal training or reading. Why?

The final approach that is worthy of mention is the “I only do natural treatments” approach. Unfortunately when I interview some of these individuals many of whom are quite smart and well read, they are aware of allopathic medication side effects, but not the toxic components of the herbs they are using. Individuals using essential oils, including those that prescribe them, usually have never read a book on the various toxicities and safety concerns of essential oils. Some of them have excellent effects and others can provide help, but also have side effect risks and others should never be used internally at all in anything more than a minimal dose.

9. **The “new” yearly or bi-yearly cause of Lyme disease treatment failures is possibly wrong.** I was appreciative that a few brilliant researchers found that the Bb Lyme spirochete had a biofilm in recent years--useful. But I was actually stunned this was felt to be new, since spirochetes routinely have biofilms, and dental spirochetes have immense research going back many years on biofilm promoting dental disease. A review of the major world

literature shows about 25 treatment options to handle biofilms. No one has offered more than a small number of basic options to beat this problem. Perhaps it increases treatment relapses and failures, but that is not what I usually see.

10. **Rejection of top thought leaders because of cost.** When I think back over the hundreds of physician's, PhD's, herbal experts, nurses, alternative healing practitioners and even poorly educated addicts who I treated decades ago, it is clear to me, that while none of them was perfect, all have helped me immeasurably. Currently at least 50 physicians are defamed for their fees when treating tick borne infections which can end their entire career.

The same applies to bonding with a healer. I often seek the wisdom of people that may be annoying, irritable, tired, simplistic, insulting, or confusing. But the fact of the matter is virtually every healer I have known, regardless of specialty, philosophy and ideology, has taught me a lesson that helps patients. I have literally seen patients decide to go with physicians who have virtually no knowledge of tick-borne disease, because they were "caring and friendly."

Further some want a "local" physician, as if geography is the same as expertise and knowledge.

The appeal of many smart patients is to tell you this: it takes many appointments to get better, and there is no better use of any income than on your health and the health of your loved ones, instead of wasting it on healer after healer who is sincere, but does not have a complete passion to master these illnesses, and a good track record of improving lives, including very ill patients. A mere few sessions usually will not cure all your tick-borne infections.

11. **The use of herbal treatments without solid follow-up by direct and indirect means.** Currently, one finds herbs that are mixed in grain alcohol with 1/50th the potency of a capsule, that are supposedly cures to tick-borne disease. In our examination of these inherited treatment failures, we have not found these low potency alcohol based herbs cure. Others offer high priced herbs and "know" they are successful, and often recommend one size for all adults living on the earth. Often their understanding of advanced herbal processing, standardization and the multiple chemicals in any herb is

limited. In any event, in our outcome studies we have found that these herbs at best may limit body infection volume slightly. It is profoundly important to use effective herbs with a tailored specialized dosage for each individual or you are merely experiencing “mill medicine.” If you are self treating with herbs or by a healer, if they promote “one size fits all” you are accepting health care inferior to dog medicine.

12. **Advice from Web sites and chat rooms usually does not apply to you.** No two people are ever to be treated the same. To seek advice on the Internet is a concern of most physicians and healers. Sometimes you can find mature balanced support from those who are healthy, but not new advanced and solid credible information for your medical care. Many leaders in tick-infection medicine report they are quoted incorrectly, and that the information is often wrong, sometimes dangerous and wastes time and money.

BIOGRAPHY

James Schaller, MD has been elected by his physician peers a “Best Doctor in America.”

He has published more books on tick infections than probably any physician in history. Perhaps this is why he treats patients from all over the world.

He is the author of 26 books and 27 papers published in highly respected peer-reviewed medical journals on topics covering ten areas of medicine.

He is the author of:

Babesia Update 2009: A Cause of Excess Weight, Migraines and Fatigue? A Common Reason for Failed Lyme Disease Treatment

The Health Care Professional's Guide to the Treatment and Diagnosis of Human Babesiosis: An Extensive Review of New Human Babesia Species and Advanced Treatments

Artemisinin, Artesunate, Artemisinic Acid and Other Derivatives of Artemisia Used for Malaria, Babesia and Cancer

The Diagnosis, Treatment and Prevention of Bartonella: Atypical Bartonella Treatment Failures and 40 Hypothetical Physical Exam Findings; A Laboratory Guide to Human Babesia Hematology Forms.

Mold Illness and Mold Remediation Made Simple: Removing Mold Toxins from Bodies and Sick Buildings

When Traditional Medicine Fails, Your Guide to Mold Toxins

A.D.D., Irritability and Oppositional Disorders: Cutting Edge Solutions Sincere Therapists and Doctors Miss

Suboxone: Take Back Your Life From Pain Medications

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