CHECKLISTS FOR BARTONELLA, BABESIA, AND LYME DISEASE

2012 EDITION

A "BEST DOCTOR", "PEOPLE'S CHOICE PHYSICIAN" AND "TOP DOCTOR" OFFERS HIGHLY RESEARCHED, ADVANCED DIAGNOSTIC CHECKLISTS FOR DANGEROUS EMERGING INFECTIONS

Which Physician is Going to do a Proper Exam of a Person With Bartonella, Babesia, and Lyme Disease?

The right physician is the one who is going to take the time for a very comprehensive evaluation

JAMES SCHALLER, MD, MAR & KIMBERLY MOUNTJOY, MS

Checklists for Bartonella, Babesia and Lyme Disease

2012 Edition

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Note on Citation Style

The style of these references varies. Making them uniform would not add to the ability to locate a citation. Most were left as they appeared when uncovered from a wide range of locations.

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First Edition

To those working to restore real and concrete liberty to the United States
Specifically, as the world's top jailer, with 25% of the world's inmates in the USA, we are not the freedom nation, we are the PRISON NATION.

May God, conscience or peers, help sheriffs, police, child protection workers, judges and attorney generals to have real integrity, balance and a heart of service.

In America the abuse of power in law enforcement and child services is now routine, and character, humility, kindness and wisdom need to be restored.

If you are working to restore the rights of the poor, weak and falsely accused—this text and my affection are dedicated to you.

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The Bartonella Checklist

Increasing Suspicion of an Emerging Stealth Infection

James L. Schaller, M.D., M.A.R.

Introduction

In 2011 a new human Bartonella species was added to the over thirty-five Bartonella species currently publically published in Genetic Data banks. It was discovered and highlighted by the talented veterinarian researcher Edward Breitschwerdt. He has said things more clearly than the ideas I was pondering in 2005, while doing most of the research for my Bartonella book. He said simply, but with devastating and highly useful clarity, that **Bartonella testing is terrible, the treatments are poor,** it is typically found on the outside of red blood cells, and the current research on Bartonella is pathetic—one study at NIH. If this was not enough, he said in 2011, **"Bartonella is carried by more vectors than any infection on the earth."** So it is hardly a backdoor "co-infection." Perhaps Lyme is the "co-infection."

Recently, the German researchers Kaiser and Riess summarized Bartonella research in this manner: after 2 decades of Bartonella research, knowledge on transmission and pathology of these bacteria is still limited. Bartonella species have emerged to be important pathogens in human and veterinary medicine.

Why create a check list when a physician can just order an antibody test? First, I have found at times, Bartonella can turn off its own antibodies, and those caused by other tick and flea-borne infections in humans. In a study of sixty-one Bartonella infected dogs, Perez and Maggi reported recently that most Bartonella infected dogs **did not have detectable Bartonella antibodies.**

The criteria listed below may have causes unrelated to Bartonella. For example, each year more studies show the presence of poly infections, and this raises the problem of which infection is causing what symptom, sign or lab test change. For example, most tick infections can cause

headache or fatigue. Knowing which infection is the cause does become clear if you are doing very advanced treatments that are designed to kill only one infection. The limitation of these poly infection studies is that typically the testing detection rate for each tick or flea-borne infection is not over 95% for all possible species and strains possibly infecting humans.

However, since Bartonella can disable and kill healthy people, the **checklist below is set to catch virtually every infected patient.** This is neither right nor wrong. Philosophy, sociology, presuppositions, medical fashion and psychology usually all play a role in setting cut offs for a diagnosis. All science is guided by presuppositions, and that is why even math research is guided by a wide range of variables. **In medicine, psychology, philosophical assumptions and sociology control all of medicine** but are unappreciated due to a lack of training. **See Kuhn's *The Structure of Scientific Revolutions* exceptionally summarized at the following link: http://des.emory.edu/mfp/Kuhn.html**

THE BARTONELLA CHECKLIST

James Schaller, M.D., M.A.R.

(Please Check Any Symptoms That Apply)

PSYCHIATRIC AND NEUROLOGICAL

☐ Current anxiety that was not present at age ten

☐ Current depression not present at age sixteen

☐ Knee-jerk emotional responses worse than past decades and worsening

☐ Brain fog

☐ Depression

☐ Depression that is not **fully** controlled on **routine anti-depressant doses,** or high dose antidepressants are required to control mood [**Improvement of mood** or being "less depressed" is not successful depression treatment.]

☐ Anxiety is poorly controlled with average dosing

☐ Depression is poorly controlled by reasonable treatment trials.

☐ Suicidal feelings or routine thoughts of death

☐ Crying

☐ Obsessive thoughts or fear in excess of event

☐ Obsessive thoughts that intrude into the mind which are in excess of normal

☐ A decrease in pleasure

☐ Rage worse with time

☐ Irritability worse with time

- ☐ Impatience is greater when compared to ten years ago [in a child--any irritability in excess of what is common for most children with an identical age].
- ☐ Cursing or hostile speech that is worse over time
- ☐ Increased addictions that are very resistant to typical recovery ranges
- ☐ Increased impulsivity in contrast to past years or past decades
- ☐ Severe neurological disorders without a clear cause
- ☐ Severe psychiatric troubles that do not seem to fit with the diagnostic criteria or there is trouble controlling symptoms with treatment
- ☐ New physical, emotional or verbal abuse in the home which was not present in the past
- ☐ Panic attacks that were not present at ten years of age
- ☐ Anxiety medication has to be increased to **very high levels** to continue past benefit
- ☐ Diagnosed as having bipolar disorder, but do not fit the criteria well
- ☐ Any psychiatric disorder that also shows **medical pathology in laboratory tests**
- ☐ Restlessness
- ☐ Combative behavior
- ☐ A parent, grandparent, child or sibling with suicide attempts
- ☐ A parent, grandparent, child or sibling who has started physical or extreme verbal fights
- ☐ Intermittent confusion

☐ Seizures

☐ Brain lesions seen on a brain scan such as an MRI or CT of the head

☐ Short term memory deficits

☐ Difficulty in learning new information

DERMATOLOGY OR SKIN

☐ Persistent rashes that last over 3 weeks

☐ Nodules under the skin

☐ Hyper-pigmentation or dark areas of skin which were not present at birth

☐ Hypo-pigmentation or obvious light areas of skin

☐ Unexplained hair loss

☐ Spontaneous breaks or holes in the skin as small as a millimeter

☐ Skin ulcerations

☐ Stretch marks in eccentric locations, e.g., arms, upper side under armpit, around armpit or on the back

☐ Stretch marks filled with red, pink, purple or dark blue color which are not caused by pregnancy or weight loss [remember, many with many pregnancies or weight loss do not have 20 stretch marks]

☐ Any skin markings or growths **greater** than most people

☐ Blood vessels or color on skin **greater** than most people

☐ Red papules of **any** size

☐ Skin tags including ones removed by a dermatologist or shaved off

☐ Unusual blood vessels of any kind including inside organs such as bladder or intestinal walls

☐ Any skin finding in excess of 95% of most humans

☐ Skin findings showing increased blood vessels of any size

☐ Skin findings showing increased tissue formation that is increased over the flatness of surface skin [This may be due to Bartonella, untreated Lyme disease, or both infections and systemic inflammation]

☐ Skin showing blood vessels that are too large or too many for **the location of the blood vessels**, e.g., surface thigh and calf skin with very thick surface blood vessels or legs, upper arms or shoulders have explosions of many fine blood vessels

☐ Burning skin sensations [this may have many causes].

☐ Itching without a clear cause and which is hard to control and remove

☐ Skin erosion without a clear cause such as a fire, fall or chemical burn

☐ Minor cuts or scratches which heal slowly

☐ Very slow healing after a surgery

☐ "Granulomas" or balls of tissue

☐ Formication or feelings of being bitten by bugs or bug sensations on skin with no bugs on the skin

EYE

☐ Retina infection

☐ Retina infarct or dead tissue in the back of the eye

☐ Neuroretinitis or inflammation of the retina and optic nerve in the back of the eye

☐ Uveitis or inflammation of the middle layer of the eye or the interior eye

☐ Papilledema or swelling of the optic nerve as it enters the back of the eye due to raised intracranial pressure

☐ Stellate maculopathy

☐ Acute blurred vision

☐ Sudden and/or significant change in vision

HEART

☐ Endocarditis or inflammation of the heart

☐ Heart valve pathology

☐ Enlargement of the heart

☐ Any amount of dead cardiac tissue

☐ Arrhythmias of the heart

☐ Palpitations unrelated to panic attacks

GENERAL MEDICAL

☐ Sleep medications take 90-120 minute to take effect instead of 30 minutes

☐ Insomnia [If profound fatigue is present, this might not apply]

☐ A temperature under 98.3 in a sick person. A temperature under 99.0 if Lyme disease or Babesia is also present

☐ An uncomfortable infection in the body with no discernible cause

- ☐ Gastroesophageal reflux disease (GERD)
- ☐ Diarrhea
- ☐ Colitis or an inflammation of the colon
- ☐ Liver enlargement with no clear cause
- ☐ Blood vessel proliferation or increased numbers in any internal organs
- ☐ Lesions or wounds with no clear cause
- ☐ A sore throat with no other clear reason
- ☐ A persistent sore throat in humidity in excess of 45% [low humidity dries out throat tissue]
- ☐ Gingivitis or bleeding during flossing
- ☐ Unusual discomfort on the soles of the feet especially in the morning
- ☐ Puffy tissue on insole or any part of ankles
- ☐ Ankle “edema” or expanded tissue that does not pit when pressed [because it is expanded tissue and not merely fluid]
- ☐ Bone pain
- ☐ Inflammation of the outer bone surface or osteomyelitis
- ☐ Joint pain [this can be also due to Lyme disease and many other medical problems]
- ☐ Muscle pain [this can be also due to Lyme disease and many other medical problems]
- ☐ Medical problems described as “idiopathic” (of unknown or unclear cause)

☐ Presence of two tick or flea infections with two positive tick or flea-borne viruses, bacteria or protozoa.

As previously mentioned, Bartonella has more than 30 published species in public genetic databases and has more vectors than possibly any infection in the world. Therefore, the presence of other infections such as tick-borne viruses, bacteria or protozoa, should raise suspicion. Some of these include Babesia, STARI (Masterson's Disease), Neoehrlichia, Anaplasma, Lyme disease, Mycoplasmas, Q Fever, Rocky Mountain spotted fever (Rickettsia), tick-borne relapsing fever, Tularemia (bacteria), Ehrlichia, Protozoa FL1953, and viruses such as CMV, HHV-6, Coxsackie B Types 1, 2, 3, 4, 5, 6, Parvo B-19 or Powassan.

POSSIBLE LABORATORY FINDINGS

☐ IL-6 is very low.

☐ IL-1B is very low.

☐ TNF-alpha is in lower 10% of normal range.

☐ VEGF is above the normal range [however, if Babesia is present or being treated the VEGF will fall into normal or abnormal low levels].

☐ X-ray of the bone may show areas of bone loss.

☐ Biopsies of lymph nodes are negative for Mycoplasma and no clear evidence of other infections or illnesses are found

☐ Biopsies of lymph nodes appearing similar to sarcoidosis

☐ Tissue biopsies which are abnormal but with no clear cause of tissue problems

☐ A swab of a fresh scratch or bite skin lesion is positive for Bartonella.

ENVIRONMENT

☐ Exposure to cats and dogs in excess of very incidental rare contact

☐ **Exposure to cats and dogs** that have been strays or go outside [reviews of hundreds of professional journal articles make this a risk in an unknown percentage]

☐ Ticks or fleas are found on any pet you contact

☐ The patient's **mother** is suspected of having Bartonella based on newer direct and **indirect testing.**

☐ A **sibling, father, spouse or child** with any tick or flea-borne infection who shared with the patient a residence or vacation location with proximity to brush

☐ Outdoor exposure to outdoor environments such as brush, wild grasses, wild streams or woods which happened **without** the use of DEET on skin and Permethrin on all clothing (**It only takes one exposure to get a bite**. If you used protection "most of the time," you were still exposed.)

☐ Exposure to lice

☐ Flea bites or flea exposure

☐ Exposure to pets that are exposed to ticks or fleas

☐ A scratch from a cat

☐ A bite from a cat or dog

☐ Exposure to biting flies

☐ Hunting, living or vacationing near deer or small mammals

☐ Clear exposure to any type of tick. [Bartonella is carried by a huge number of carriers, but for now, the percent that carry Bartonella is not known. Further, the capacity to detect all new species in the vectors or in humans infected does not exist or is not routinely available in direct testing of all human infectious Bartonella organisms in both large or specialty labs].

☐ Ticks found on your clothing

☐ Ticks found on your skin

☐ Ticks found in your home or car, vacation spot or recreation area

If one reads the majority of Bartonella journal articles, it seems clear Bartonella harms the body in hundreds of ways. But for our purposes in diagnosis, the above criteria should be enough to prevent a missed diagnosis. More criteria exist. Certainty claims or criticism about Bartonella positions without reading at least of 1,000 articles is confusing. How is this possible with new Bartonella findings and understandings each month? There are also new species whose genetic sequences show their uniqueness almost every month in public databases. In this spirit, this scale is meant merely to increase suspicion of Bartonella, which is a super stealth infection that takes perhaps fifty days to grow out on some bacteria growth plates, and floats in the blood as it lowers fevers. It also clearly suppresses some key immune system fighting chemicals. Cure claims made without the use of **indirect** testing, markedly documented in superior journals, should be examined further to prove effectiveness.

Dr. Schaller is the author of 30 books and 27 top journal articles. His publications address issues in at least twelve fields of medicine. He has the most recent textbook on Bartonella. He has published on Bartonella under the supervision of the former editor of the *Journal of the American Medical Association (JAMA),* and his entries on multiple tick and flea borne infections, including Bartonella [along with Babesia and Lyme disease] were published in a respected infection textbook endorsed by the NIH Director of Infectious Disease. He has seven texts on tick and flea-borne infections based on his markedly unique full-time research and study practice, which is not limited to either finite traditional or integrative progressive

medicine. Dr. Schaller has read on these emerging problems for many years.

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The Babesia Checklist

Improving Detection of A Common, Emerging Stealth Infection

James L. Schaller, M.D., M.A.R.

Introduction

Below are examples of signs, symptoms and indirect ways to help increase the diagnosis of Babesia. An examination of public genetic databases shows that well over thirty-five species exist, many of which have variants.

Please note that an unknown percentage of people infected with this single celled parasite have no symptoms, at least for many years.

This checklist is not meant to be used as a definitive tool to diagnose Babesia. It is my expert opinion that no definitive 100% or even 98% accurate tool exists.

My goal is merely to decrease illness in those people who are positive but do not show up as positive on a basic direct test (false negative).

Indeed, it is not uncommon for a patient with Babesia to present with a negative test result over ten times, regardless of the laboratory, and then to show up with a positive on DNA testing when exposed to two or three treatments against protozoa for three days, or to have new conversion from negative to positive antibody testing six weeks after a similar provocation trial.

I do not oppose or endorse such approaches, but feel it necessary to mention that the same outcome has occurred with "Malaria- prevention" treatment. Additionally, there have been instances in which the use of herbs, such as artesunate, for cancer prevention, has resulted in an unintended outcome: the conversion of a Babesia antibody titer from negative to positive.

Having authored four books on the topic of Babesia, I have created this scale based on years of full-time reading and a passion to advance detection. This checklist is meant to prevent false negatives: some patients who appear to be negative may not actually be negative. I have done this because my years of full-time reading and research have shown me that missing this parasite for 5, 10, 30 or 50 years is far more dangerous than careful treatment. Treatment side effects are low if the treatment is started at **20% of the suggested dose.**

I would appeal to you that one cannot be considered an expert in treating this potentially fatal infection by merely reading a few articles or guidelines. Nor is expertise acquired by diagnosing and treating the highly obvious, immensely ill, sickest 1% of patients as the "norm" in Babesia diagnosis. Expertise should require ***at least*** a review of 1500 articles over five years. The fact that parasite textbooks usually offer merely 1-2 pages about this infection shows that it is not mastered or understood even by those interested in parasites.

The cure of Babesia does not fit a set formula, but no one should be hopeless about reaching a full recovery. I have currently started a new, research-based, creative thinking textbook on **optimal Babesia treatments** for publication in 2012. It will discuss familiar treatments and offer ideas to maximize these options, but I will also add discussions on newer options for patients and clinicians who are not satisfied with the current options.

In summary, how can any certain medical or scientific Babesia position exist, when new species, sub-species or variants that infect humans are routinely emerging, and for which there is not even a direct test—regardless of sensitivity?

THE BABESIA CHECKLIST

James Schaller, M.D., M.A.R.

(Please Check Any Symptoms That Apply)

PSYCHIATRIC AND NEUROLOGICAL

☐ Family, friends or others report you look tired or foggy

☐ Slowed thinking

☐ Psychiatric label(s) given to a child or relative for all their troubles when clear medical problems exist as shown by abnormal laboratory results (I am not talking about basic organ failure labs, but the use of ***wide testing which includes inflammation and anti-inflammation chemicals, hormones, nutrient levels, and other immune system chemicals***)

☐ Enlarged lymph nodes (but also in Lyme, Bartonella, other infections, high inflammation, tumors and other diseases)

☐ Brain troubles such as trouble keeping up with past routine life demands, lateness due to trouble with motivation and organization, and trouble with concentration [Any of these would be a positive]

☐ Memory troubles [this is not specific to one infection or one disease process. For example, exposure to indoor mold's biological chemicals can decrease memory within an hour depending on the species mix.]

☐ Profound psychiatric illnesses [this is not limited to a single infection.]

HEART & CIRCULATORY SYSTEM

☐ A sudden loss of blood pressure

☐ Transfusions using blood that is not your own

☐ Anemia even if a non-infectious cause has been proposed

☐ Anemia without a clear explanation

☐ Severe chest wall pains

☐ A "heart attack" before the age of 55 (when you have three risk factors)

☐ A "heart attack" or infarct of the heart before the age of 60 years old, with only one risk factor. [Being male is **considered** a risk factor for many. Men **experience** heart damage sooner than women. Other risk factors include tobacco use or exposure, such as second hand smoke at home, diabetes, high blood pressure, high level of sticky cholesterol such as Lipoprotein (a) or high triglyceride levels, family history of heart attacks, limited physical activity, Obesity (might be defined as wearing pants over 39 inches if you are a man and over 34 inches if you a woman or a body fat or body mass index of 30 or higher), excess anger or routine poor handling of stress, and abuse of stimulant drugs such as cocaine or amphetamines. I would add a homocysteine laboratory level over 10, major depression, no vitamin K2 supplementation, a free dihydrotestosterone in the 10th percentile or lower, fragmented or poor sleep [which increases inflammation], a high C4a RIA, a MMPI in excess of 300 and a low VIP blood level.

MAJOR ORGANS

☐ A yellow hue on eyes, hands and skin (jaundice) with no other clear cause

☐ An enlarged liver (which sits under your right rib cage)

☐ An enlarged spleen (under your left rib cage). **This is falsely believed to be a common human sign; actually it is very rare.**

☐ A ruptured spleen [rare but it gets fast medical attention and therefore is over-represented in medical articles]

☐ Dark urine [this is rarer than some articles intimate]

☐ An inability to urinate

☐ Shortness of breath [no clear asthma, pneumonia, COPD or other common cause]

☐ Pulmonary edema which is a high amount of fluid in the air sacs of the lungs, which leads to shortness of breath

☐ A stroke of any size or in any organ (the word stroke means tissue is unable to get oxygen). The stroke or infarct can be in the brain, retina, kidney, heart and many other tissues.

☐ An MRI, CT or other imaging study that shows dead tissue in any organ with no known cause

GENERAL MEDICAL

☐ Headaches with no clear cause

☐ Headaches which are hard to control and/or severe

☐ Headaches lasting over three years and which increase in pain despite treatments

☐ Weight gain in clear excess of diet and exercise

☐ Weight loss with reasonable eating and average exercise

☐ Excess fat in lower belly area that is in excess of lifestyle and activity

☐ Anorexia or a decrease in appetite

☐ Any decrease in appetite

☐ A poor appetite

☐ Fatigue in excess of that experienced by most people in the same age range

- ☐ Fatigue that produces need for sleep in excess of 8 ½ hours daily
- ☐ Fatigue with ongoing insomnia [consider the possibility of both Bartonella and Babesia in this case]
- ☐ Daytime sleep urgency despite nighttime sleep
- ☐ Night sweats
- ☐ Excessive perspiration during normal daily activity
- ☐ Hot flashes in a normal temperature room
- ☐ Intermittent fever
- ☐ Chills
- ☐ Any fever in excess of three days
- ☐ Spike of a fever over 100.5 after a possible tick bite
- ☐ Listlessness
- ☐ Swelling in limbs and other parts of body
- ☐ Waves of generalized itching [this sign of infection and inflammation is not limited just to Babesia.]
- ☐ Lumps or other types of tissue collection with no clear cause [Other tick and flea-borne infections can also cause these growths.]
- ☐ Wasting muscles
- ☐ The general wasting away of body tissue that is visible
- ☐ Profound bone loss in marked excess of that **expected at given age**
- ☐ Excess breast tissue in a man or boy
- ☐ Random stabbing pains

☐ Nausea or vomiting

☐ Any enhanced sense: sensitivity to light, touch, smells, taste or sound

☐ A sense of imbalance

☐ One or more medical problems with unclear cause(s), with changing or contradictory diagnoses, or which are eventually called "idiopathic"

☐ Two tick or flea infections with two positive tick or flea-borne viruses, bacteria or protozoa. The presence of other infections such as tick-borne viruses or bacteria raises suspicion of a Babesia infection.

☐ The presence of one or more mystery illnesses after an evaluation by three quality physicians

LAB RESULTS

☐ Eosinophil Cationic Protein (ECP) level is in top 15% of normal. This is altered in perhaps 15-20% of Babesia patients.

☐ The ECP level is above normal. (Other things can increase this lab, but it is an error that a Babesia infection is not on these lists).

☐ The ECP level increases 30% or more in response to a protozoa killing medication in serial testing. (This test is about 40-60% sensitive and many patients have no change in this lab even with effective treatment).

☐ The ECP level is below detectable levels.

☐ Absolute Eosinophils in the low or high range [this is not definitive in any manner, but is a useful tool.]

☐ A percentage of Eosinophils in low range or high normal range

☐ Very high Eosinophils [rare with Babesia, but other findings suggest other possible causes]

☐ A normal or low VEGF lab result in the presence of Bartonella

☐ A TNF-alpha in excess of 1.0 in the presence of Bartonella

☐ A CD57 or CD57/8 level that drops right after the start of a Babesia treatment, or which falls steadily with ongoing Babesia treatment

☐ Hemolytic anemia with lab test showing positive blood products in your urine [this is not a routine finding.]

☐ Your clinician understands the use of indirect testing and feels your lab pattern is suggestive of the presence of Babesia. This involves more than an ECP spike.

☐ Since direct testing for Babesia by any lab misses many human species and is of variable reliability, and the common presence of Bartonella suppresses some antibody tests, a positive or "indeterminate" is likely a positive. Have you had an "indeterminate" or "borderline" Babesia result?

☐ Bilirubin abnormality [elevated in perhaps 5 % of patients]

☐ Iron abnormalities in excess of normal [high or low levels. The finding of genetic disease that increases iron pathology does not necessarily rule out this finding. The iron pathology can be genetic or acquired illness plus Babesia [See my HES cancer cure paper in Medscape in which the cancer-like eosinophils were primed by Babesia].

☐ After Babesia treatment with clear protozoa killing agents used also to kill malaria, IL-6 moves from very low to an increased level.

☐ After Babesia treatment with clear protozoa killing agents used also to kill malaria, IL-1B moves from very low to an increased level.

☐ Babesia creates and provokes changes in the human body chemistry. Tests are being designed to identify chemicals only made by Babesia. A sample is Babesia microti secreted antigen 1 (BmSA1).

☐ Any positive Epstein-Barr virus over the normal low level. You may have an infection, infections, or inflammation. It is not merely found in Babesia. [This is not a routine cause of fatigue].

☐ Autoimmunity testing is positive. This is a stronger positive if there are two autoimmune results. For example, a patient has a positive ANA and has antibodies against their thyroid system.

☐ Positive lab or skin testing placing patient's food sensitivity in top 5% of population

☐ Elevated monocytes

☐ Elevated neutrophils with no clear infection source

☐ Elevated C-reactive protein

☐ Elevated D-dimer

☐ An abnormally high ALT which is a liver enzyme increased by liver trauma, toxins or infections such as Babesia [a rare finding].

☐ Lymphocytopenia—low lymphocytes which are a type of infection-fighting white blood cell

☐ Thrombocytopenia—platelet number under 50,000

☐ A high lactate dehydrogenase or LDH. This enzyme measures tissue damage particularly found in the heart, liver, kidney, skeletal muscle, brain, blood cells and lungs.

REACTION OR CHANGES IN BODY

☐ React to any derivative of Artemisia (Sweet Wormwood).
*Note: the reaction does not need to last more than a day and any immediate stomachaches or loose stools do not apply.

☐ React to a malaria drug. For example, ativoquone (Mepron), proguanil alone or with ativoquone (Malarone), artesunate, day 1-3 of artemesinin, a new high dose of artemesinin Day 1-2, artemeter, Alinia, clindamycin, quinine or azithromycin at 2,000 mg/day orally or at any dose IV for five straight days. (It requires profound wisdom for a clinician to distinguish between a side effect and a reaction caused by an effective Babesia treatment. For example, insomnia caused by the synthetic drug Larium is meaningless, since Larium has this as a side effect in uninfected patients. But fatigue, insomnia or severe headache resulting from a teaspoon of ativoquone (Mepron) on day one are very suspicious symptoms for a known protozoan like Babesia or Malaria or other similar infections that are newly identified genetically).

☐ Mood changes with any herb or drug that kills protozoa like Babesia, with the exception of Larium

☐ Muscle aches or joint aches/pain, especially worse after use of a protozoa killing medicine such as proquanil, Alinia, ativoquone, clindamycin, or one of many new emerging progressive natural medicine or synthetic malaria drug treatments

☐ Insomnia after taking a malaria killing herb or drug

☐ Anxiety and/or depression after taking a malaria killing herb or drug

☐ Rage or temporary personality regression right after use of a malaria killing herb or medication, e.g., ativoquone, Malarone, proguanil, artesunate, day 1-3 of artemesinin, artemeter, Alinia, clindamycin or azithromycin at 2,000 mg/day orally or at any dose IV for five straight days.

ENVIRONMENT

☐ Pets, farm animals or local relatives with ANY **clinical symptoms** of a tick-borne virus, bacteria or protozoa infection without a clear diagnosis

☐ The patient's **mother** is suspected of having or has been diagnosed with Babesia, STARI (Masterson's Disease), Neoehrlichia, Anaplasma, Lyme disease, Mycoplasmas, Q Fever, Rocky Mountain spotted fever (Rickettsia), tick-borne relapsing fever, Tularemia (bacteria), Ehrlichia, Protozoa FL1953, or viruses such as CMV, HHV-6, Coxsackie B Types 1, 2, 3, 4, 5, 6, Parvo B-19 or Powassan.

☐ **A sibling, father, spouse or child** with any tick borne infection who shared a residence or vacation with proximity to brush (wooded area)

☐ Exposure to outdoor environments with brush, wild grasses, wild streams, golf courses or woods ***in excess of ten minutes in any location lived in or visited***

☐ **Pet(s) or family animals** of any type, e.g., horses, have had outdoor exposures to areas with brush, wild grasses, wild streams or woods. If the pets were animals such as dogs, which can be given anti-tick and flea treatments, were these animals always ***on schedule*** with these treatments?

☐ Clear exposure to ticks in your current or past homes

☐ Clear exposure to ticks during vacations or other travels

☐ Have you ever had any type of tick bite?

☐ Have you ever found a tick on your clothing?

☐ Have you ever found a tick on your body?

☐ Have you been with others at a location in which they had ticks on their clothing or skin?

☐ Sexual contact is a debated form of communication of some tick and flea borne infections. I have no position. Isolation in a body fluid does not mean that is a route to spread the infection. If you and your healer feel this is a possible route of infection, has the patient had intimate contact with the sharing of body fluids with an infected person?

☐ You live in a state that has reports of any tick-borne infection in over 40 people. [Currently, this would usually be Lyme disease only].

☐ You live next to a state that has reports of any tick-borne infection in over 60 people. [Currently, this would usually be Lyme disease only].

☐ Many small mammals live near your home, exercise location, vacation locations or work.

A WORD ON MANUAL BLOOD EXAMINATIONS

No blood smear will be positive for Babesia unless you have a profound number of infected red blood cells. This is very rare. Therefore, **no blood smear should be considered negative unless it has been examined for at least thirty minutes.** While a 2-3 minute exam of large white blood cells may be fully sufficient to identify cancers and other diseases, a search for over eighty Babesia red blood cell presentations under 1000x, as found in my book, *Hematology Forms of Babesia,* requires at least thirty minutes. Unfortunately, in patients positive for Babesia, routine manual red blood smear exams with a clear request to look for Babesia under a microscope at 1,000x magnification have missed the Babesia at least 98% of the time. In papers reporting clearly visualized Babesia in blood smears the patients tend to have immense infection, i.e., over 3% of red blood cells are infected.

However, if one privately contracts with a microbiologist, pathologist or can get a lab director to allow their staff to spend the extra time, the positive results on the blood smear increase with clearly positively infected patients. I know most laboratories are very overworked, but the notion that a blood slide is going to show an obvious tetrad or a classic X pattern is an error. Using slides from respected national or state sources, I found only by very careful exam, over fifty presentations of Babesia that are usually missed. Indeed, in my textbook on Babesia images most of the shapes had never been published. No one in history had ever taken the time to look carefully at 200 slides and record each

unique shape. It is fairly stunning to write this and confirms that many tick and flea infections are clearly emerging and not yet mastered.

Please appreciate that stains help define whether a substance is what it appears to be. For example, some in the alternative medicine school feel that Candida is a bad presence in the intestines and feel it often gets into the blood through defects in the intestinal wall. While Candida is not a good presence for the intestine, I have found that some blood samples with items that look significantly like parts of Candida do not stain for cellulose and other components of yeasts. My point is that in the last ten years, in discussions or study, excellent pathologists and microbiologists have shown me the clear reason humanity has developed highly sophisticated staining techniques--they can be diagnostic and very cost effective. And some medical scientists are adding new technology to Babesia identification (discussed in my *Babesia 2009 Update* and my *Hematology of Babesia* text).

Babesia is an emerging infection. Any certainty claims or criticism about Babesia positions without extensive research and over 200 hours of reading is premature. Again, new Babesia species are emerging every one to four months. Indeed, even a new protozoan has been found that looks like Babesia under a high powered microscope, but when it is genetically sequenced it is not Babesia or immature malaria, which can look similar. It is a new infection and is presently called FL1953 and was genetically sequenced by Dr. Ellis and Dr. Fry. It looks like Babesia, but is not Babesia genetically.

Therefore, since human Babesia is a new emerging illness, this scale is meant merely to increase awareness of Babesia, an infection that can kill patients of any age. Writings in the past fifteen years have either seen Babesia as a mere "co-infection" or a footnote of a spirochete infection [i.e., Lyme]. Anything that can hide for a couple of decades, and then possibly kill you with a clot in your heart, brain or lungs or by other means, is not a casual infection.

Babesia cure claims should be made with the use of indirect testing birthed from extracts of superior journals read a minimum of five years. Currently, these many well-established indirect lab test patterns are not

used or understood by immensely busy and smart clinicians working full-time. While this is fully understandable, I hope it may change in the coming decade.

Dr. Schaller is the author of 30 books and 27 top journal articles. His publications address issues in at least twelve fields of medicine.

He has published the most recent four textbooks on Babesia.

He has published on Babesia as a cancer primer under the supervision of the former editor of the *Journal of the American Medical Association (JAMA),* and his entries on multiple tick and flea-borne infections, including Babesia [along with Bartonella and Lyme disease], were published in a respected infection textbook endorsed by the NIH Director of Infectious Disease.

Dr. Schaller has produced seven texts on tick and flea-borne infections based on his markedly unique full-time reading and study practice, which is not limited to either finite traditional or integrative progressive medicine. With a physician's medical license, he has been able to sort through many truth claims by ordering lab testing. He does not casually follow the dozens of yearly truth claims, without indirect testing laboratory proof. He has read full-time on these emerging problems for many years. He is rated a TOP and BEST physician (in the top 5 percent of doctors) by both physician peers and patients.

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LYME DISEASE SYMPTOM CHECKLIST

James Schaller, M.D., M.A.R.

INTRODUCTION

The following checklist is not meant to be complete or authoritative. Information about Lyme disease is constantly emerging and changing. Therefore any checklist is intended for use as a starting point. In traditional medicine, a physician performs a complete history and physical. Labs and studies **assist** in clarifying the differential diagnosis. In Lyme disease, much debate exists about laboratory kits, the alteration of kits to have fewer possible bands, and which labs are optimally sensitive and specific. This checklist is not intended to address that issue or treatment.

Over 200 animals carry the Ixodes tick, which is the most commonly known insect spreading Lyme disease. With so many vectors, the underlying assumption behind this checklist is that Lyme is not rare in North America, Europe, South America, Russia, Africa or Asia.

We know Lyme disease is highly under-reported. One study showed only 1 in 40 family doctors reported it.

Immediately upon biting, the tick transmits a pain killer, anti-histamine and an anti-coagulant. Based on animal studies, it is also possible the bulls-eye rash is less common than assumed, in part because injections of spirochete related material in laboratory animals only show a rash with the **second** injection. With this background, I would appeal, that if a young or middle aged adult experiences a bite, and has profound symptoms, is it possible this was a small number of infectious particles igniting a larger number from 2, 5 or 20 years earlier? I am not asking for an answer, just for the possibility to be considered.

This checklist is offered with the sincere wish that others will improve on it. It is this author's personal belief that tick and flea-borne infection medicine is as specialized as HIV and Hepatitis medical science and treatment.

Some of the checklist materials might be new to you, which underscores the need for another scale to add to the ones currently in existence. This list is based on a massive review of thousands of papers over a decade of full-time reading, 2012 science revelations, and/or massive chart reviews. Since modern Lyme disease seems to focus on tick-borne disease and other laboratory testing, we will start with lab testing considerations. If a lab test has a value or a percentage, the numbers chosen are intended to avoid missing those positive patients who otherwise would be overlooked. The concern is about physicians and other healthcare workers not treating an infected patient, who over time can experience disability or even death at a frequency that is impossible to determine.

THE LYME DISEASE CHECKLIST

James Schaller, M.D., M.A.R.

(Please Check Any Symptoms That Apply)

LABORATORY TESTING — INDIRECT AND DIRECT

☐ Vitamin D level is in the lowest 20%. If you supplement, it should be in top 50%.

☐ CD57 or CD58 is in the lowest 20th percentile.

☐ Free testosterone is in 10th percentile or below.

☐ In 5% of patients the testosterone or free testosterone is over the normal range.

☐ DHEA is in lower 20%. Or rarely is it fully over the top level.

☐ Free dihydrotestosterone is in the lowest 20th percentile or well over the normal range.

☐ Epstein Barr Virus is abnormal in any measure. [This virus is believed to be positive over normal positive levels in the presence of infections or high inflammation.]

☐ On the Western Blot, IgG or IgM any ***species specific*** band at any blood level, e.g., 18, 21, 23, 30, 31, 34, 37, 39, 83, 93.

☐ A free T3 level under 2.8 [the normal bottom range in 1990 was 2.6; the influx of large numbers of elderly patients reset the healthy "normal" range].

☐ Positive for viruses such as CMV, HHV-6, Coxsackie B Types 1, 2, 3, 4, 5, 6, Parvo B-19 or Powassan virus

☐ Positive for Mycoplasma, e.g. mycoplasma pneumonia

☐ The patient is positive for infections other than **routine** Lyme, [that is **Borrelia burgdorferi sensu stricto,** Borrelia **afzelii** and Borrelia **garinii**]. Some of the other infections also carried by infectious ticks, fleas or other vectors include Babesia (duncani, microti or other), Anaplasma (HGA), Ehrlichia (various species/strains), Neoehrlichia, Rocky Mountain or other Spotted Fevers, Brucellosis, Q-fever, STARI (Master's Disease), Malaria, and Bartonella [e.g., B. henselae, B. quintana, B. elizabethae and B. melophagi]. Once tests are commercially available for testing all forms of protozoa affecting humans, including FL1953, all Bartonella species, and Borrelia miyamotoi and other Lyme species, reporting should increase.

☐ IL-B is in lowest 10th percentile.

☐ IL-6 is in lowest 10th percentile.

☐ TNF-alpha is under 2, or in lowest 20th percentile.

☐ A WBC count was, or is, under 4.5.

☐ Eosinophil level in the CBC manual exam is either at 0-1 or 6-7.

☐ Total manual Eosinophil level is 140 or less.

☐ X-ray or other study shows cartilage defects in excess of injury or age median.

☐ If a full auto-immunity panel is run with at least eight different tests, two are positive; for example, you have a positive anti-gliadin and a positive thyroid peroxidase.

☐ Positive or near positive (borderline) ELISA, PCR, or a positive tissue biopsy; or a tick from your body is positive for Lyme or other tick infection

☐ Lab tests show high inflammation, e.g., a high C4a, elevated cholesterol and C-peptide. These are never specific just for Lyme.

☐ Lab tests show a MSH level under 30 [the reference range of 0-40 is due to the increase of very sick patients tested, and 40-85 is a better reference range which was used before the flood of the sick reset the range of normal]. MSH is an anti-inflammatory hormone.

☐ VIP is under 20. This is an anti-inflammation chemical.

BODY EXAMINATION RESULTS

☐ Weight loss or gain in excess of 20 pounds in 12 weeks

☐ A round or oval rash with a dark center was or is present in a loose "bulls-eye pattern" or other size and shape rashes that have no other cause after exposure to ticks and vectors

☐ Healing is slow after scratches or surgery. For example, after a cat scratch, flea bite or tick bite the mark is still visible later.

☐ Skin on arms, hands or feet has a texture like rice paper.

☐ Clear reaction and effect is seen with antibiotic treatment. Specifically, a marked improvement or worsening of a serious medical problem or function is observed with a spirochete killing treatment, e.g., doxycycline, tetracycline, minocycline, any penicillin such as amoxicillin, azithromycin, clarithromycin or cefuroxime.

☐ Presence of skin tags, red papules of any size, excess blood vessels compared to peers, and stretch marks with color or in significant excess of peers.

☐ Moles and raised or hard plaques in excess of the few on normal skin

☐ Areas of skin with ulcerations such as those seen in syphilis, but at any location on the body

☐ Areas of clear hypo-pigmentation and hyper-pigmentation

☐ Positive ACA (Acrodermatitis chronica atrophicans) which is a sign of long term untreated Lyme disease. Some report ACA begins as a reddish-blue patch of discolored skin, often of the hands or feet. It may include the back in some patients. The lesion slowly atrophies over months to years, with many developing skin that is thin, dry, hairless, wrinkled and abnormally colored. The color of the extremities such as hands and feet can be red, dark red, brown, dark blue or purple.

Sample Neurological Exam

☐ Patient's short-term memory is poor. For example, if asked to recall these numbers—23, 5, 76, 43 and 68—the patient cannot recall them.

☐ Patient cannot reverse four numbers, so if given—18, 96, 23 and 79—the patient cannot do it.

☐ If asked to subtract 17 from 120, (college graduate), it cannot be done in a timely manner. If a high school graduate, subtract 7 from 100 and continue to subtract by 7 four times in 20 seconds.

☐ Light headedness upon standing quickly in excess of peers, and with no clear cause

☐ Dizziness unrelated to position

☐ Dizziness made worse by Lyme killing antibiotics

☐ Trouble doing a nine step **heel to toe straight line walk test** with fingers slightly in pockets [The patient should not sway or need their hands pulled out to prevent a fall]. In patients with past experience in skating, skiing, dance or ballet this should be ***very easy*** and is rarely a challenge to such people. If it is not easy, it is suspicious medically, but not only for Lyme disease.

☐ Trouble performing a one leg lift, in which one leg is lifted 15 inches off the ground in front of you, as you count, e.g., "one Mississippi, two Mississippi, etc."

☐ Positive nystagmus [your eye jerks when you look right or left]

PATIENT'S REPORTED PHYSICAL HISTORY

Psychiatric & Neurological

☐ Mild to severe neurological disorders or psychiatric disorders

☐ A very profound neurological disease which does not clearly fit the labs, studies and course of the illness

☐ A moderate or severe medical, psychiatric or neurological illness. [Many severe disorders can be associated with spirochetes such as those causing syphilis, and some propose that Lyme is also related to a well-known serious brain disease.]

☐ Severe medical, psychiatric or neurology illness with uncommon features, such as Parkinson's disease, appearing at a young age

☐ Facial paralysis (Bell's palsy)

☐ Personality has changed negatively and significantly for no clear reason.

☐ Psychosis at any age, but especially after 40 years of age when ***usually*** it would have already manifested itself

☐ Severe anxiety

☐ Mania or profound rage

☐ Depression with minimal genetic risk

☐ Depression or anxiety that did not exist when you were less than 25 years of age

☐ Irritability

- ☐ Any one of the following: paranoia, dementia, schizophrenia, bipolar disorder, panic attacks, major depression, anorexia nervosa or obsessive-compulsive disorder
- ☐ Adult onset ADHD/ADD [Primary psychiatric biological ADD or ADHD is present at 7 years of age. Adult onset is a sign of a medical condition.]
- ☐ Increased verbal or physical fighting with others
- ☐ Functioning at work or in parenting is at least 20% reduced
- ☐ Patience and relational skills are decreased by 20% or more
- ☐ A mild to profound decrease of insight, i.e., an infected patient does not see their decreased function, failed treatment or personality change
- ☐ A new eccentric rigidity to hearing new medical or other important information
- ☐ Difficulty thinking or concentrating
- ☐ Poor memory and reduced ability to concentrate
- ☐ Increasingly difficult to recall names of people or things
- ☐ Difficulty speaking or reading
- ☐ Difficulty finding the words to express what you want to say
- ☐ Inability to learn new information as well as in the past [receptive learning]
- ☐ Repeating stories or forgetting information told to close relations, such as a spouse, roommate, sibling, best friend or parent
- ☐ Confusion without a clear reason
- ☐ An addiction that results in relapse in spite of sincere, reasonable and serious efforts to stop

☐ Fatigue in excess of normal, or fatigue that is getting worse

☐ Trouble sleeping including mild to severe insomnia and disrupted sleep

☐ Sleep in excess of 9 hours a day or night, or sleeping in excess of 9 hours every day if allowed

☐ Trouble falling asleep

☐ Trouble staying asleep [Taking a 5 minute bathroom break does not count]

Major Organs

☐ Gastritis or stomach sensitivity not caused by H. Pylori

☐ Intestinal troubles that are unable to be fully managed and/or which have no clear diagnosis

☐ Nausea without a clear reason

☐ Ear problems such as pain or increased ear "pressure"

☐ ***Any trouble*** with the senses (vision, sound, touch, taste or smell). The use of corrective lenses or contacts does not count, unless the prescription is changed more than expected.

☐ Buzzing or ringing in ears

☐ Double vision, floaters, dry eyes, or other vision trouble

☐ Conjunctivitis (pinkeye) or occasional damage to deep tissue in the eyes

☐ Bladder dysfunction of any kind

☐ Treatment resistant interstitial cystitis

☐ Blood clots fast when you get a cut, or you have a diagnosed problem with clotting. This may also be seen in blood draws where blood draw needle clots when blood is being removed. If on a blood thinner, blood thinness level goes up and down too much.

☐ Cardiac impairment

☐ Chest pain with all labs and studies in normal range

☐ Occasional rapid heartbeats (palpitations)

☐ Heart block/heart murmur

☐ Heart valve prolapse

☐ Shortness of breath with no clear cause on pulmonary function tests, examination, lab testing, X-rays, MRI's, etc.

☐ Air hunger or feelings of shortness of breath

Skin

☐ Numbness, tingling, burning, or shock sensations in an area of skin

☐ One or more troublesome skin sensations that move over months or years and do not always stay in one location

☐ Rash or rashes without a simple and obvious cause

☐ Rashes that persist despite treatment

☐ Eccentric itching with no clear cause

☐ Hair loss with no clear cause

Musculoskeletal

☐ Muscle pain or cramps

- ☐ Muscle spasms
- ☐ Muscle wasting without a clear cause
- ☐ Trouble with your jaw muscle(s) or joint insomnia (TMJ)
- ☐ Joint defects in one joint with no clear cause if 20 or younger
- ☐ Joint defects in two joints or more if 35 or younger
- ☐ Joint defects in three or more locations if younger than 55 with no clear trauma
- ☐ Swelling or pain (inflammation) in the joints [Most patients ***never*** have joint disease.]
- ☐ Joint pain that shifts location
- ☐ Neck stiffness
- ☐ Chronic arthritis with or without episodes of swelling, redness, and fluid buildup

General Medical

- ☐ Gaining or losing weight in a manner clearly inconsistent with diet and exercise
- ☐ New or more food allergies than ten years ago
- ☐ Feel worse after eating breads, pasta or sweets
- ☐ No longer tolerate or enjoy alcohol
- ☐ Anti-histamines are bothersome, more so than in the past.
- ☐ Reaction to medications is excessive (you are very "sensitive" to medications)
- ☐ Your response to antibiotics is significantly positive and you feel more functional, ***or you have the opposite reaction*** and feel worse, feeling ill, fatigued or agitated.

- ☐ Chronic pain in excess of what seems reasonable
- ☐ Nerve pain without a clear cause
- ☐ Sensitivity to lights, sounds, touch, smell or unusual tastes
- ☐ Sensitivity to cleaning chemicals, fragrances and perfumes
- ☐ Headaches that do not respond fully to treatment, or which are getting worse
- ☐ New allergies or increased allergies over those of your peers
- ☐ Any autoimmunity--Lyme and other tick infections, over many years, increase inflammation and decrease anti-inflammation chemicals. We believe this leads to increased food sensitivities, increased autoimmunity and a heightened sensitivity to various chemicals and medications.
- ☐ Day time sweats
- ☐ Night time sweats
- ☐ Chills
- ☐ Flu-like symptoms
- ☐ Abnormal menstrual cycle
- ☐ Decreased or increased libido
- ☐ Increased motion sickness
- ☐ Fainting
- ☐ A spinning sensation or vertigo
- ☐ Illnesses that come and go and decrease functioning with no certain cause
- ☐ Serious illnesses that undermine function with no clear cause, and which affect more than one body organ

☐ An abnormal lab result, physical exam finding or illness that is given many diagnoses or has no clear cause

ENVIRONMENT

☐ Someone in your neighborhood within 400 yards in any direction of your dwelling has been diagnosed with a tick borne infection [This includes vacation locations].

☐ You have someone living with you with any type of tick-borne infection—this assumes they were not merely tested for one infection. [It is not proven that the small Lyme-carrying ticks only carry Lyme, and it is possible some carry other infections without carrying Lyme at all.

☐ You have removed any ticks ***from your body*** in your lifetime at any location.

☐ You have removed ticks ***from your clothing*** in your lifetime at any location.

☐ After a tick or bug bite, you had a fever for at least 48 hours.

☐ After a tick or bug bite, you were ill.

☐ Grew up or played in areas with many small wild mammals

☐ When you are in a room that has visible mold or smells like mold and you start to feel ill, you do not return to your baseline health in 24 hours.

☐ Any discomfort ***within two minutes*** of being in a musty or moldy location. This may be a sign of chronic untreated infection, because a mere 30 inhalations of mold debris causes systemic effects in your body

☐ ***Pets or farm animals*** positive with ANY tick borne virus, bacteria or protozoa, or clinical symptoms without a clear diagnosis or cause

☐ The patient's **mother** is suspected of having or has been diagnosed with Babesia, Ehrlichia, Rocky Mountain Spotted Fever, Anaplasma, Lyme, Bartonella or other tick borne disease based on newer direct and indirect testing, or clinical signs and symptoms.

☐ **A sibling, father, spouse or child** with any tick borne infection

☐ **Casual or work-related exposure to outdoor environments** with brush, wild grasses, wild streams or woods (Examples- golf courses, parks, gardens, river banks, swamps, etc.)

☐ Pets, e.g., horses, dogs or cats, have had **outdoor exposures** to areas such as brush, wild grasses, wild streams or woods.

☐ You played in grass in the past.

☐ You have been bitten by fleas.

☐ You have been scratched by a cat or dog.

FINAL WORDS

Some of the above listed signs and symptoms fit other infections that may be more common than Lyme disease. Unfortunately, the research and experience indicating diverse infections carried by the Ixodes and other ticks is ignored so a small number of symptoms and signs were added to this checklist. . Further, "testing" usually involves one test for a mono-infection--Borrelia or Lyme. Ticks and other vectors should never be assumed to carry only Lyme disease.

Please note that when we are talking about the Ixodes tick we are ***not*** referring to this as a "deer tick" since it has over 200 vectors (Ostfeld). **Many of the tick reduction options presently suggested are not successful in accomplishing their goals.** Reducing deer populations, once thought to reduce tick populations and incidence of Lyme disease, may simply increase tick numbers in mammals and other carriers that live closer to humans.

All healers have their familiar way of thinking, testing and treating. Kuhn has shown we are all biased and struggle to be objective…and fail. Certainty is simply impossible in medical science. Further, tick and flea infections have almost infinite pathological effects because the human body and these clusters of infections are so complex. I have not suggested a grid or a set number of symptoms, because one would not fit this list. Simply, the goal of this checklist is to have you think broadly.

You cannot use this checklist to diagnose Lyme disease or to rule it out.

A Lyme checklist is very medically important, since it is still an emerging illness and can sometimes disable or increase mortality risk in patients of any age if not diagnosed and treated early in the infection.

Writings in the past fifteen years have either viewed Babesia and Bartonella as mere "co-infections," or a footnote of a spirochete infection [i.e., Lyme]. Either infection can hide for decades, and then

possibly disable or kill a person by causing a clot, heart arrhythmia or by other means.

The detection of Lyme from stained tissue samples or blood is very difficult. Currently, the well-established indirect lab test patterns presented are not used or understood by all health care professionals. While this is fully understandable, I hope it may change in the coming decade. Tick infections have ***systemic impacts*** on the body, and are not limited to effects reported in journal articles, a few books or any national or international guidelines.

Dr. Schaller has published the four most recent textbooks on Babesia and the only recent textbook in any language on Bartonella. His most recent book on Lyme, Babesia and Bartonella includes a "researchers only" list of over 2,600 references considered to be **a start** for basic education in tick infection medicine.

He published articles on both Babesia as a cancer primer and Bartonella as a profound psychiatric disease under the supervision of the former editor of the *Journal of the American Medical Association (JAMA)*. He also published entries on multiple tick and flea-borne infections, including Babesia, Bartonella and Lyme disease, in a respected infection textbook endorsed by the NIH Director of Infectious Disease.

Dr. Schaller is the author of seven texts on tick and flea-borne infections. He is rated a BEST physician, an honor that is awarded to only 1 in 20 physicians by physician peers. He is also rated a TOP physician by patients, again ranking in the top 5 percent of physicians.

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Dr. Schaller has been published in:

Journal of the American Medical Association

Journal of Clinical Neuroscience

Medscape (Academic Journal of WebMD)

Journal of the American Society of Child and Adolescent Psychiatry

American Journal of Psychiatry

European Journal of Child and Adolescent Psychiatry

Compounding Pharmaceuticals: Triad

Fleming Revell Press (Four Languages)

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Spire Mass Market Books

Internet Journal of Family Medicine

Greenwood Press

Child and Adolescent Psychiatry Drug Alerts

Hope Academic Press

Clinical Psychiatry News

Psychiatric Drug Alerts

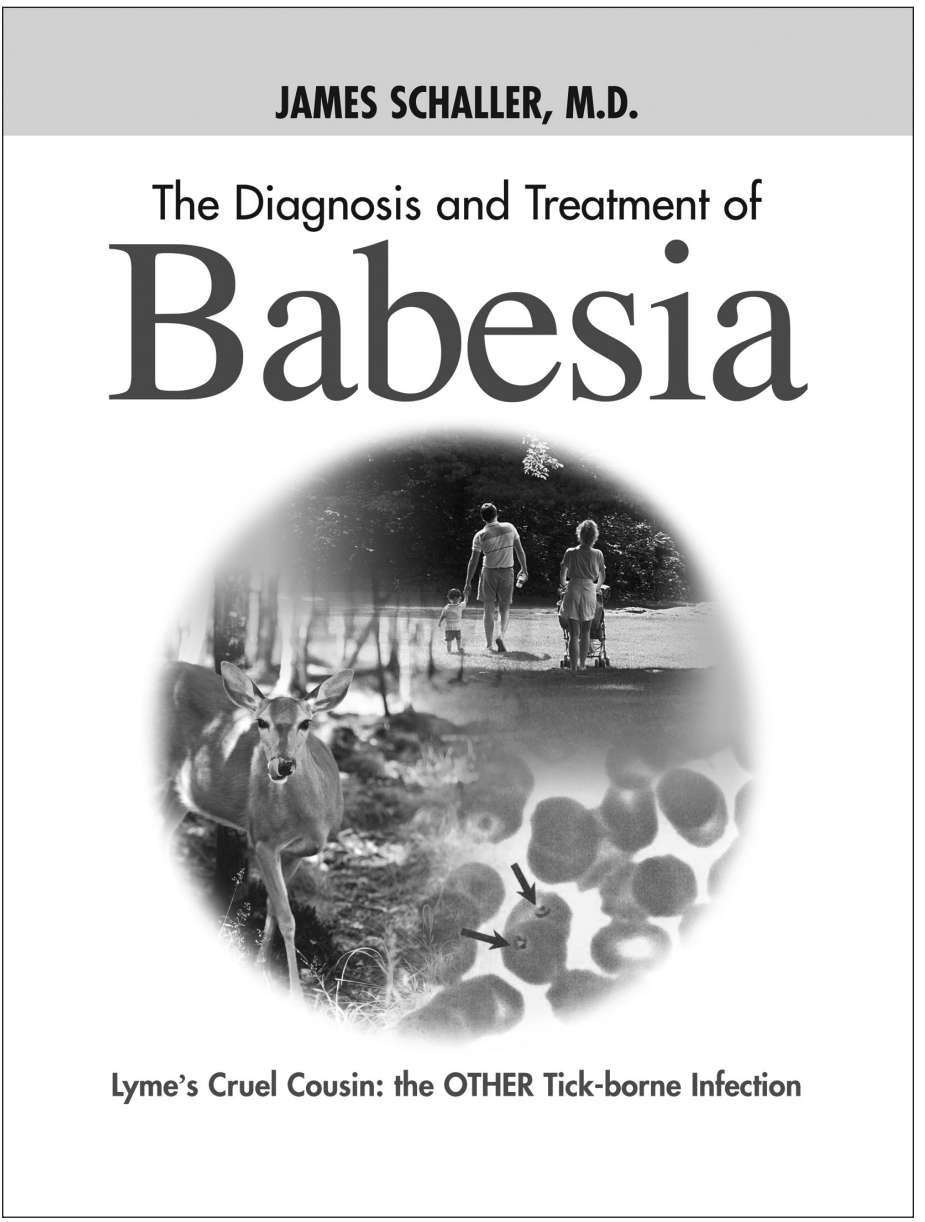
Townsend Journal

OB/GYN News

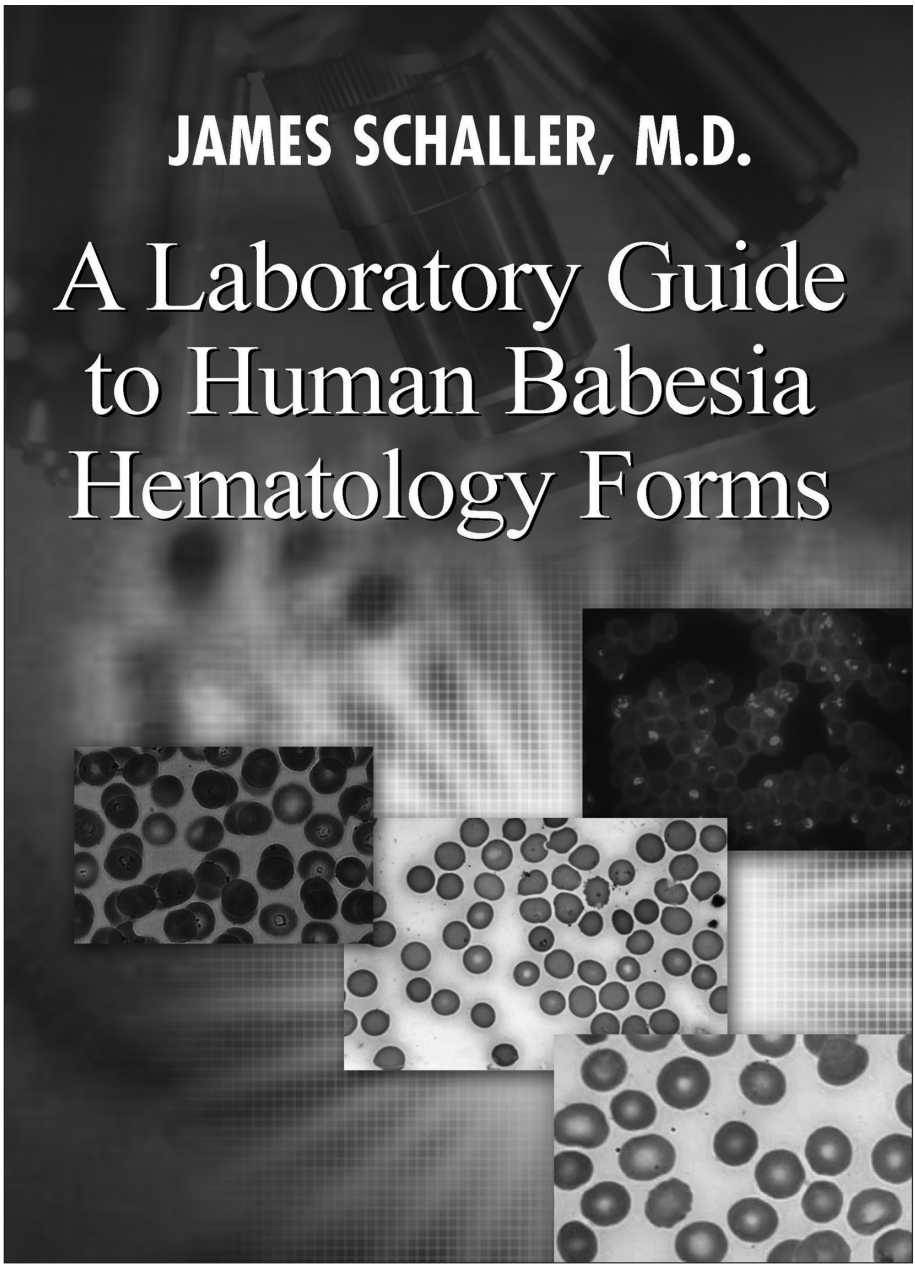
AMA News

Currents

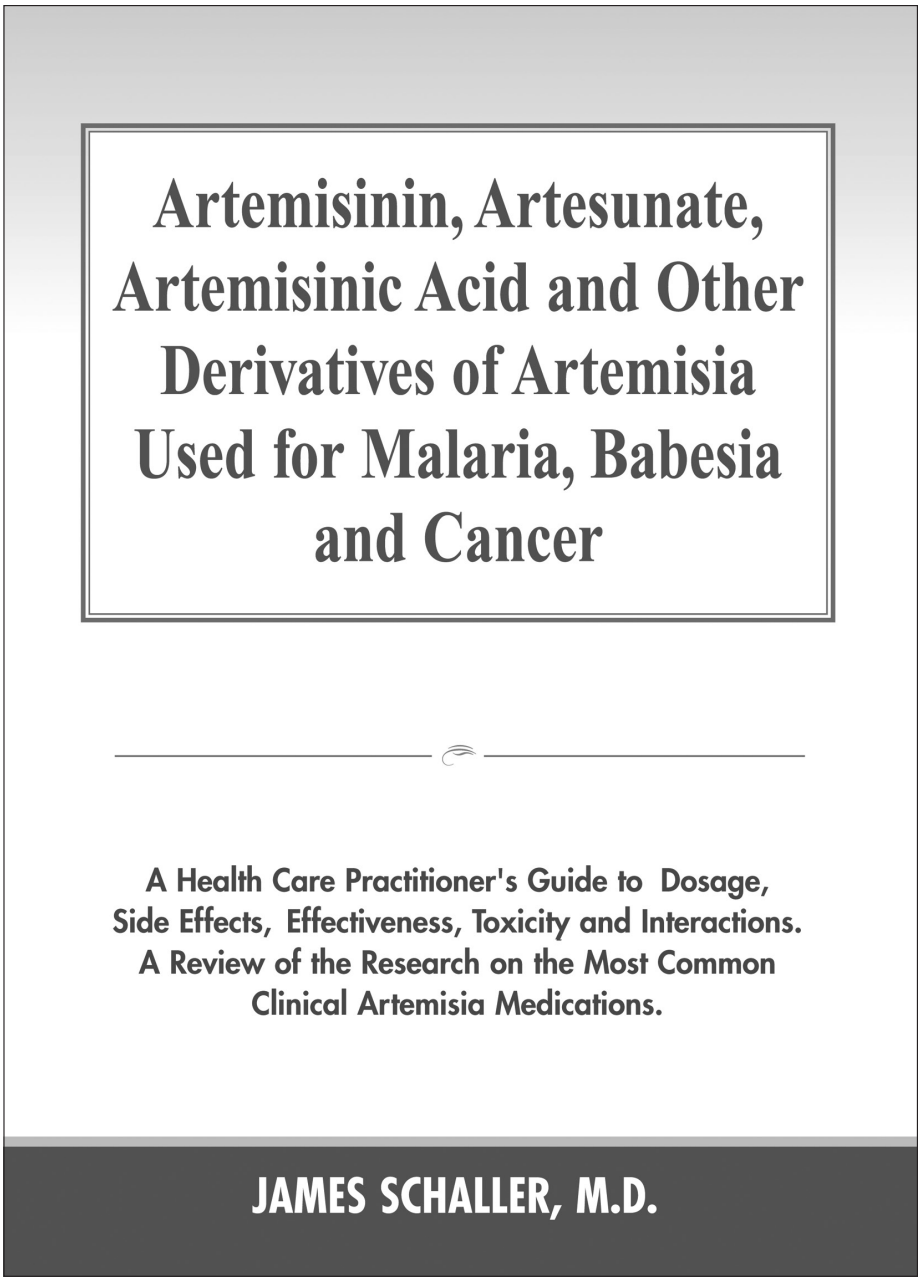
A Sample of Other Books by Dr. Schaller



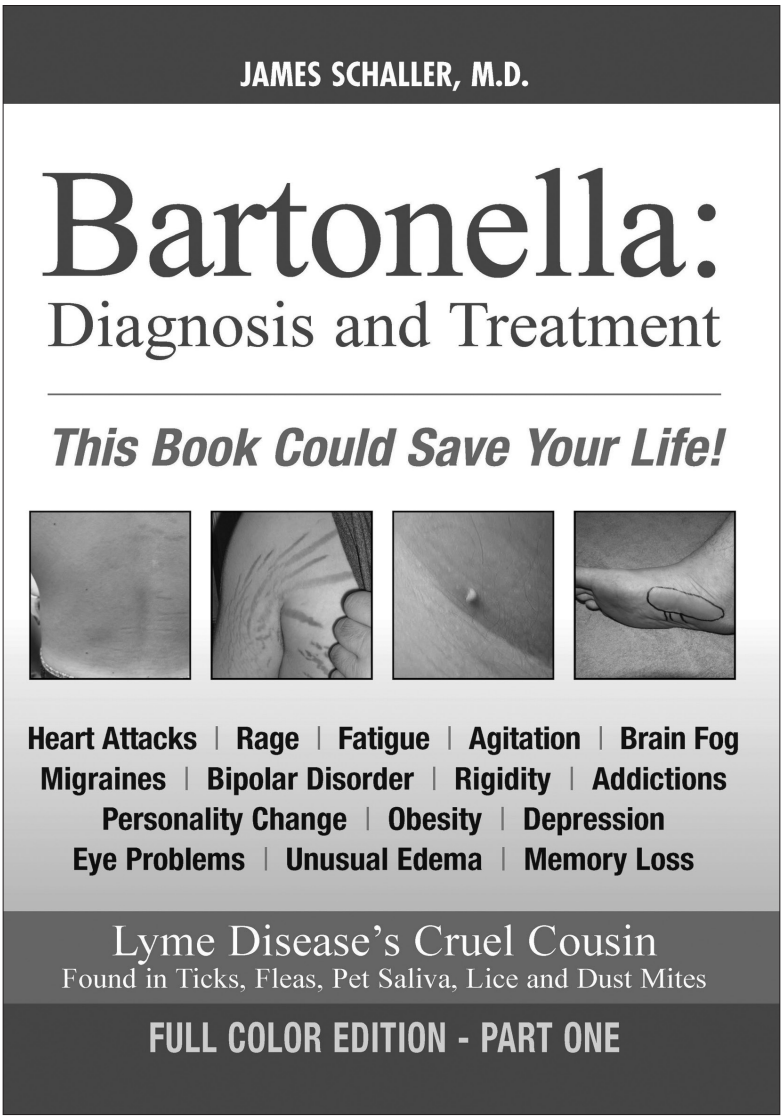
This large textbook is clear and easy to read. It is really three books. While some points are partially outdated since 2006, much would be considered new to most readers.



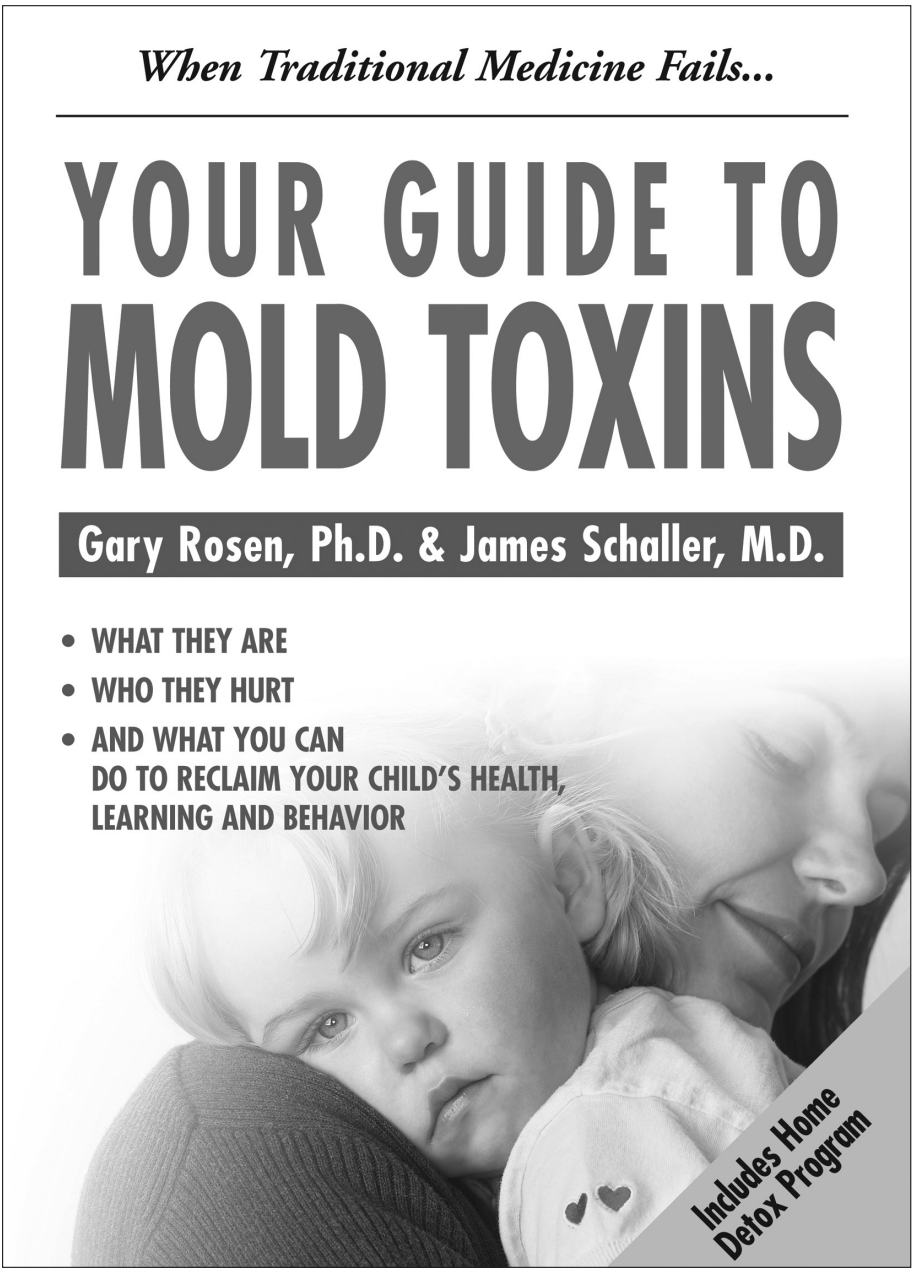
The Only Hematology Book Exclusively Dedicated to Babesia.



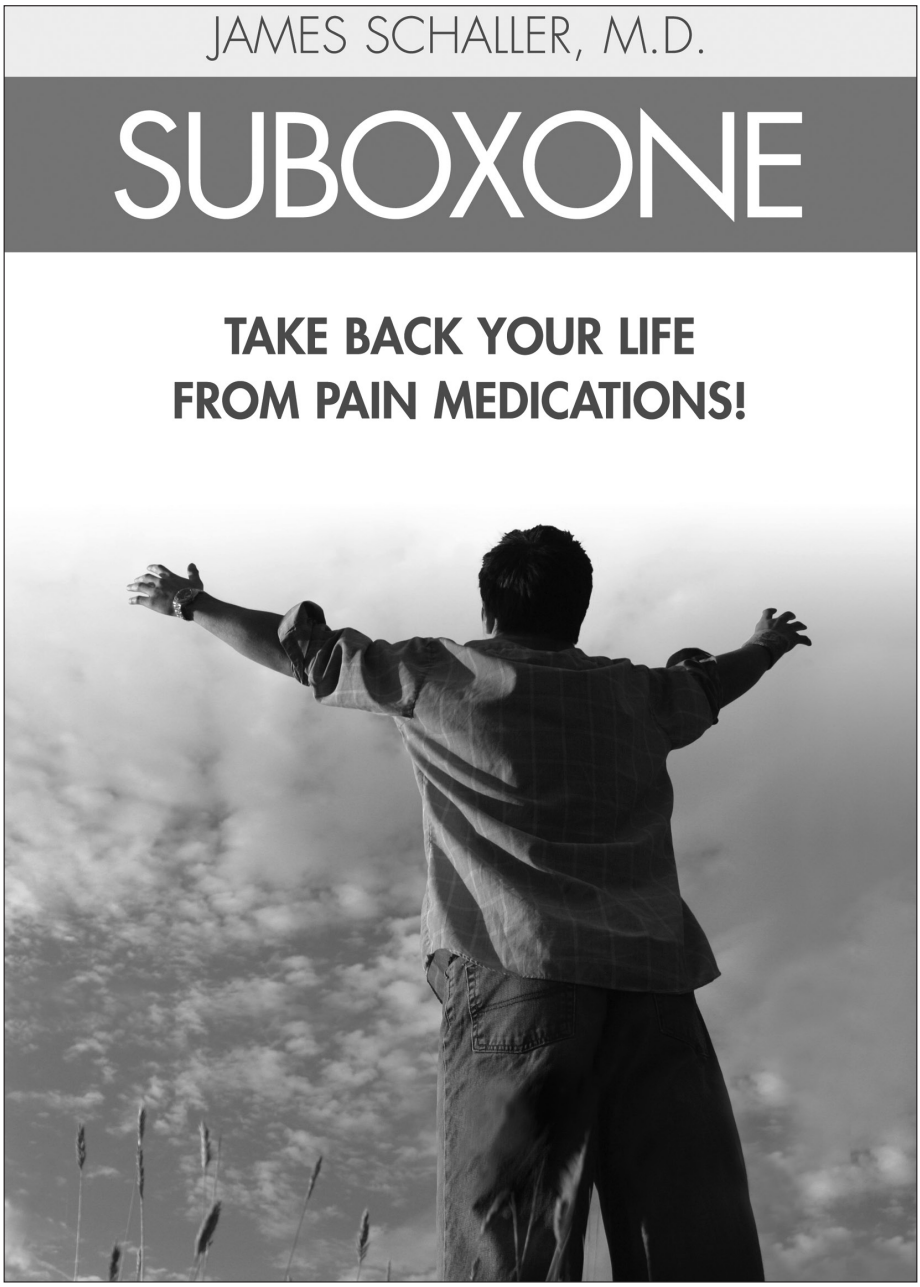
The Most Up-To-Date Academic and Patient-Centered Book on Practical Artemisia Babesia Issues.



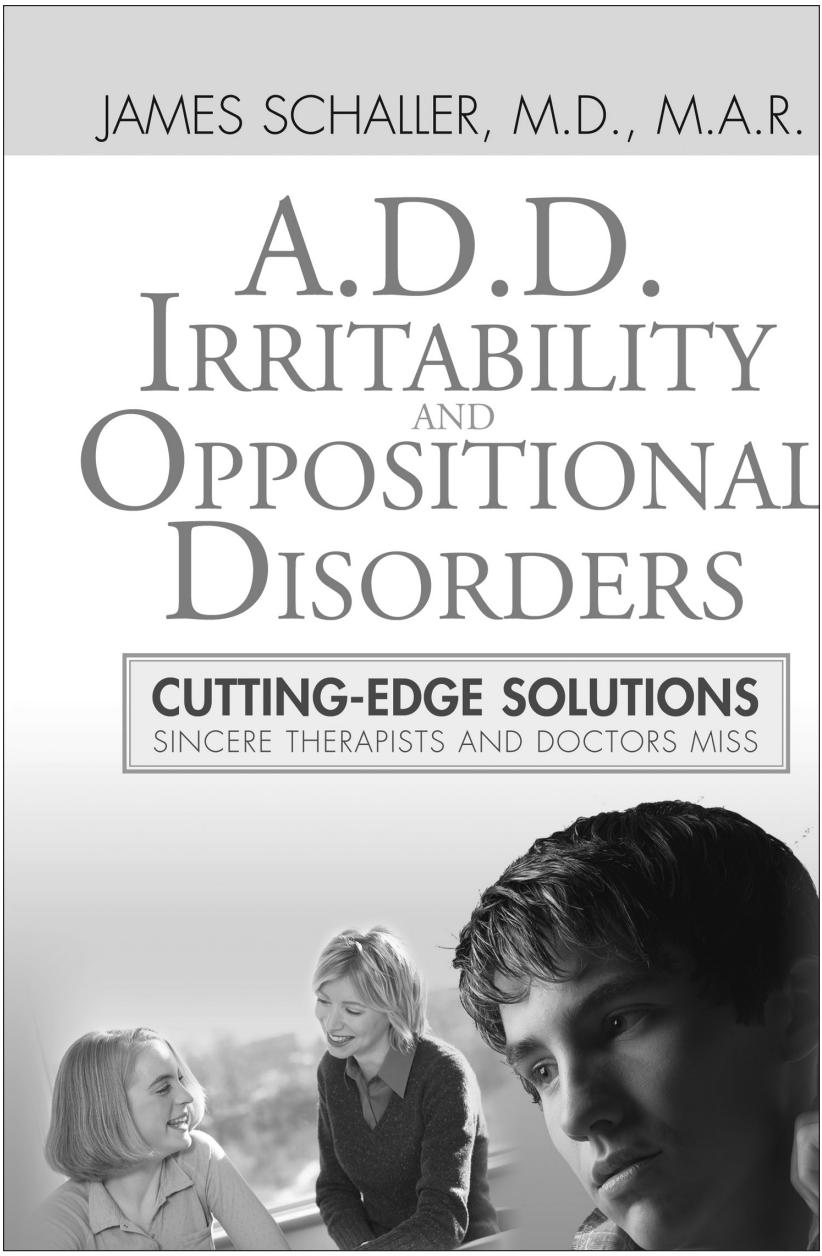
Bartonella diagnosis is very complex. This current text creatively used a new set of tools based on solid research of blood vessel and skin augmentation chemicals created by Bartonella. It literally creates a full Bartonella physical exam. This book helps with limited basic lab testing, and prevents the use of routinely relapsing or poor treatments promoted in both traditional and integrative medicine. No other book on this topic is based on over a thousand top research articles, and no one had published anything remotely close to replacing this work in over five years.



Dr. Schaller is a Certified Mold Investigator and a Certified Mold Remediator. Here is Another Practical and Readable Mold Mycotoxin Book.



The Only Current, Practical and Advanced
Clinical Book on this Revolutionary Treatment for
Opioid Addiction and Modest Pain.



The many missed medical and neurological causes of poor focus and bad behaviors can no longer be ignored. This unique text advances medicine and shows how much in youth psychiatry has medical roots that are ignored or unknown even in solid child and adolescent psychiatry practices.

Disclaimer

Dr. Schaller is not a specialist in infectious disease medicine. He is also not a pathologist. Both of these specialties have over 2,000 diseases to treat and study. Dr. Schaller is only interested in four infections and has read and published on only these four. The medical ideas, health thoughts, health comments, products and any claims made about specific illnesses, diseases, and causes of health problems in this book are purely speculative, hypothetical, and are not meant to be authoritative in any setting. No comment or image has been evaluated by the FDA, CDC, NIH, IDSA or the AMA. Never assume any United States medical body, society, or the majority of American physicians endorse any comment in this book. No comment in this book is approved by any government agency, medical body or medical society. Nothing in this book is to be used to diagnose, treat, cure or prevent disease. The information provided in this book is for educational purposes only. It is not intended as a substitute for the advice from your physician or other health care professionals. This book is not intended to replace or adjust any information contained on, or in, any product label or packaging.

No patient should use the information in this book for the diagnosis or treatment of any health problem, or for prescription of any medication or other treatment. You should consult with a health care professional before deciding on any diagnosis, or initiating any treatment plan of any kind. Dr. Schaller does not claim to be an expert in any illness, disease or treatment. In this book, he is merely sharing one of his interests. Please do not start any diet, exercise or supplementation program, or take any type of nutrient, herb, or medication, without clear consultation with your licensed health care provider.

Babesia or Bartonella diagnosis or treatment comments and reports of possible positive or negative treatment outcomes are hypothetical. No treatment should be rejected or embraced by anyone, based on the preliminary research and study in this book.

In this book, Dr. Schaller makes no authoritative or proven claim about any diagnosis, lab testing or treatment. Dr. Schaller only offers hypothetical ideas. Dr. Schaller makes no authoritative claims about medications, nutrients, herbs or various types of alternative medicine.

The ideas in this book will need to be submitted to your local expert in allopathic, osteopathic or progressive medicine, or to other licensed health care practitioners. This book is not meant to be an informal or formal guideline book that presumes to control 800,000 physicians, or the 300 million patients they serve. You are asked to let the wisdom of your health care practitioners, and your own study, be a starting point to guide treatment tailored specifically to your body. Again, Dr. Schaller makes no claim to be an expert in any aspect of medicine. He makes no claim to know more than other physicians.

Additionally, Dr. Schaller makes no claim that any statement in this book is correct.

Since this appears to be the first book exclusively dedicated to advanced modern cutting-edge tick and flea infection expanded diagnosis criteria, it is very likely to contain errors This is common with books that are the first on such sensitive topics. Every reasonable effort has been made not to try to overstate findings. Further, it is important to realize that any single lab finding or treatment outcome can have multiple causes, and not all of these may be known to this author, or to other health practitioners. Therefore, all health care practitioners should look for other confirmations outside this book before beginning on any treatment plan, if possible.

Contacting Dr. Schaller

Should you wish to talk to Dr. Schaller he offers individualized education consults, which can be arranged by calling 239-263-0133. Please leave all your phone numbers, a working email and a fax number. These consults are typically in 15 minute units and can last as long as you wish. All that is required is the completion of a short informed consent form.

If you would like a full diagnostic consult or to see Dr. Schaller as a patient, know he treats patients from all over the USA and from outside the country. He meets with you first and then does follow-up care with you by phone. He does require you to have a family doctor, internist or pediatrician, since he is only a consultant.

If you would like to fly in to see Dr. Schaller, his staff are very familiar with all the closest airports, and we have special hotel discounts.

I wish you the very best health!

Warm Regards,
Rona C. MBA
Office Manager