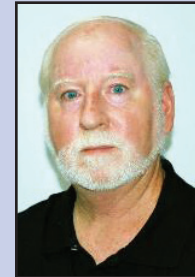


In This Issue



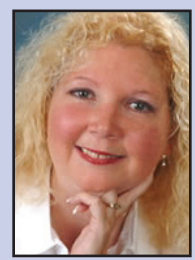
Dr. James Schaller, M.D., MAR
discusses treatment failures
p. 1



David Noblett
Death By Friendly Fire
p.3



Joan Vetter
AGodly Appetite
p. 2



Lisa Copen
When A Friend Has a Chronic Illness
p. 4



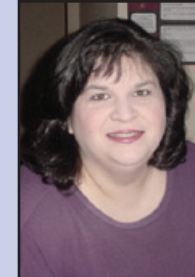
Marjorie Tietjen:
Book Review of Guess What Came to Dinner: Parasites & Your Health
p. 6



Dr. Robert Bransfield, M.D
Sex & Lyme Disease
p.7



Dr. Virginia Sherr, M.D.
A Sign of Memory Loss
p. 8



Dawn Irons
A Lesson in Logic: When Will They Listen?
p. 13

Dr. James Schaller, M.D.
discusses the destructive forces of Bartonella, both physically and psychologically... p.9

Fall Advertising Special!

We are now averaging 89,000 hits per month on the PHA website!
Advertising pays off!
40% off online advertising!
contact:
publichealthalert@yahoo.com
for more advertising info!

The 18 Reasons Lyme Treatments Fail: Tick-Borne Infection Medicine for the New Millennium

by **Dr. James Schaller, M.D.**

My average patient has been to 10-50 physicians before me. Many sincere, hard working health care experts are falling very far behind new Lyme information. I have become very concerned with the quality of "average" Lyme literate care, and I am particularly frustrated by three things:

- 1) Ten years of Lyme treatment is not acceptable. It is a paradigm that should be trashed. It shows massive defects in knowledge and practice. "Cure" treatments often merely lower body loads or may make someone feel better without killing many infectious agents.

For example, a pseudo cure that wastes money and time is the use of hyperbaric oxygen for tick infection treatment (HBOT). To put my money where my mouth is I recently conducted, and funded, a soon to be published study examining the effects of this treatment tool on Lyme, Babesia, Ehrlichia and Bartonella. After 120 treatments at 2.4 atmospheres for 90 minutes each, all participants still had clear and obvious positive findings for all four infections. It failed completely! So advertising that HBOT "kills" Lyme disease is nonsense. I have talked to Dr. Fife in detail and carefully evaluated and posted the HBOT research done by the late Dr. Robert Lombard. So while I love this treatment for many medical problems, it is not a tick infection cure.

- 2) I have published two Babesia textbooks, an Artemisia derivatives text, a two-volume color textbook on Bartonella (the last one is from 1998), and two practical mold toxin books that make infections harder to treat. These are just a sample of the publications I have written on various TBD topics. Why do infectious disease physicians rarely order these progressive medical books while 99% are ordered by patients?

Further, I have repeatedly posted new information based on our research or based on the study of 1500 plus articles, and it was ignored. For example, our blind research study of Babesia Mepron dosing found that 750 mg/teaspoon twice per day, for any duration of time, will virtually always fail and lead to a Babesia relapse. Few physicians have listened to this new research even when firmly reported.

No Lyme literate pope exists in the world. The information known in 2006 is already partly out of date. By definition, a Lyme literate physician must be very aggressive to stay current--the stakes are too high. Yet heavy scrutiny from medical boards inhibits their ability to do so.

This current practice will never allow these heroes to study and read as much as they prefer, when they have to explain to unlearned prosecution lawyers and surgeons on the medical board, why a Babesia or Bartonella co-infection can cause death.

- 3) I have been asked by a number of physicians to share various new findings. Most ask because they are ill themselves. I have asked them to stop treating themselves, and to do an hour consultation with very extensive labs. Almost all have refused. What they could have learned by fixing themselves would have translated into help for their patients; instead they chose to remain ill, and in turn have left their patients without any chance at full cure.

The age of the ten-year "patient" is over. It should never be tolerated again. Traditional and alternative medicine Lyme specialists need to catch up with emerging new 2010 medicine-now!

Reason One

The current treatment dosing for Babesia is flawed. If Babesia is present, Lyme cure

from Heprapro.com, at one dose three times a day -- it fails even after a full year of daily use! This had not been previously tested for Babesia. We have found obvious Babesia after extended artesunate use -- at malaria killing doses.

The flaw in all Babesia treatment is the assumption that one can simply plug in effective malaria dosing as Babesia dosing. This is a serious error. Malaria kills humans fast and has many obvious and extreme blood patterns. Babesia is much harder to see in blood, even with digitally enlarged red blood cells, and while it can cause 200 medical problems, it does not die easily -- it is much harder to fully remove than malaria.

Reason Two

The current testing for Babesia is markedly flawed. Some DNA or PCR tests sent to a respected East Coast lab are covered by insurance but



Dr. James Schaller, a prolific researcher of the many infections that are commonly associated with Lyme disease, has met many children affected by these illnesses. They get better.

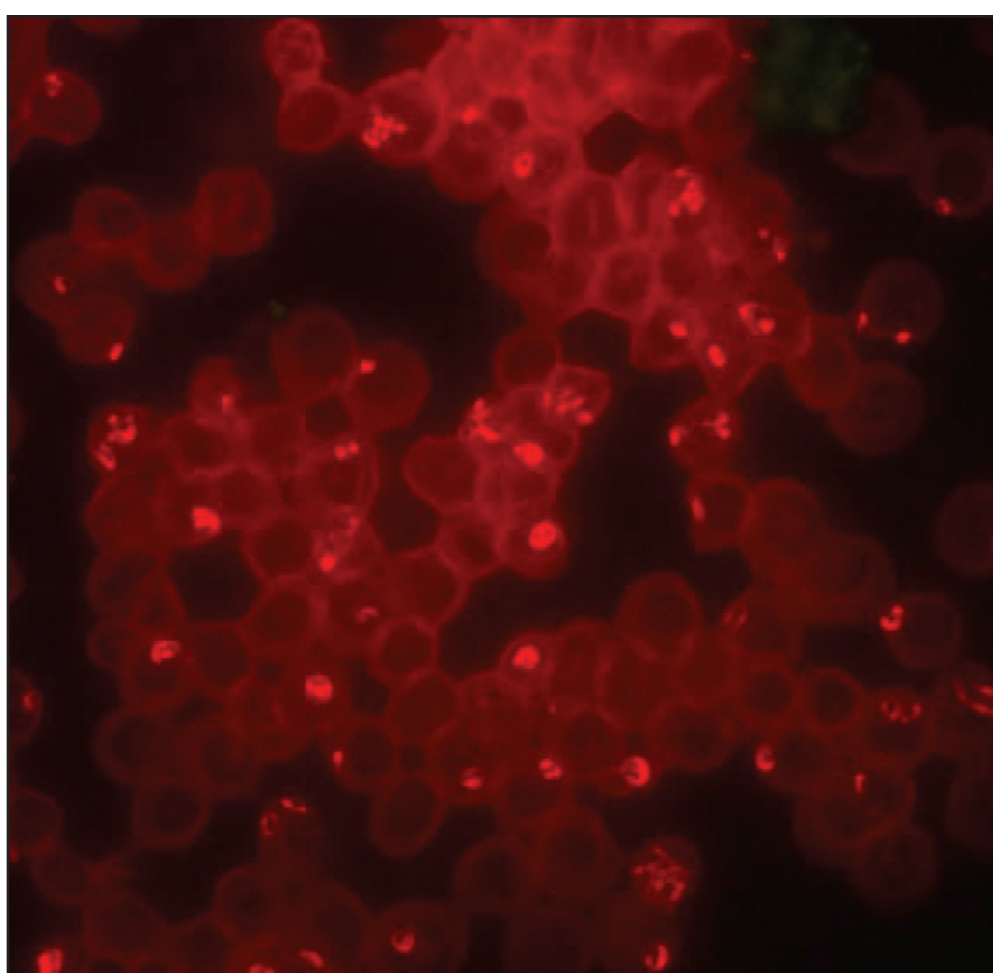
urine or blood samples to show a positive, this is simply silly and unreasonable.

Some patients with immune suppressing Bartonella will not show any lab signs of Babesia when they have Babesia. Why?

- 1) Some infections like Bartonella turn off the production of antibodies. Therefore, antibodies to Babesia microti or Babesia duncani will probably not be positive in some infected patients. The complete removal of Bartonella can result in explosive increases in IgG and IgM for Lyme disease, Babesia, Ehrlichia and Bartonella antibodies in some patients.

- 2) Some patients have very few Babesia protozoa parasites, but they cause serious trouble in the body. Their small numbers are missed in a visual FISH exam or a PCR test.

- 3) A new medical trick can help catch some infections such as Babesia missed by even great labs. The patient is given at least two Babesia killing medications such as Mepron, artesunate at a high useful dose, or Malarone (given for the proguanil). These medications are used for ten days at a dose you and your physician feel is worth the risk, and hopefully will kill a few Babesia parasites. Approximately four weeks later, the patient is tested for antibodies to microti or dun-



A collection of micro rings. These are easily missed in manual blood evaluations. Courtesy of J. Shah, PhD located at 800 832 3200. This glowing probe makes Babesia microti 100x easier to see. Currently, new FISH testing is in development by IGeneX for two entire large sets of various Babesia species and also for common Bartonella human species. Other labs are involved in exciting new Lyme, Babesia and Bartonella diagnostic Genus PCR testing, potentially available Spring/2009.

is impossible. 750 mg/teaspoon twice a day of Mepron is not a Babesia cure, nor is the use of artesunate (Zhang Artemisiae)

require 10 negatives to be considered negative. Some labs are only good at tissue PCR testing. But if you need to do 10

"Treatment Failure" ... pg 2

“Treatment Failures” ...cont’d from pg 1

cani and ECP. If the ECP is increased significantly or the antibodies are positive, one probably has Babesia. Stealthy low volume Babesia is a common problem in tick and flea infection treatment. Talented health care workers commonly miss these red blood cell parasites, but this trick usually causes them to show up and can save someone from years of failed treatment.

Reason Three

Bartonella is simply the most common tick and flea-borne infection in the world. The number of species identified, that show clear uniqueness, has gone from 2 to 32 in a short time. This is based on techniques identical to those used in the Human Genome project. I am not at liberty to release the names of the scientists involved, but their findings are astonishing. For example, Bartonella floating in the blood does not even cause a fever. Any other bacteria floating in blood would kill you in 2 days. So it obviously turns off some components of the immune system. The various tests to measure its presence are complex and multifaceted, e.g., VEGF, IL-6, IL-1b, TNF-a, Bartonella seen on various enlarged blood smears, PCR, Bartonella antibodies, and Bartonella FISH testing (which is in development and likely available in 2009). One can also use the 40 physical exam findings from a two-part color Bartonella book.

Years ago I heard a famous Lyme expert mock the idea of striations being an exam sign of Bartonella. But these are definitely a sign of Bartonella, and the striations and/or stretch marks are often red, burgundy, blue or purple. This means they are filled with blood! Bartonella makes VEGF and this chemical makes and opens blood vessels. Our two-volume full color book shows 40 possible Bartonella body or skin findings.

Reason Four

All routine published Bartonella treatments appear to fail. This knowledge prevents wasting a year or more with ineffective treatments. I have examined many treatments in many inherited patients or self-treating patients. The good news is that there are emerging treatments that do work. Some are listed in my Bartonella textbooks. After looking at chat room discussions, it is clear that some have not been able to understand this issue of treatment and effective treatment options. However, I will save this topic for another article or book.

The bottom line that is not fully appreciated yet is the cure of Lyme is impossible in the presence of a profoundly super immune suppressing bacteria -- Bartonella.

Reason Five

Since Lyme spirochetes can become cysts virtually instantaneously in the presence of threatening antibiotics, it does not make sense to use antibiotics without cyst-busting antibiotics (such as Flagyl),

herbs or essential oils. Cysts can form immediately, and they can also quickly return to active spirochetes in the presence of a safe environment. Using strong antibiotic treatment in tablets, in shots, or in an IV form, makes no sense unless cyst-busting treatments are used at the same time.

One patient I inherited reported that she was given three months of IV antibiotics and at some later time was placed on Flagyl 500 mg. twice a day. I believe the IV antibiotics made vast numbers of Lyme sacks -- cystic forms. When the Flagyl was added, the die-off and the explosion of so many cysts caused her to be delirious for 48 hours. This was not an allergy. Nine months later she was fine on this same dose.

Cyst-busting treatments are for almost every period of treatment and not some "later stage."

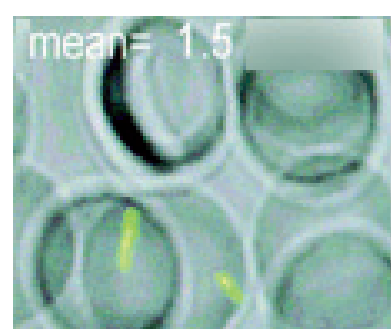
Reason Six

Infections and inflammation decrease insight. This is largely due to an impaired frontal lobe behind your forehead that is involved in self-awareness. Examples of decreased insight are shown in the following situations:

- 1) Some simply feel they are cured when they are only improved. Many avoid my testing to see if they are cured, even if the testing is offered for free.
- 2) Others go to practitioners using trash screen labs that are negative even when Lyme or other parallel tick and flea infections are coming out of their noses.
- 3) Some see physicians who promise to run a Western Blot actually get a junky ELISA test from a lab that has not spent the money for advanced tick disease testing.
- 4) Many physicians and patients do not realize that if you have a +/-, an indeterminate or a positive band at only one of these "bands"-- 18, 23, 25, 31, 34, 39, 83 or 93 -- then you may have Lyme disease.

Reason Seven

Some patients get ill after a flood, large leak or some other water intrusion problem. They feel they are ill only because of mold mycotoxins that form after 36-48 hours of wetness on drywall, insulation, carpeting and other dust or cellulose-filled materials. The EPA reports 30% of USA structures have indoor mold. Some of these indoor molds have war chemicals on their surface. In a revised version of one of my



three co-authored mold books, we will discuss the opening of the tomb of the King of Poland, Casimir IV (King of Poland 1447-92). 12 scientists opened his rotting mold-filled tomb room in 1973. In a few days, four of them were dead! Soon all were dead but two! One survivor had expertise in mold and subsequently found three toxic mold species.

Given the average of 40,000 - 120,000 inhalations per week while residing in a moldy location, it is no wonder some are not easily cured of tick and flea infections. This is why I write books with a master remediator to offer many treatment options, and not merely a 1970's biotoxin binder. The best treatment with any mold problem is a perfect remediation, so I sought out certifications in mold investigation and also mold remediation. It helped me tell the real experts from those who merely had huge pre-formed report templates that were the same for every home or building.

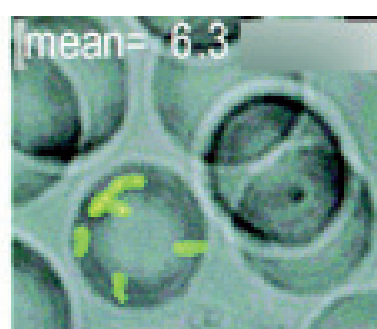
The age of the ten-year "patient" is over. It should never be tolerated. Traditional and alternative medicine Lyme specialists need to catch up with emerging new 2010 medicine-now!

We have also known since the 1880's that dust and high humidity leads to mold and bacteria growth indoors. Their presence makes Lyme disease much more difficult to cure.

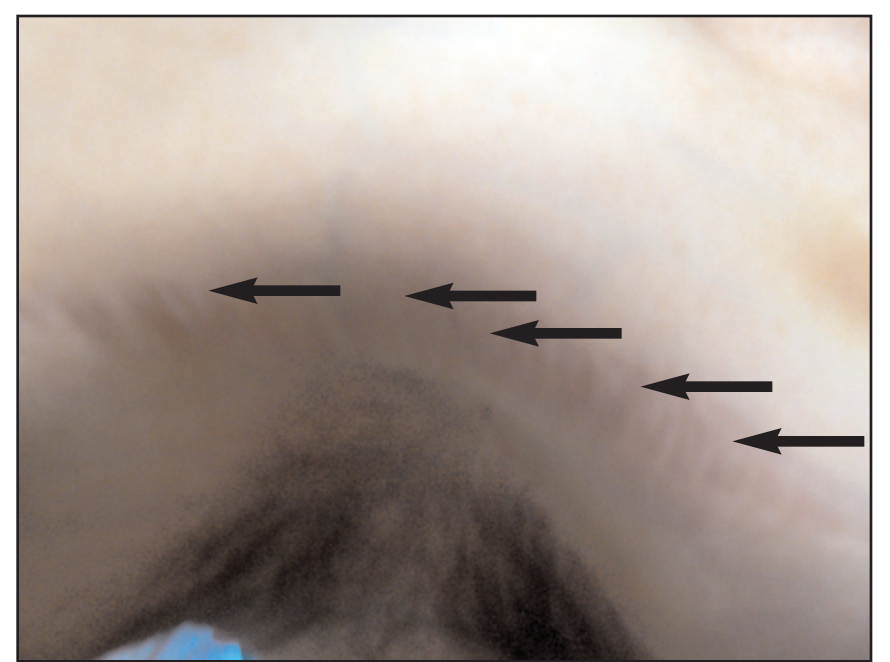
Reason Eight

Lyme appears to make many biotoxins. One is patented (Bb Tox1) and the full gene code is fully known. In past years, some LL MD's doubted the presence of Lyme biotoxins. Since this is a patented Lyme biotoxin, this issue is now obviously settled.

Reason Nine



Reason 3: Images of Bartonella, which is vastly more common than Lyme, and which shuts off parts of immunity. None is in a ring form. We have seen IgG and IgM's of other infections blow up positive after this was killed with new treatments. Lyme is never cured with this immune suppressing bacteria. These are missed approximately 100% of the time by routine large labs. (Source: J. of Exper. Med. 2001; 193:1077 ff.)



It is sad and pathetic that after we examined vast numbers of patients with very severe Bartonella infections, including patients with only Bartonella, and we found they had 40 unique findings, a few still doubt what is in our large two-part full color textbook. Since Lyme is never cured with this immunosuppressant bacteria that floats in blood without a fever, this makes or breaks a cure. Bartonella also ruins personalities. Here is a "stretch mark" which is an infectious mark from Bartonella in the front shoulder skin of a lean male which has a light reddish color from VEGF. The last time I checked, lean men do not deliver babies from their armpit.

A general physician in Maryland, working among massive deer ticks in his rural location, was smart enough to search for clinical applications of basic and accepted codes for transplant and disease medicine. These patterns can be found with a basic Wikipedia search. With this knowledge, he looked to see if certain patterns existed in his patients. Specifically for our purpose, he found that some had trouble removing Lyme biotoxins. Certain HLA patterns were found among thousands of patients, which appeared to show patients with 15/16--6/5--51 patterns were unable to remove Lyme biotoxins. These HLA numbers have many presentation options, but one respected system is what this general physician settled on (R. Shoemaker).

No one in the world has really mastered how to use this information. Ignoring it is unwise. But perhaps avoiding aggressive and full Lyme treatment may also be unwise. I find that using a toxin-binder and trying to treat Lyme aggressively has never led to irreversible low MSH. Indeed, all patients with seriously low MSH have had it return. But it will never become normal if you use a fair remediator who has no building experience or if Babesia or Bartonella are missed. Bartonella also has biotoxins, but these seem to suppress immunity instead of causing inflammation. I have no idea of their effect on MSH or other anti-inflammatory chemicals.

Reason Ten

Starting doses of all medications should be very low and then raised to high levels with liver-protecting substances. Starting at full dosing in a "medically sensitive"

patient is chemical battery. Massive die-offs can be confused with allergic reactions and can cause panic attacks, shortness of breath, chest pain and severe migraines. This sloppy, one-size-fits all approach, is common in large practices in which a few major "protocols" are routine.

Reason Eleven

"Band-Aids" are often required to save a job, a marriage and to care for children. They are often a normal part of care. Pain, fatigue, depression and anxiety often are increased with the die-off of any of the infections carried in deer ticks, and these cannot be ignored. "Band-Aid" treatments are often useful and helpful. I treat people who run companies, schools, very large families and professional teams. They want to sleep 13 hours per day. The use of natural or synthetic stimulant options is discussed in my book *The Diagnosis and Treatment of Babesia*. Patients do not benefit from sleep in excess of 8 1/2 hours. It may just serve to get them fired!

Reason Twelve

If you have healthcare workers who do not feel comfortable being aggressive with treatment and diagnosis of all the top tick and flea infections, you are at the wrong place. If you feel someone is "experimenting" on you or they are willing, reluctantly, to test you at superior labs or with superior direct and indirect testing, than you are in the wrong class. If your healthcare provider has not spent 1,000 hours learning this complex emerging area of medicine requiring a great deal of study, find someone who is serious about it, and not someone "doing you a favor" by simply running a few tests.

Reason Thirteen

You have been treated for many years. You have done IV, you have taken 40 pills per day, you have tried a wide range of specialized treatments, and now you are fed up with it all. You can generally function now at about 75% of your baseline. You are at the end of your

"Treatment Failures" ...pg 12

The World's Top Stealth Bug Ends Marriages, Friendships and Jobs

Bartonella Promotes Addiction, Aggression and Character Disorders

Dr. James Schaller, M.D.

I hate medical drama. If I want drama I will watch a movie, a sporting event or a TV show. Bartonella has almost 2,000 articles on PubMed, but almost no one realizes it is a major source of depression and suicide, panic attacks and social anxiety, seizures, heart attacks, personality change, pushy behavior, divorce, profound narcissism, eccentric obsessions, irritability, hostility, property destruction, cursing, fatigue, chemical sensitivity, memory trouble, addiction to "take the edge off," attention trouble, autism, impulsive rage, fighting and even manslaughter. It can cause you to have 20 types of injury to every organ of the body, and perhaps over a hundred effects on the brain. In this short article, I am going to focus on the "real world" issues of Bartonella and ignore its effects on your spleen or gizzard.

Blindness is routine in medicine. We look at what we believed 50 years ago in mainstream medicine and shudder. Let me let you in on a "hot" stock tip, or a hot medical tip for a "racehorse" that is already across the finish line. Specifically, I have spent thousands of hours studying Bartonella, and as the author of the most recent two-part color textbook on Bartonella, I shudder more each week as I deal with this infection's new lessons. Bartonella is not a shower rinse, it is a Katrina, and no one understands the levies have been completely destroyed. That is the genius of Bartonella. It destroys lives without causing obvious illness.

This is a bacterium that actually turns off a fever [1] and floats in the blood, turning off parts of human immunity. The entire world is blind to the massive destruction of Bartonella, but that is coming to an end. It helped destroy Napoleon's army and aided in their defeat [2]. And in modern times I feel strongly it is vastly

more common than Lyme, and it is perhaps second only to cold/flu and the 400 million infected with malaria each year.

Currently, the ability of virtually every international lab to detect Bartonella borders on a disaster. Using human genome project techniques, 32 specific unique species have been isolated, yet labs only test for two species. When I reported these 32 species, a so-called "Lyme expert" author and PhD., said I am possibly wrong because she did not find it on her "Google search." If you have this kind of anti-intellectual friend to guide you medically into new areas of cutting-edge medicine, you are simply lost. With such a sage, you have no need for terrorists. She published that medical research pearl with a serious face-"do a Google search."

Some healthcare workers and patients in the Lyme community routinely show signs of Bartonella-type behavior, and it has often hindered unity. Some divisions are weird. Some alienation is weird. It is the Bartonella that causes the weirdness. You do not see such agitation and reactions in asthma, Hepatitis C or COPD groups. I know it is easy to say someone is a "jerk" or "loser", but some of these folks have Bartonella in their head. They are different than the person they were 5, 10 or 20 years ago - stunningly different. They are different in a manner that is not consistent with normal personality changes. I want to discuss this in clear and simple ways below, after a terse word on Bartonella testing.

Patients with certain Bartonella are virtually always labeled negative based on lab testing. One lab recently raised their cut-off for a positive to a very high level, because they seemed to be worried they were getting too many positives. I

bet they were and what they found was still a tiny fraction! Patients with clear and active Bartonella have virtually always come back negative due to poor antibody tests; poor PCR tests and poor manual smear staining techniques [3, 4]. I have yet to meet any healthcare worker in the world who has read at least hundreds of Bartonella articles. Some

A divorce at this stage would just be divorcing a person with bacteria and massive inflammation in the brain. It would be like divorcing your spouse for being irritable due to chemotherapy from cancer.

have read ten articles and feel they are up-to-date! This disease destroys lives and it will not be mastered by ten articles. 99.9% of health care workers have almost a complete lack of meaningful knowledge about Bartonella.

Bartonella Ruins Marriages and Close Relationships

John said he could not stand his wife, Laura. She was loud and every word she said was like a foghorn. She was pushy and always violating his boundaries. She looked at his work emails and called him when he was in serious work meetings. Laura "never had a clue that she was doing things at the wrong time and too intensely."

Laura felt John was always ready to jump down her throat. He was irritable and restless. He had become too much of a drinker, and it scared

her. He sometimes drove in a rushed and scary manner, and often ignored her demands he drive "like a sane person."

Both said the marriage was over and they could not stand each other.

I simply asked a number of questions so I could hear about all the major areas of their lives. And while they were angry with their spouse, both had some small but annoying medical troubles, and both had other people that troubled them. Of course when you live in the same house, the spouse, the parent or the sibling gets it the worst.

I told them I supported the idea of a divorce, but since I was looking at labs that showed clear Bartonella from five types of lab findings, from three different laboratories, that perhaps they should wait until they returned to the old healthy John and Laura, and then divorce that person. A divorce at this stage would just be divorcing a person with bacteria and massive inflammation in the brain. It would be like divorcing your spouse for being irritable due to chemotherapy from cancer.

I suggested this delay in the divorce and they each looked at me like I was nuts. Since I am quite nuts, this did not trouble me at all. It showed me they were in touch with reality. Yet after some more education, and a second review of the labs, both agreed they wanted to give the medical care a serious trial first. They would address the marriage later. I knew they would make it because they had insight. They could see the labs were off. While they did not feel they were deeply ill, they could understand the lab results. They also realized they were not at 100% emotionally and physically. The immense danger with

Bartonella and other tick-borne disease is the loss of insight. It causes many deaths - heart attacks, strokes, cancer, pulmonary embolisms, car deaths and injury, suicide and death by ignoring basic reasonable preventative health care.

Today, this couple talks about being "best friends," having a "pretty reasonable" love life, trying to fight off time bandits that limit their "nice talks" together. They are still fighting just a bit more than they were in the past, but the momentum is dying and their fights last a minute and are resolved in 10 minutes. They look back at the time when they had Bartonella and are stunned and a bit frightened that they almost walked out on their best friend. They do not understand it. They do not know why they were so alienated. Their Bartonella cure has saved their marriage. In a recent phone call, they were discussing relatives they were sending to me for treatment, and as they laughed together on the line, I was deeply moved and I reminded them of our session when we went over their lab results and they were both fed up, and both had already given divorce retainers to the most "vicious" divorce attorneys in town. All of us could not believe the shift and healing between them.

Bartonella "Drunks" and Drug Abusers

Angela was never one to drink until she was 28 years old. She had gone camping in North Carolina and had developed a fever. She went to three "top" infection physicians, and they were not sure of the cause of her low-grade ongoing fever and her new restlessness.

She found her way to a psychiatrist, but one that had recently spent a good deal of time learning "cognitive - behavioral" treatments for anxiety. Since I learned these in the "Bartonella" ...cont'd pg 14

ATTENTION: Physicians & Patients

I need your insurance success stories!

I am currently writing a book on the stories of people who have successfully fought battles against insurance companies for Lyme disease treatment. If this is your story, whether you are a patient or physician, please email me!

Thank you in advance,
Kathleen

I am also looking for stories of physicians who have had to battle with their state medical boards.

LymeBook@bellsouth.net



Central Florida Research Inc.
Lyme Testing for the 21st Century



Lyme Antigen Test by
Flow Cytometry

Have your doctor
order sample
collection kits today!

<http://centralfloridaresearch.com>

Phone: 863.299.3232

Fax: 863.299.3355

“Treatment Failure” ...cont’d from pg 2



Dad has been ill too long and his frontal lobes are impaired. He has terrible insight and rigidity.

treatment rope. This is what happens when someone does not treat you fully and effectively at the beginning of your treatment. You can get treatment fatigue.

Reason Fourteen

The treatment approach that leads to cure is not the same dose that leads to stunning organisms. Cure does not do not merely equal fewer bacteria or "a reduction in body load." For example, using Bicillin once a week with no cyst buster will not kill all your Lyme, nor will it remove cysts. So years after receiving this treatment, your cancer-fighting cells, marked by some as the CD57 level, may be under 90. This is one good test that is quite specific for Lyme disease. (The C3a and C4a test is not specific for Lyme).

Reason Fifteen

Cynical know-it-alls can castrate the work of Lyme experts and convince patients to drop healthcare workers who are helping. They usually use "the money" argument or "the speed of your recovery" argument to cut you off from someone sincerely trying to help you. Tick and flea-borne infections in the bodies and brains of relatives and friends can cause some of them to be outrageously critical, entitled, disrespectful, nasty, insulting, and defamatory, proposing God-like stan-

dards to convince you that a person who is helping you should be dropped.

Reason Sixteen

Two respected scientists, Drs. Sapi and MacDonald, did the first clear work on a Lyme biofilm in early 2008. Organizations with millions in grants and research money have never addressed this issue. We know that many spirochetes have biofilms. Indeed, many spirochetes in your mouth are known to cause a biofilm and plaque.

Why does this matter? I'll give you an example: I have a pool. One day it was filled with some patches of large algae. The manual said some algae varieties make a biofilm that make chlorine and algicides worthless. They suggested a tough industrial large brush. I used it, and watched a clear film float off the top of the algae, and in 30 minutes no algae was visible. This is the power of a biofilm. It makes most antibiotics a joke.

In a textbook I am currently working on, I will address the many options for attacking biofilms. No article or book yet exists that explores the twenty plus ways I would propose to beat a Lyme biofilm. I am deeply concerned with the simplistic nature of the current options. It is believed by some professionals that highly specific enzymes can digest a Lyme biofilm. Yet enzymes are some-

times like keys, and this so-called miracle enzyme may not be the "key" to Lyme's biofilm.

Two of the twenty biofilm treatments we are already exploring include these samples. First, if you look at what kills spirochetes making plaque in your mouth, you will notice that the key ingredients include four essential oils present in products like Listerine.

Further, we have been working with biological chemists who are extracting a wide range of natural chemicals from various botanicals. Some grow bacteria and others kill bacteria but hurt human membranes. Others kill bacteria and are profoundly safe.

Reason Seventeen

Self-treatment is easy to pursue. Many experts are expensive, and you are uncertain of their level of knowledge after reading on the Internet. Some are too narrow. Others are open to virtually everything as they seek out cures.

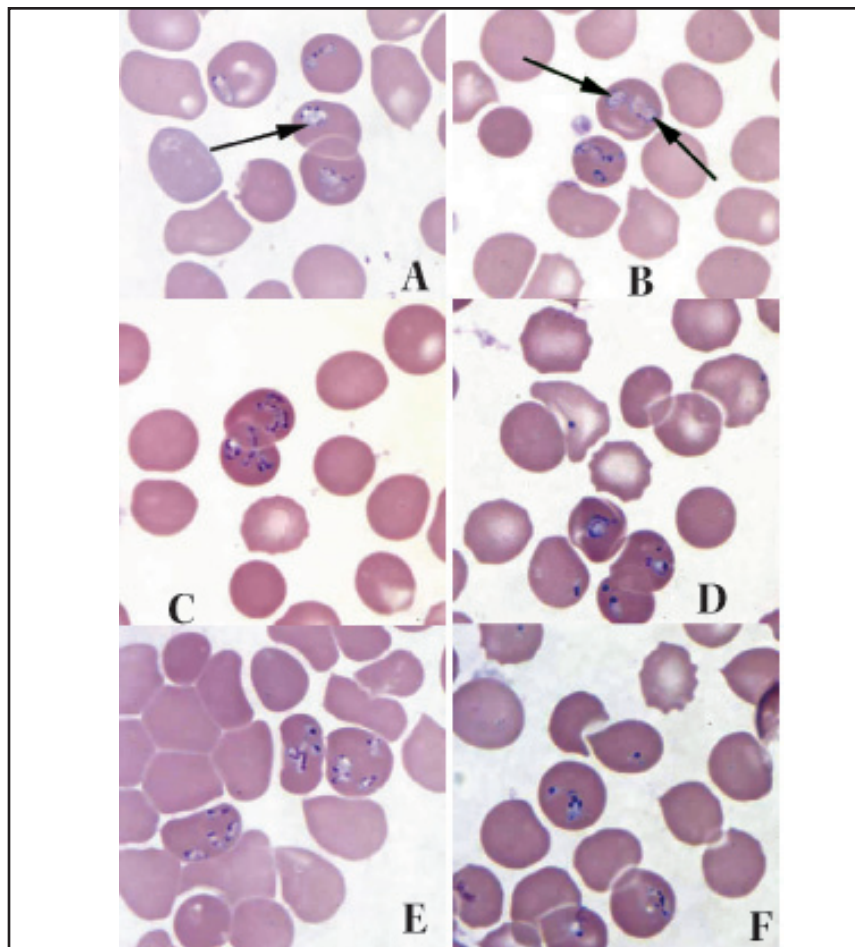
So you get in a medical boat and push yourself out to sea. You read like crazy. You try a, b and c. You read testimonies of hundreds of patients. You try a wide range of non-prescription options. Some

days, weeks or months you feel better. Other weeks, you are not so good. You are upset. You ask yourself, why do I have to do all the work and learning? This is not a good place. People exist who have already explored virtually all of the fifty things you are going to explore in the next ten years. You need a mentor.

Reason Eighteen

Tick and flea-borne infections cause isolation. They ruin relationships due to foggi-ness, poor insight, various addictions, rage, extreme hostility, and refusing to get treatment, and they can sometimes provoke violence. Bartonella is likely the worst cause of these problems, but Lyme and Babesia and their die offs can also increase these problems. Isolation leads to decreased treatment options. It can ultimately lead to divorce and the loss of family relationships and friendships. This, in turn, leads to decreased resources and support while ill. Isolated humans, as Mother Teresa often said, are the poorest beings on earth.

pha



Images of Babesia . We have seen IgG and IgM's of other infections become positive after these were killed with new treatment dosing. Lyme is never cured with this immune system overwhelming parasite. To see 250 sample Babesia images you can view Dr. Schaller's new color book, A Laboratory Guide to Human Babesia Hematology Forms. (Source: CDC Division of Parasitology.)

About the Author:

Dr. Schaller is the author of 27 peer-reviewed journal articles and is one of the most prolific LL MD's in the world.

Dr. Schaller is the author of 20 books including: *The Diagnosis and Treatment of Babesia, Mold Illness and Mold Remediation Made Simple, The Complete Guide to Artemisinin, When Traditional Medicine Fails, 100 Solutions to Out of Control Youth, Suboxone-Pain Treatment with Addiction Relief, and A Laboratory Guide to Human Babesia Hematology Forms.*

He has recently published the most up-to-date textbook on Bartonella, which he feels is a top vector in the world-possibly more common than Lyme.

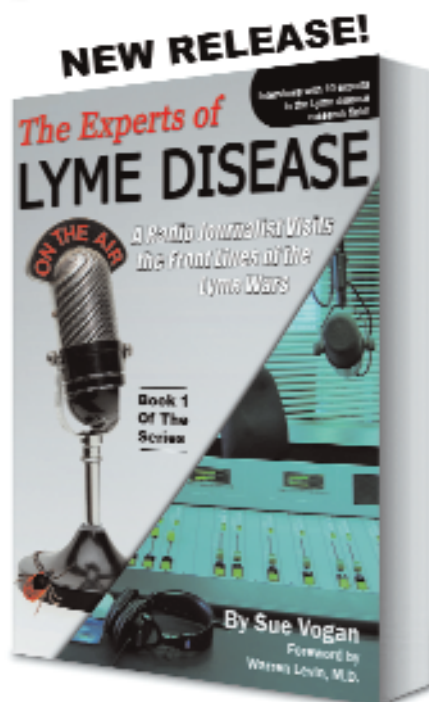
Dr. Schaller's many national and international medical publications in such journals as *JAMA, Medscape,* and some of the largest pediatric journals in the world. He was the first to publish a practical cancer cure which blocks a single enzyme of a deadly blood cancer, which has become a standard treatment internationally. He has also designed wholesale nutritional products and published nutrition and herbal purity and potency research.

Dr. Schaller is a strong advocate for looking at many treatments and illness causes as can be seen from his site: www.PersonalConsult.com. Here he offers over 800 articles in over 10 areas of medicine for free.

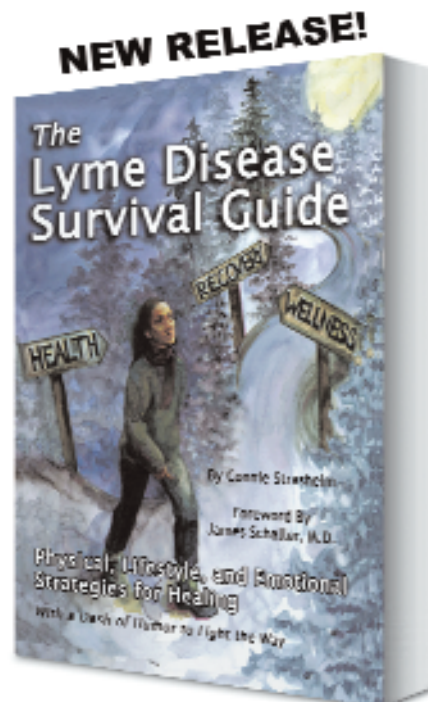
Dr. Schaller offers free brief educational chats which can be arranged on www.personalconsult.com.



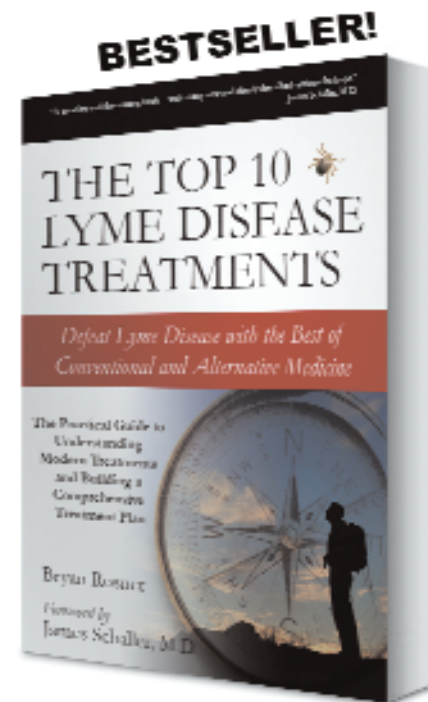
Your One-Stop Source For Lyme Disease Books & DVDs



The Experts of Lyme Disease By Sue Vogan



The Lyme Disease Survival Guide By Connie Strasheim



The Top 10 Lyme Disease Treatments By Bryan Rosner

See the complete selection at:

www.LymeBook.Com

“Bartonella” ... cont'd from pg 9

80's, I was confused why she was not offered medications when his treatments were not significantly helping her.

She dropped him and simply started drinking wine. She had wine with her late afternoon "wind down." She had wine with her kid's dinner. She had wine with her dinner. She had wine with her husband when he came home late. Four drinks will dissolve a brain and that was certainly happening to Angela.

But what worried her husband was she left their little toddler alone at times when she had been drinking. She became forgetful and more distracted. Her toddler eventually died in her pool. She was in the other room and was not really drunk, but not fully alert either.

Soon after the death of her son, she was found to be Bartonella positive. It became clear she was having major brain fog with even one drink. Angela realized she could not drink. She joined AA and dedicated herself to her faith and sought forgiveness.

Angela is now very passionate about mental functioning. She will simply tell you that you are foggy and ask what is wrong. And she will run down a series of possible causes. She has helped a number of folks catch medical problems like Bartonella. One of her friends, who was a very aggressive driver, was found to have both Bartonella and Lyme, and now is doing much better with treatment. He had a few very close calls where he could have been seriously hurt or killed another driver due to his agitated or impulsive driving.

Phil was a hunter in New Jersey. He caught Bartonella and slowly became

irritable and anxious. Cocaine and heroin made him feel "right." He had a family history of drug abuse and so he figured it was just his genetics. When he was found to have Bartonella, he was given Suboxone (See my Suboxone textbook) and he was off the heroin in 3 days. He had to use other medications while he was treated very aggressively for Bartonella and other medical troubles. Now he is off all illegal drugs, and he has no anxiety and feels content - "like I did years ago." I feel the Bartonella caused his need to use destructive substances. Agitation, reactivity, panic attacks and serious insomnia can often be from Bartonella.

Bartonella Aggression and "Hot Heads"

Sean told me he would walk around "bad neighborhoods" at night, dying for a fight. If no one bothered him, he would go into a bar and pick a fight. He did not care if he was hurt. He was simply filled with a fire inside. He had to blow to release it. Sean also lost his job because of disrespectful hostile comments to his boss. He was diagnosed with two forms of Babesia, along with Lyme and Bartonella.

Michele was not one to use bad language. In fact, as a pastor's wife and a passionate Christian, she had not cursed in years. But she went up to Martha's Vineyard and, after that trip to see some friends, she was clearly different. She had "a flu" after her fourth day, and was never quite right "emotionally" after that time. She needed antidepressants at very high dosages to keep from crying. She had Bartonella, and

when that was treated she was weaned off the antidepressants over five months. Michele is very patient again. She is back caring for those living as single mothers and those who have incurable fatal diseases - two areas she feels a strong desire to serve.

Bartonella Suicide and Violence

A priest went for a long series of walks in the Texas countryside while visiting a fellow clergyman. He loved the outdoors and he loved nature. Father Paul was treasured by his parishioners. He had served them with integrity and immense love for many years. Soon after his Texas trip, his mood took a profound dive. He developed a combined profound depression with agitation. He went to his family doctor and then to three psychiatrists. Over three years he became worse and worse. A short treatment with a brain stimulation treatment helped him for 2 weeks, but soon he was depressed and agitated again. Then one day he took his life.

Some time after his death, a pathology sample was sent for DNA evaluation. He had Bartonella. Unfortunately for this tortured fine man, no one ever considered this as the cause for his suffering and the reason his mood treatments had failed. I strongly hope his suffering will teach others that, when routine treatments do not work, consider tick and flea-borne infections.

Mike explained to me that he could not understand why he had harmed his girlfriend. She was only mildly annoying, and he committed

aggravated assault and hurt her severely. He had lab testing for his mood troubles and some unusual rashes three weeks before his assault on his girlfriend. He had many physical exam findings of Bartonella and he had lab testing showing he had Bartonella.

Unfortunately for him, the legal system usually functions at a 9th grade science level, and no one was ever going to consider a simple case of mere "cat scratch fever" as the cause for his eccentric aggression. Mike had adopted two stray kittens months before his assault. They slept in his bed. The odds they carried Bartonella were very high.

Ignoring Bartonella is serious. It is time to put this infection front and center, and to also realize it is impossible to cure Lyme disease with a powerful immune suppressing bacteria possibly floating throughout all your capillaries and deepest tissues. *pha*



Dr. James Schaller, M.D. is the author of 27 peer-reviewed journal articles and 25 books, including many tick infection books. Visit his website: www.personalconsult.com

References

1) Lappin MR, Breitschwerdt E, Brewer M, Hawley J, Hegarty B, Radecki S. Prevalence of Bartonella species antibodies and Bartonella species DNA in the blood of cats with and without fever. *J Feline Med Surg.* 2008 Aug 27. [Epub ahead of print] Accessed September 21, 2008.

2) Raoult D, Dutour O, Houhamdi L, Jankauskas R, Fournier PE, Ardagna Y, Drancourt M, Signoli M, La VD, Macia Y, Aboudharam G. Evidence for louse-transmitted diseases in soldiers of Napoleon's Grand Army in Vilnius. *J Infect Dis.* 2006;193:112-20. Epub 2005 Nov 18. Accessed July 10, 2007. no ll.

3) Vermeulen MJ, Diederer BM, Verbakel H, Peeters MF. Low sensitivity of Bartonella henselae PCR in serum samples of patients with cat-scratch disease lymphadenitis. *J Med Microbiol.* 2008;57:1049-50.

4) Herremans M, Bakker J, Vermeulen MJ, Schellekens JF, Koopmans MP. Evaluation of an in-house cat scratch disease IgM ELISA to detect Bartonella henselae in a routine laboratory setting. *Eur J Clin Microbiol Infect Dis.* 2008 Aug 5. [Epub ahead of print]. Accessed September 21, 2008.

“MMR/Autism Link” ...cont'd from pg 6

which can be mild or severe with a constellation of acute symptoms that are subtle (deep sleep with difficulty arousing) to dramatic (convulsions, high-pitched screaming).

Mild to severe brain inflammation can lead to permanent brain dysfunction in at least one-third or more of all who experience it. The residual effects of brain inflammation can vary from learning disabilities and ADHD/ADD to medication-resistant seizure disorders, autistic behaviors and mental retardation.

In 1998, officials of the federal Vaccine Injury Compensation Program (VICP) published a review of vaccine injury and death claims submitted to the VICP involving the measles vaccine either alone or

in combination (such as MMR). They analyzed the medical records of 48 children ages 10 to 49 months who either had died or suffered mental regression and retardation, chronic seizures, motor and sensory deficits and movement disorders following receipt of measles-containing vaccines. The authors concluded that "The onset of neurologic signs or symptoms occurred with a nonrandom, statistically significant distribution of cases on days 8 and 9" and "This clustering suggests that a causal relationship between measles vaccine and encephalopathy may exist as a rare complication of measles immunization."

Immune-mediated chronic inflammation of the brain, gastrointestinal tract and

other parts of the body in previously healthy children following receipt of MMR and other vaccines may not be as rare as CDC officials would have the public believe.

Researchers have found evidence of chronic inflammation in the brains of patients with autism, particularly in the cerebellum. Brains of those suffering with autism have been observed to be in "a chronic state of specific cytokine activity." The suggested biological mechanisms for the observed brain inflammation included chronic disease or an external environmental source. In addition, there is a good possibility that genetic predisposition to immune system dysfunction (autoimmunity, allergy) may be a key to development of regres-

sive autism following vaccination in some children.

The recent study out of the CDC and Columbia University is not good enough evidence to disprove the autism-MMR link first reported by Wakefield and others in 1998. The scope of the most recent investigation was far too narrow and enlightened pediatricians and informed parents know it. As autism advocate Rick Rollens and national autism groups have pointed out, more methodologically sound research must be done before the public jury questioning MMR vaccine safety will stand down. A good start would be a prospective case controlled study comparing immune and brain function of highly vaccinated children to that of unvac-

inated children for a period of at least ten years, which has been requested by parents of vaccine-injured children for several decades.

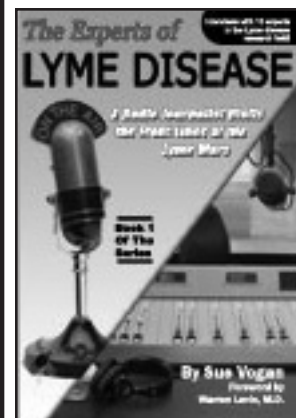
For a comprehensive summary of the decade-long persecution that Andrew Wakefield has endured at the hands of individuals with major financial conflicts of interest with government and industry, visit the Cryshame website at <http://www.cryshame.net/> maintained in Great Britain. A new essay by British journalist Martin Walker entitled "An Interest in Conflict" examines the tactics used by those determined to punish Wakefield for daring to publish an hypothesis discussing the association between vaccines and autism. *pha*



The Poison Plum is a gripping, chilling novel exposing the rampaging epidemic of Lyme disease now sweeping across America and the disease's connection, if any, to the government's top-secret biological research laboratory at Plum Island, New York.

www.poisonplum.com

You can order the book online at the website!



In Short Order with Sue Vogan

The ONLY Radio Program that is dedicated to the latest news and developments concerning Lyme Disease.

www.contacttalkradio.com

Mondays 9PM EST/ 8 PM Central Time