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## **Why Lyme Treatments Fail**

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

My average patient has been to 10-50 physicians before me. Such patients have not been healed of their Lyme disease. Below are some common reasons for their treatment failure:

1. ***Many patients and practitioners are profoundly ignorant about how to interpret a Western Blot Test.*** They say it is either “negative” or “positive.” Wrong. If a person has one “fingerprint band”, they have Lyme disease. These highly specific bands, widely accepted in the world literature, are 13, 14, 17, 21, 23, 24, 25, 28, 31, 34, 35, 37, 39, 47, 50, 54, 83, 84, 93 and 94. The lab can be a junk lab that invests nothing to optimize their testing kit, but if one of these bands is positive—Lyme is present. IGenEX has the best Western Blot in the world. No other lab has invested so much, for so long, to create the best test. If your clinician wants to first use an ELISA, simply run. To put it bluntly, the ELISA test as a screening tool is useless, missing even the most obvious PCR positive patients with clear past histories of massive Bull’s Eye rashes, which, while not the norm, provide evidence of spirochetes.

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2. ***Practitioners are not aware of current treatment approaches.*** Practitioners who follow a year-after-year IV treatment approach are not "up-to-date" in their knowledge of Lyme. Ten years of Lyme disease treatment is not acceptable. These so called "cure" treatments often merely lower the body's pathogen load or decrease symptoms without fully eradicating all the different types of infectious agents.
3. ***Some treatments are simply useless. For example, the use of hyperbaric oxygen (HBOT), for the treatment of tick-borne infections fails.*** The use of HBOT in mice studies is not applicable to humans. To prove that HBOT is useless for the treatment of tick-borne infections, I decided to perform a self-funded study to examine its benefits for the treatment of Lyme (Borrelia), Babesia, Ehrlichia and Bartonella. After receiving 120 treatments at 2.4 atmospheres for 90 minutes each, all participants still had clear positive findings for all four infections. Therefore, there is no validity to the claim that HBOT "kills" Lyme disease. I have talked to the late Dr. Fife in detail and carefully evaluated the HBOT research of Dr. Robert Lombard, which has further confirmed this finding. I love this treatment for many medical problems, but it is not a cure for tick-borne infections. It may help other aspects of patients' suffering.
4. ***Ignoring new data leads to treatment failures.*** All medical groups have founders who represent the core of their organization. These founders are closed-minded about receiving new information. This is simply human nature. For example, I have published many new books on advanced tick-borne infections, all showing new critical information. For some "Lyme-literate" physicians, it took educated patients throwing a copy at them before they read this new information, and by then, years had already passed. Some health care workers believe in a Lyme literate Pope or President, but no such expert exists. Sure, some offer useful information from past investigations. However, no one has

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- mastered modern tick-borne medicine and all the newest co-infection information.
5. ***Sick physicians are trying to treat sick patients.*** I have been asked by a number of physicians to share my various findings, because they have become ill themselves and need treatment help. I have asked them to stop treating themselves, and to do an hour consultation with very extensive labs. Most have refused. Tragically, what they could have learned by fixing themselves would have translated into real help for their patients.
  6. ***Current treatment recommendations are profoundly flawed.*** IV treatments are often used without herbal or synthetic antibiotic cyst busters. The most common treatment for Babesia is 750 mg/teaspoon of Mepron, taken twice a day. The most commonly used herbal Babesia cures are artemisinin, dihydroartemisinin, or artesunate (for example, Zhang Artemisia from Heprapro.com). The latter involves a standard dose of one capsule three times a day—yet all four of the approaches listed above fail at published and recommended doses, even after long trials of treatment.
  7. ***A lack of two-year blind studies leads to treatment failures for Bartonella.*** For example, I have found that high doses of Levaquin, Rifampin, Zithromax, doxycycline, Mycobutin, Ceftin, Omnicef, Cumanda and Banderol, all fail to cure Bartonella. These antibiotics, along with Rife machines that are used at various frequencies and power, may lower the body's pathogen load and lead to initial and convincing feelings of improvement, but none of these treatments leads to a cure for Bartonella.
  8. ***The current tests for Babesia, Bartonella and Ehrlichia are markedly flawed.*** Some DNA or PCR tests that are processed by a popular East Coast lab, often miss a positive infection up to ten times. If a lab needs to produce ten urine or blood samples to show a positive result, it is not

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functional. Some labs are only fair at tissue PCR testing, when the tissue has clear Lyme, Babesia and Bartonella that can be observed microscopically. This is a diagnostic disaster. Amazingly, some rely upon large national labs to do manual examinations of red blood cells to look for Babesia and Bartonella. I have never seen a large national lab detect Babesia or Bartonella in over 600 manual smears. No national lab has been able to capture these infections even once in patients with certain strains of Babesia and Bartonella. I have repeatedly offered to assist them in improving their technology by linking them with hematology experts in tick-borne infections. They did not care that their manual smears were worthless, and I was repeatedly ignored.

9. ***The knowledge base about both Bartonella testing and treatment borders on the catastrophic.*** Bartonella is one of the most common infections in the world. Calling it a “co-infection” may be an error. If anything, Lyme (Borrelia) might be the “co-infection.” Bartonella is found in vast numbers of common vectors including dust mites, fleas, flea feces, pet saliva, ticks, etc. Amazingly, it can turn off or lower antibodies to Lyme disease, Babesia, Ehrlichia, Anaplasma and even itself. Bartonella floats in blood and also enters all blood vessel walls without causing a fatal fever, and indeed, actually lowers fevers. It is the ultimate stealth infection. It turns off antibodies, fevers and immune function defense chemicals as it damages organs in anywhere from 20-60 different ways.
10. ***The use of fixed “protocols” or “procedures” in the treatment of tick-borne infections is sadistic “machine mill” medicine.*** Why? It treats each ill human person as a machine that is built the same and has the exact same problems, which in turn objectifies the patient and flirts with the sociopathic. We see this mindset in serious criminals, who mold people into objects in an effort to fit their skewed perceptions of the world. It is junk medicine to apply a blanket protocol to a unique human body, with a complex and multi-faceted infection

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cluster and unique biochemical response. Doing so is useless “mill medicine,” plain and simple.

11. ***Since Bartonella turns off the production of antibodies to infections like Babesia microti or Babesia duncani and Lyme disease, this infection must be considered in all initial consults, but it often isn't.*** I would suggest that practitioners learn the 60 different skin patterns that can be created by Bartonella or a mix of Bartonella/Lyme infections. It would also be useful for them to become familiar with the indirect lab markers that are associated with Bartonella infections, as well as those that are associated with mixed Bartonella/Babesia infections, such as IL-6, IL-1B, TNF-a, ECP, and VEGF. We discuss clinical patterns that are seen as a result of these lab results in the *Babesia 2009 Update* book and *The Diagnosis and Treatment of Bartonella* book (available from [www.lymebook.com](http://www.lymebook.com)).
12. ***Some patients have very few Babesia protozoa parasites, but they are causing serious trouble in their bodies. Practitioners don't recognize them to be a problem, however.*** Their small numbers cause them to be missed in visual FISH exams, PCR and antibody tests.
13. ***Most labs don't test for new species of Babesia and Bartonella, such as Babesia duncani or the many other documented species of Babesia (15) or Bartonella (10) that infect humans, but practitioners cannot rule out the presence of these infections just because patients test negative for them.*** One way to reduce treatment failures is to use new medical tricks to detect stealth Babesia. (Babesia can cause symptoms of ongoing fatigue, headaches and weight gain, as well as others, while hindering the treatment of Lyme disease).
  - a. The “trick” is simple: A patient is given at least two Babesia killing medications such as Mepron and artesunate or Malarone (given for the proguanil).

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These medications are used for ten days at a dose that both patient and physician feel is worth the risk.

Usually, at least one of the medications will kill a few Babesia parasites. Approximately ten to fourteen days later, a follow up lab test is performed, in which blood is drawn and special attention to ECP levels (which are produced to kill parasites) is given. The new ECP level is compared to the baseline. If the ECP rises significantly, it is usually a sign of Babesia “die-off”. (Eosinophils release ECP and possibly inject Babesia debris). Changes in IL-6, IL-1B, TNF-a and VEGF as a result of this test are also indicative of Babesia die-off.

- b. An added option is to wait six weeks after doing this “trick” and have the patient tested for antibodies to Babesia microti or duncani. One youth patient with profound illness was finally diagnosed in this manner, and after three weeks of triple Babesia treatment had significant clinical improvement for the first time in six years. Not being able to detect stealthy, low-volume Babesia is a common problem when treating tick and flea-borne infections. Talented health care workers commonly miss these red blood cell parasites, but this trick usually causes the parasites to show up and can save patients from years of failed treatment.

14. ***The Bartonella testing of most national labs is useless. It is stunning to read about so-called “sages” who report that patients don’t have Bartonella just because a large lab didn’t find antibodies to the infection in their blood.*** First, these “sages” do not understand that Bartonella turns off its own antibodies, and that the large labs only check for one (or two) species that infect humans, and their cut-off titers are unrealistically high. Thankfully, IGeneX Bartonella FISH testing will be available soon nationwide (except in New York State).

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15. ***Infections and inflammation decrease insight.*** Tick-borne infections routinely destroy patients' ability to have insight into treatments and lead to personality changes and/or rigid resistance to testing. This is largely due to an impaired frontal lobe (the part of the brain involved in self-awareness). Examples of decreased insight are demonstrated by the following situations:
- a. Patients feeling like they are cured when they have only experienced improvement in their symptoms
  - b. Patients intentionally going to practitioners who use inferior labs.
  - c. Patients refusing, with eccentric resistance, to be tested for tick-borne infections.
  - d. Patients dismissing positive test results with a wave of the hand.
16. ***Some patients insist that their problem is mold and not tick-borne infections. They cannot believe both are important and either one could be “the last straw” for them.*** 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 in their home that have formed 36-48 hours after water intrusion into drywall, insulation, carpeting and other dust or cellulose-filled materials. The EPA reports that 30% of US structures have indoor mold. Some of these indoor molds have war-grade chemicals on their surfaces. When the tomb room of the last King of Poland, Casimir IV was opened in Paris in 1973, ten of the twelve scientists who were present died. One survivor had expertise in mold and subsequently found three toxic mold species.
17. ***Residing in a moldy location prevents people from being cured from tick and flea-borne infections.***

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This significant factor was the catalyst for my decision to write two mold remediation books. 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.

18. ***Lyme has at least one surface biotoxin, the patented BbTox1, and some people cannot detoxify this biotoxin.*** Patients with 15/16--6/5--51 HLA patterns are probably unable to remove Lyme biotoxins (R. Shoemaker) and must take a binder, like Cholestyramine, which has been used to bind biotoxins since the 1970's. Other HLA patterns have been identified in 2009 that may be responsible for the body slowly releasing Lyme biotoxins.
  
19. ***Many patients who have had tick-borne infections have very high levels of inflammation. High starting doses of antibiotics exacerbate this problem and complicate healing.*** Therefore, all starting doses of medications or herbs should be very low and gradually raised to higher levels. Additionally, liver-protecting substances should be given in conjunction with these remedies. Starting at full dosing in a "medically sensitive" patient is akin to committing chemical battery. Massive die-off reactions may 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.
  
20. ***Medical "Band-Aids" are often required to save a job or a marriage and to care for children, but practitioners don't always prescribe these.*** They are often a highly useful component of care, however. Pain, fatigue, severe insomnia, depression and anxiety often increase with die-off reactions or as a result of the presence of the infections. Band-Aid treatments are therefore often useful and helpful for patients. I treat people who run companies,



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schools, very large families and professional teams. They want to sleep 13 hours per day. They need stimulants for a period of time. The use of natural or synthetic stimulant options is discussed in *The Diagnosis and Treatment of Babesia* (available from [www.LymeBook.com](http://www.LymeBook.com)). Patients do not benefit from sleep in excess of 8 hours. It may just serve to get them fired!

21. ***Some healthcare practitioners are not comfortable with being aggressive with their patients' diagnoses and treatment of tick and flea-borne infections. This is a problem.*** If healthcare practitioners haven't spent 1,000 hours learning about this complex emerging area of medicine that requires a great deal of study, then their patients need to find practitioners that are serious about it, instead of someone who is just "doing them a favor" by simply running a few tests.
22. ***Some patients relapse due to "treatment fatigue." Meaning, they have been treated for many years and are fed up.*** They have done IV antibiotics or IV nutrients, have taken 40 pills per day, tried a wide range of specialized treatments, and now are tired of it all. They are at the end of their treatment rope. This is what happens when practitioners do not treat them fully and effectively at the beginning of their treatment. They get treatment fatigue. Patients should consider a short treatment break, and discuss this option frankly with their health care providers. They should not confuse cure with improvement.
23. ***The treatment dose that "stuns organisms" is not the same dose that leads to a cure.*** A cure is not a mere reduction in bacterial load. For example, using Bicillin once a week with no cyst buster will never cure patients of Lyme disease because it does not remove cysts. So years after receiving this treatment, levels of the body's cancer-fighting cells, marked by some as the CD57, may still be under 90, which indicates active infection. This is one good test that is

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possibly specific for Lyme disease and other tick-borne infections. (The C3a and C4a tests are definitely not specific for Lyme).

24. ***Cynical relatives, friends or other health care workers defame Lyme experts, and convince patients to drop healthcare workers who are actually helping them.*** They usually use “the money” argument or “the speed of your recovery” argument to dissuade patients from receiving help from those who are sincerely trying to help them. If patients have been battling for years with multiple infections, they will not be cured in four months.
25. ***Last year, the existence of a Lyme biofilm was proposed. Many spirochetes make biofilms so this was not really a surprise, but not addressing these may undermine treatment outcomes.*** Indeed, many spirochetes in the mouth are known to cause biofilms, and they are believed to limit antibiotic effectiveness. Organizations with millions in grants and research money have never addressed this issue.

I am currently working on a textbook that addresses the many treatment options for attacking biofilms. No article or book exists that explores the twenty-plus ways that I would propose to beat a Lyme biofilm. It is believed by some professionals that highly specific enzymes, drugs, or one mineral can undermine a Lyme biofilm. Yet enzymes are like highly specific keys, and no single enzyme has been a proven “key” to undermining a Lyme biofilm.

26. ***Self-treatment is easy to pursue but does not lead to cures. The best experts are typically expensive even when they use physician extenders, and their level of expertise may be uncertain.*** The Internet seems to offer many effective treatment options but not all of these are, in reality, good. Some health care practitioners

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seem too narrow in their approach to treatment, while others are open to virtually everything. So patients get into a medical boat and push themselves out to sea. They read like crazy. They try treatments a, b and c. They read testimonials of hundreds of patients. They try a wide range of non-prescription options. Some days, weeks or months, they feel better. Other weeks, they don't feel so good. They are upset. They ask themselves, "Why do I have to do all the work and learning?" This is not a good place for them to be in. People exist who have already explored virtually all of the things that those with Lyme are going to explore over the next ten years. They need mentors.

27. ***In many of my books and many Internet sites, patients can read about preventing flea and tick bites.*** They do not need to be re-infected with Bartonella, Lyme, Babesia or any other infection. They can learn about the basic steps to protecting themselves from tick bites by doing about thirty minutes of reading.
28. ***Tick and flea-borne infections cause isolation. They ruin relationships due to the sick person's fogginess, poor insight, depression, various addictions, rage, anxiety and extreme hostility, or because he/she refuses to get treatment. They can even sometimes provoke violence in those infected. This hinders recovery.*** Bartonella is likely the worst cause of these problems, but Lyme and Babesia and the die-off reactions that they cause 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.

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**OTHER REASONS FOR LYME TREATMENT FAILURE EXIST, BUT IT IS IMPORTANT FOR PATIENTS AND PRACTITIONERS TO AT LEAST KNOW THESE BASIC ONES.**

*ABOUT DR. SCHALLER: James Schaller, M.D., M.A.R., is the author of 26 books with six on tick-borne infections. He has published more books on tick-borne infections than anyone in print. Dr. Schaller is the author of 27 peer-reviewed journal articles and is one of the most prolific and creative LL MD's in the world. He is a full-time self-funded researcher, with a part-time private practice offering tailored care to patients. You can visit Dr. Schaller's website at: [www.personalconsult.com](http://www.personalconsult.com).*

*The following books by Dr. Schaller are sold through the company that publishes the book you are now holding, BioMed Publishing Group, available from [www.lymebook.com](http://www.lymebook.com):*

- *The Diagnosis and Treatment of Babesia*
- *The Use of the Herb Artemisinin for Babesia, Malaria and Cancer [this book discusses all Artemisia derivatives]*
- *Mold Illness and Mold Remediation Made Simple*
- *Bartonella: Diagnosis and Treatment [2-part set]*
- *2009 Babesia Update: A Cause of Excess Weight, Migraines, and Fatigue*
- *The 35 Causes of Lyme Disease Treatment Failure [Expected release date: December, 2009]*