The Babesia Checklist

Improving Detection of

A Common Emerging Stealth Infection

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

Please note that an unknown percentage of people infected have no symptoms, at least for many years.

This checklist is not meant to be used as a definitive tool to diagnose Babesia. I would suggest no definitive 100% or even 98% sensitive tool exists.

My goal is merely to decrease illness resulting from false negative patients, i.e., people who are positive but do not show up positive on a basic direct test.

Indeed, it is not uncommon for a patient with Babesia to present with a negative test result over ten times, regardless of the lab, and then to show up positive on DNA testing when exposed to two or three protozoa treatments for three days, or to have 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 this has happened 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 titer from negative to positive.

The path to expertise with Babesia is not simply to read a summary article or guidebook (of which I have authored four on the topic of Babesia). Nor is expertise acquired by viewing the sickest 1% of patients as the “norm” in Babesia diagnosis.

If someone seeks expert knowledge of the infection, it begins by reading the entire world Pub Med literature over a few years, then utilizing that knowledge by focusing on this infection for over five years.

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

Please circle any symptom that may have applied to you within the last ten years:

1) I 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 stool do not apply.

2) I react to a malaria drug. (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 and a severe headache resulting from a teaspoon of 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).

3) Headaches with no clear cause

4) Headaches that are hard to control

5) Weight gain in clear excess of diet and exercise

6) Weight loss with reasonable eating and average exercise

7) Fatigue in excess of most people in the same age range

8) Fatigue that produces need for sleep in excess of 8 ½ hours daily

9) Fatigue with ongoing insomnia [consider the possibility of both Bartonella and Babesia in this case]

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

11) A percentage of Eosinophils in low range or high normal range

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

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

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

15) Swelling in limbs and parts of body

16) Night sweats

17) Excessive perspiration during normal daily activity

18) Hot flashes in a normal room temperature

19) A poor appetite

20) Intermittent fever

21) Chills

22) A high fever

23) A high fever in excess of three days

24) Slowed thinking

25) Listlessness

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

27) A TNF-a in excess of 1.0 in the presence of Bartonella

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

29) Pets, farm animals or local relatives with ANY tick borne virus, bacteria or protozoa

30) Excess breast tissue in a man or boy

31) Decreased appetite

32) Severe chest wall pains

33) Random stabbing pains

34) Any enhanced sense: sensitivity to light, touch, smells or sound

35) Family, friends or others report you look tired or foggy

36) You have received blood from another person

37) 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

38) Nausea or vomiting

39) Hemolytic anemia with lab positive blood products in your urine

40) Dark urine [this is rarer than some articles intimate]

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

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

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

44) Exposure to outdoor cats and dogs in excess of very rare incidental contact.

45) The patient's mother is suspected of having Babesia, Ehrlichia, Rocky Mountain Spotted Fever, Anaplasma, Lyme or Bartonella based on newer direct and indirect testing.

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

47) Exposure to outdoor environments with brush, wild grasses, wild streams, golf courses or woods.

48) Outdoor exposure in locations such as brush, wild grasses, wild streams or woods which took place **without** the use of DEET or **without very high off- gassing essential oils** on exposed skin areas.

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

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

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

52) 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]

53) 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]

54) Profound psychiatric illnesses [this is not limited to a single infection]

55) Daytime sleep urgency despite nighttime sleep

56) Waves of generalized itching [this infection and inflammation sign is not limited just to Babesia].

57) Spike of a fever over 100.5 after a possible tick bite.

58) Insomnia after taking a malaria killing herb or drug

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

60) Rage or **temporary** personality regression ***right after use*** of a malaria killing herb or medication

61) Excess fat in lower belly area that is in excess of lifestyle and activity.

62) Lumps or other types of tissue collection with no clear cause [Other tick and flea-borne infections can also cause these growths]

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

64) Psychiatric label(s) given for ***all of your troubles*** or a child or relative's troubles when clear medical problems exist as shown by abnormal laboratory results (***only if wide testing is done which includes inflammation and anti-inflammation chemicals, hormones, nutrient levels, and other immune system chemicals).***

65) You have 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.

66) 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.

67) 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.

68) No blood smear will be positive for Babesia unless you have a profoundly massive number of infected red blood cells which is rare. **No blood smear should be considered negative unless it has been examined for 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 Hematology Forms of Babesia Book, requires at least thirty minutes, which requires private contracting with a microbiologist or pathologist or a favor from a lab director. Please appreciate that stains help define whether a substance is what it appears to be.

69) Outdoor exposures to areas such as brush, wild grasses, wild streams or woods, which occurred **without permethrin on shoes, socks and all clothing.**

70) Have you had clear exposure to ticks in your **current or past homes?**

71) Have you had **clear exposure to ticks during vacations or other travels?**

Babesia is an emerging infection. Any certainty claims or criticism about Babesia positions without reading at least parts of 1,500 articles is premature certainty. 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.

Therefore, since this is a new emerging illness, this scale is meant to merely 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 [Lyme]. Anything that can hide for a couple of decades, and then possibly kill you with a clot 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 over five years.

Currently, these many indirect well-established lab test patterns are not used or understood by immensely busy clinicians working full-time. While this is fully understandable, I hope it may change in the coming decade.

Dr. Schaller is the author of 29 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 six 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. One of these award ratings is based on physician peer ratings.