

JAMES SCHALLER, MD, MAR

The Bartonella Checklist

Increasing Suspicion of This Emerging Stealth Infection

1. Insomnia [If profound fatigue this might not apply].
2. Current anxiety that was not present at age ten.
3. Current anxiety or depression not present at twenty years old.
4. Knee-jerk emotional responses worse than past decades and worsening.
5. Unusual discomfort on the soles of your feet
6. A temperature **under** 98.3 in a sick person. A temperature **under** 99.0 if Lyme disease or Babesia is present
7. Puffy tissue on insole or any part of ankles
8. Depression
9. Depression that is not fully controlled. [Improvement of mood is not successful in depression treatment].
10. Gingivitis or bleeding during flossing
11. Anxiety is poorly controlled with average dosing
12. Depression is poorly controlled by reasonable medication trials
13. Sleep medicines work poorly at routine dosing
14. Rage worse with time
15. Irritability worse with time
16. IL-6 is very low
17. IL-1B is very low
18. TNF-a is in lower 10% of normal range
19. Any skin markings or growths **greater** than most people
20. Blood vessels or color on skin **greater** than most people
21. Impatience > in personality when compared to ten years ago. [in a child, any can be any irritability]
22. Cursing or hostile speech that is worse over time.
23. One or more medical problems with unclear cause(s) and “idiopathic.”
24. Red papules of **any** size.
25. Skin tags including ones removed by dermatologist or shaved off.
26. Unusual blood vessels of any kind including inside organs such as bladder or intestinal walls
27. Any skin finding in excess of 95% of most humans

28. Skin findings showing increased blood vessels of any size
29. Skin findings showing increased tissue formation that is increased over the flatness of surface skin.
30. 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.
31. Increased addictions that are more resistant to recovery than average.
32. Increased impulsivity in contrast to past years or past decades.
33. Burning skin sensations [this may have many causes].
34. Itching without a clear cause and which is hard to control and remove
35. Skin erosion without a clear cause such as a fire or chemical burn.
36. Minor cuts or scratches which heal slowly.
37. After a surgery, you heal very slowly.
38. You have two tick or flea infections with two positive tick or flea borne viruses, bacteria or protozoa. [Bartonella has >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.
39. Exposure to cats and dogs in excess of very incidental rare contact.
40. The patient's mother is suspicious for Bartonella based on newer direct and **indirect testing**.
41. A sibling, father, spouse of child with any tick or flea-borne infection who shared a residence or vacation with proximity to brush.
42. Exposure to outdoor environments with brush, wild grasses, wild streams, golf courses or woods.
43. Outdoor expose in locations such as brush, wild grasses, wild streams or woods which happened **without** the use of DEET or **without very high off- gassing essential oils** on exposed skin areas.
44. The outdoor exposures such as brush, wild grasses, wild streams or woods which occurred **without permethrin on shoes, socks and all clothing**.
45. Clear exposure to lice, fleas or ticks. [Bartonella is carried by a huge number of carriers, but for now, the % 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].
46. Stretch marks in eccentric locations, e.g., arms, upper side under armpit, around armpit or on the back.
47. Stretch marks filled with red, pink, purple or dark blue color.

Certainty claims or criticism about Bartonella positions without reading at least parts of 1,000 articles is confusing. How this is possible with new Bartonella findings and understandings each month? There are also new species genetically sequences to show uniqueness almost every month in public databases. In this spirit, this scale is meant to merely 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 are made without the use of **indirect** testing markedly documented in superior journals, but which are not used by immensely busy clinicians working full-time.

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 the most recent textbooks 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 approximately 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. Since he has a medical license he has been able to sort through many truth claims by ordering lab testing. He does not follow truth claims without indirect testing laboratory proof. He has read full-time on these emerging problems for many years.

C COPYRIGHTED 2011 JAMES SCHALLER, MD version 11.

This form cannot be altered if it is printed or posted in *any manner* without written permission. Posting in a critical negative evaluation is forbidden. Printing to assist in diagnostic reflections is encouraged, as long as no line is redacted or altered including these final paragraphs. Dr. Schaller does not claim this is a flawless or final form, and defers all diagnostic decisions to your licensed health professional.