

Aug. 29, 2022

Dear Patty,

Thanks for writing about Valerie. She has improved, stamina-wise, from the last die off brought on by drawing/fantasizing and adding nattokinase to clear Babesia nests. She's herxing more now from the increased mental/physical activity at school. More blood flow to parts of her brain causes the clearing of more nests and exposure of more organisms to her immune system. We've realized that her need for extremely high steroid doses at such times comes from her particular brain involvement with these infections. Killing the babesia and bartonella in her brain produces an unbearable malaise that she can hardly describe. She can make it bearable only by taking a sufficient amount of steroid--which has to be correct to the milligram to work. Thankfully I have not had any other patient with this particular brain problem with treatment.

Valerie is improving, but her attachment disorder is not--and this is what makes her so miserable. She figured this out herself recently--that her underlying psychological problem is a hitherto undescribed kind of attachment disorder. I believe she acquired Bartonella in utero. I want to tell you her story so at least one other person knows what she and I are dealing with. I think that her infection-induced psychological problem, like her babesiosis, is not rare, but common. I believe that many children acquire Bartonella and/or Babesia in utero and this causes a great deal of the infant/childhood psychiatric disorders. I will talk about this problem in general to some extent at ILADS in Orlando.

She was restless and inconsolable from her birth. She was anhedonic as a child and never liked people. It is clear that, because we could not help her with this mental pain in infancy, she did not attach to us as an infant should. She always wanted activity/stimulation--not cuddling. We had to physically rock/bounce her to sleep for the first 3 years of her life. Her infection-related attachment disorder is unique--as the usual kind described in the literature results from parental abuse/neglect. She doesn't need anyone to love her; she's gotten unlimited love all her life. She needs to find someone to love. Unless/until she can love someone romantically, sexually--the strongest kind of attachment that exists, she does not want to live. She even has fantasies of torturing and killing other people--as a way to make them share her suffering and as a perverse way of attaching to another person. Attachment disorders are well known to produce terrible psychological suffering--as the person has a very deep unmet need. I believe that attachment disorders are what motivate serial killers--for whom Valerie has much sympathy. Valerie does not believe that she is human--as she does not have normal feelings for other humans.

As she went through puberty, she began to hate all normal men (of whom she was jealous and who could not attract her), and to despise women for their inferiority to men in creative, inventive, intellectual, and artistic accomplishments. She hates the fact that she is a woman. She was able to produce some feelings of attachment to other humans only through fantasies that had a strong sexual element--as sexual attraction alone gives her the very powerful good feelings about another she needs to attach to another human being. When, early in her senior year at college, she fell in love with a man (an anhedonic, androgynous rock star from the 70s--David Sylvian of the group Japan), her attachment disorder was immediately, completely, but only temporarily fixed. She loved life for the first time. She didn't hate other people. She understood what other people feel. She had a glimpse of life without the attachment disorder. She felt well only in as much as she remained in fantasies about him. If she did not fantasize about him, she returned to her self-hating, human-hating miserable existence. Unfortunately her brain disease got worse with time and stress, eventually taking away her ability to fantasize. She is even more discouraged now because she realizes that obtaining the benefits of this fantasy in real life will be difficult--impossible as she sees it. Yet she must find someone in reality who can attract her this way in order for her to want to live and to be able to function. She is constantly looking for this special person. Unfortunately, she is also certain that he (and most men) will reject her due to the Cushingoid changes in her body (which are maximal now back on high-dose steroids) and due to her age (28, almost 29). She can only be attracted to young men who are sufficiently androgynous--who could pass for a female with the long hair and some makeup--a male who is not just a male but also like a female. I think that the person will also need to be anhedonic like herself--as this is what sealed her love for the rock star. She gets some vicarious help from drawing her fantasized love object, but she was not able to work on her drawing skills for years and believes she can never draw him and other fantasy characters well enough to make them "real".

So she has this tragic psychological disorder caused by her intrauterine brain infection. We can probably eliminate the infections, but we cannot fix her attachment disorder by doing so. Eliminating the infections can help her to cope with her disorder, but, tragically, also makes her more aware of her attachment disorder. When she is terribly brain-fogged with herxing she has less emotions. When her mind is working better the negative emotions and self-talk return with a vengeance.

She can only talk to me about this, as it is unimaginable to others. No one but her parent could want to or be able to understand and empathize with her extreme misery; it is too painful. Only I am able/willing to do it--and it hurts me terribly when I must see the world as she does. She works very hard to act "normal" with me and the rest of her family, as much and as long as she can, but she is actually wanting to die every moment of every day. When

she acts normal, I can stop thinking about losing her and can function as a doctor. I can believe that she is "OK". She wishes that she died 10 years ago, or at the latest 5 years ago. She keeps on living and trying to cope only for me--because she knows how much her death would hurt me. She believes that she is going to get more and more miserable and will have to kill herself someday. I have to spend much of my time in contact with her, supporting her, making her life as comfortable as possible. Sharing her pain with me is the only kind of relief she gets. I need to keep her at school where she has more distraction, and at least has the possibility of meeting someone who could change her life. I spent last weekend with her and may need to spend every weekend with her in the coming months.

This is our situation. My brilliant, wonderful daughter wants to die and I must expend a great deal of time and energy to keep her alive, hoping that she will be able to find some kind of resolution for her attachment disorder.

Henry