Podcast Introduction and Mission

I've seen people get that diagnosis, which can be life-saving in the moment, but can lead to chronic illness when they go to the ER with this fever and these symptoms and they get diagnosed and treated.

But then the symptoms continue. They may not have the fever, and the may be trying to get back to work, you know, like maybe still missing work but trying function in life, still having these systems and this bizarre, palpitations or chest pain or night sweats, those kinds of things.

So with more treatment, we can really eradicate that. Hi, and welcome to the Lime Bites podcast, where we shine a light on the misunderstood science of Lyme and other vector borne diseases, as well as the truths that many still miss.

I'm Dr. Mariah Hinchey, naturopathic physician and fellow of the Medical Academy of Pediatric Special Needs. I specialize in treating chronic Lyme disease, as well as other complex inflammatory conditions.

In this podcast, we break down what's working and what not. We share the facts that most people miss, We challenge outdated thinking, and we give both patients and practitioners the tools to heal smarter.

So let's get into it and change the way we heal Lyne. Welcome to another episode of the Lime Bites podcast, Rebuilding Immunity, Reducing Inflammation, and Redefining Recovery.

I'm your host, Dr. Maria Hinchey, naturopathic physician, founder of Tao Vitality and Lyme Core Botanicals. If you've been following the Lymedisease conversation for any length of time, you probably heard plenty about Borrelia.

Introducing Babesia and Babesiosis

But today, we're diving into another organism that can be just as devastating. and in many cases, even more difficult to recognize and successfully treat.

The organism is Babesia, and the condition it causes is babesiosis. Babesiosis is an emerging tick-borne disease that's becoming increasingly common, yet it remains underdiagnosed and frequently misunderstood by healthcare practitioners.

Because it's a parasite, not a bacterium, it behaves very differently from Lyme disease, requiring a completely different diagnostic and treatment approach.

Joining me today is one of the leading experts in this field, Dr. Alexis Chesney. We will discuss everything clinicians and patients need to know about Babesia, from diagnosis and pharmaceutical treatment to evidence-based botanical medicine, as well as persistent infection, biofilms, and what true recovery looks like.

Dr. Chesney is a naturopathic physician as, well. She's also a licensed acupuncturist, ILADS fellow, author, an educator specializing in Lyme disease, babesiosis, mold-related illness, mass cell activation syndrome, dysautonomia, and other complex chronic illnesses.

She's dedicated her career to helping patients with persistent tick-borne disease through an evidence-informed integrative approach that thoughtfully combines conventional medicine with botanical therapies.

Welcome, Dr. Chesney. Thanks so much for joining us again. Thank you, Doctor Hinchey. It's so great to be with you again So let's dive in. Tell our listeners what exactly Babesia is and why clinicians should be paying more

attention to this organism.

Yeah, so I'm sure your audience knows a lot about Lyme and tick-borne disease. Mainly Lyne disease, though, is what's talked about. So I think it's really great to have the opportunity to be here.

to shed some light upon babesiosis because, like you said, babesea, it could be babsea microti, duncani, otocoli is now a newer species we're learning about.

These are the pathogens that cause babesiosis, and they are parasites, not bacterium. So that means a lot of different things, different symptoms, difference tests are needed, in different treatments, therefore, right?

Your typical treatments will not work, although, which is nice, there is some overlap, as you know, with herbal medicine between Lyme and Obesiosis.

How Babesia Differs from Lyme

But if we know that it's there, we really want to target specific treatments to get to it. So for our listeners, let's make it clear. So Borrelia is a bacteria.

Antibiotics are what you would need to be able to effectively treat it. Babesia a parasite, so we need antiparasitics. In the botanical world, as you just said, there's a lot of overlap, but if we're using pharmaceuticals, we definitely need to be using different classes of pharmaceutical anti-microbials to treat Babesia.

So in addition to that, how else would you say Babsia is different than Borrelia or some of the other bacterial co-infections? Yeah, well, it hides in the red blood cell, so that's the nature of how it's parasitic.

So then there's just a host of other things that we can think about, and that where botanical medicine really comes in to think, about well how do we protect our red-blood cells from this invasion?

So that is very different from, say, Borrelia or Bartonella. So how does it act besides living in the red blood cell? How does that act differently? And then clinically, what do you see differently with Babesia versus, say, Borrelia?

Yeah, so we'll see a different hallmark list of symptoms, most likely. While there can be some overlap, usually there are the four symptoms that I talk about a lot and see lot, and ask my patients specifically if they don't report them just in case.

to make sure this isn't going on or if it is that we can identify Babesia. So those four symptoms can be night sweats, a shortness of breath without exertion, palpitations in the heart, and chest pain or pressure.

And so those are the big four. Now also say headaches. That could be a pretty common symptom that people have. When we see more of a pressure headache, that is a little bit more a pathognomonic for Babsia, so that makes me think of Babasia you know, these migratory joint pains, which we think more of Borrelia or Lyme.

I don't see as much with Babesia, but we might see some muscle pain. But that usually isn't the top complaint, right? So it's really those four symptoms that I'm looking for.

Not everybody has the four hallmark symptoms, usually one or two or three will tip it off because that makes it very different.

Hallmark Symptoms and Clinical Clues

So if you're seeing two, three, four of those symptoms, that would make you suspect that Babesia is there either alone or as a co-infection. Absolutely.

And something like night sweats in a male, right? Very unusual. Or a younger woman. Of course, then we need to

think about for older women or middle-aged women, you know, there's menopause and you know, thinking through that.

But sometimes in some of the patients, you now, it's a hell. It's quite a tell for them. And especially for kids too. Yeah, of course. So I am curious.

This has happened to me a handful of times. I have gotten into a little tiff or a respectful discussion with another clinician who says, well, It can't be Babesia because Babasia causes anemia and this person isn't anemic.

What would you say about that? Because we know it can cause it, but I know that I have seen it. But chronic babesia rarely, at least from what I see, causes an acute anemic condition.

I've seen ferritin really low, not outright anemia. Yeah, yeah, it does not always happen. Of course it can. I see that more acutely because I do see acute babesia, but it doesn't always happened.

But we see more of the lab changes early on. You know, those lab change quiet down over time. And that first invasion and the reproduction and load that we've seen, you know it might be easier to use some of those traditional tests, like a gem sustain.

to find Babesia or, you know, we might see the elevation of liver function enzymes, or we may see a change in H and H, and the red blood cells going down, all these changes that say anemia, right?

But then later on, in chronic illness we don't see that as much. Although I have, I've definitely seen a low ferritin and even, yeah, anemone, but it's just less common for sure.

So you touched about the differences between acute and chronic babesia. Would you like to elaborate? Because I would like our listeners to really understand the difference between the symptoms and lab values that you might see present in an acute case versus what the lab value and symptoms might be once someone is Absolutely, yeah.

So acutely, usually people have a fever, they will have flu-like symptoms. Typical, like any of these tick-borne diseases, if and when you discover it acUTely there's usually that fever flu like presentation.

That would be part of the acute phase, the changes on labs like I mentioned, and then some of those hallmark symptoms are there for sure. We don't have to wait to see those.

And then that gets confusing. You know, of course, if you have chest pain and palpitations, you need an EKG, we need to work that up.

Acute vs Chronic Babesia

Is there something going on with the heart? So usually people go down that road, but they have the fever. So then they're going down the investigation of, well, is there an infection going?

You know, sometimes those tests can pick up early, Babesia, if you're in a hospital setting or an urgent clinic setting that knows to test these things.

So I have had patients certainly get diagnosed with Babsia early on in the acute phase with a fever at urgent only or ER. So that's, you know, life-saving, really.

So, that was great. And of course, they initiate some treatment, seven days, and then they see me and we do more comprehensive treatment and longer treatment.

Make sure we really get rid of it. Yeah. What is the acute treatment? Seven days of azithromycin with a TovaQuone. Is that what you're typically seeing?

Yes. That's what the CDC recommends and what we see conventionally. in the hospital setting or outpatient setting, but I of course will extend that. Yes.

Yeah. And so what are the rates of persistence with babesia? Yeah, we definitely see that because of the way it hides in red blood cell and because biofilm especially.

As well, and in some of the literature, they call it nests, but basically just like Borrelia, Babesia also can create and hide in biofilm. So because of these reasons and others probably that we don't know yet, there can be this persistence.

I see it all the time. You know, I've seen people get that diagnosis, which can life-saving in the moment, can lead to chronic illness when they go to the ER with this fever and these symptoms and they get diagnosed and treated, but then the symptoms continue.

You know, they may not have the fever, and maybe trying to get back to work, you know. Like, maybe still missing work but trying function in life, still having these systems and this bizarre, palpitations or chest pain or night sweats, those kinds of things.

So with more treatment, we can really eradicate that. What would you say is the biggest challenge or challenges in diagnosing babesia? Definitely the testing.

Yes, yes. I mean, of course, you know, when we look at the clinical picture, it's not that we're treating labs, but it is helpful to get some reliable lab tests to point us in the right direction.

And once we get past that acute phase, we really miss the sensitivity, the accuracy of these tests that are available commercially, conventionally, more readily, right, that your primary care might use typically.

So the accurately of those is no longer as high as it was in the acute-phase. I use FISH technology, fluorescent in situ hybridization, and so that is tagging basically the RNA of the Babesia and so this genetic material that it has and they fluorescent they find it, you know lit up under the microscope And that can tell us whether or not there is active babesia even in the chronic phase.

So the thing is though, right, who knows about that? So not a lot of practitioners are using this test. And so you cannot find it at a hospital lab or a regular, you know, quest or lab core and these kinds of places.

Testing and Supportive Labs

Usually, the typical primary care physician or practitioner is not going to know about testing, unfortunately. Sometimes they do, which is great. And you can definitely seek out somebody who is educated in that way.

So for our listeners who might be interested, Eigenics, I would imagine, is the company that you're typically using to do the fish. And then how useful is combining an immunoblot with the Fish for Babesia?

Are you ready to transform the way you diagnose and treat complex chronic inflammatory illness? Because what if everything you've been taught to treat separately is actually deeply connected.

At the Limebite Symposium, we're bringing it all together. Join us November 13th and 14th at the Fort Lauderdale Pompano Beach Resort in Florida. or attend virtually from anywhere for the premier functional medicine conference on complex chronic illness.

This year, we're diving deep into the interconnected drivers of chronic disease, including neuroinflammation, immune dysregulation, COVID spike protein related pathology, mold and mycotoxin illness, breast implant illness pans pandas, and of course, Lyme and other vector borne infections.

Because the reality is, your patients don't have just one of these. They have several. And if you're not trained to

recognize how these layers interact, you'll continue to miss the root cause.

If you are a patient still searching for answers, this is the information that your doctor may be missing. This is how we move from symptom management to true healing.

So join us in pompano beach or from anywhere in the world. Don't get left behind. Register now at lime bites.com. That's L Y M E B Y T E S. That's an option as well, absolutely.

Yeah. iGenexx has the immunoblots now for Babesia. I think when I learned with Richarowitz, you know, there wasn't the Immunoblot and the Babsia is 85% sensitive.

So that's, that where we went. Just followed his great training. But yes, so you could certainly add an ImmunoBlot for the babesias onto that. and see what you find.

Yeah. And then in addition, we can look at liver function tests, right? We can at hemoglobin and hematocrit. We look other lab values that can be useful to certain labs that look inflammation and immune function and things like that.

Would you like to go over the list of supportive labs you might look out to diagnose Babesia, whether it's acute or chronic? Yeah, like the CBC, which is just looking at a complete blood count, right?

So that's red blood cells, white blood cell platelets. So looking that and then CMP for getting technical complete metabolic panels. That's looking liver and kidney function, more so for the liver function and electrolytes.

Electrolytes can change acutely, but not so much chronically, I don't see. And the Babesia fish is where I would go for that, for this specialized technology.

that iGenX has. And then, yeah, CRP, sedrate. We don't always see those, but usually I would include those in what we're looking for. Then an iron panel, basically, total iron, TIBC and ferritin, see where that's at.

Always looking at the picture. If it's more of like a fatigue picture, we might look into vitamin B12 and folate and vitamin D and thyroid panel and, you know, we can go on here working this up, right?

But yeah, I think that covers probably the basics for when someone presents. And I have actually seen, it's interesting, someone's come into mind, that was referred to me with this mysterious anemia, and she had some of the Babesia symptoms and and just worked up for GI bleed, everything, like where is this anemone coming from?

And it was a chronic picture of anemia.

Pharmaceutical Treatment Options

Yeah, it can happen. So share with us the pharmaceutical treatment options. And when you choose one regime over another, and then we'll talk about the botanicals and integration.

Sure. There are a couple of options there. I like to use a Tovacone and azithromycin. A Tovaquone you take twice a day with a fatty meal. And azithromycin is just once a day.

You do need to avoid CoQ10 because of the mechanism of a Tovacone. It disrupts the electron transport chain in the mitochondria and the parasites, but also ours.

So we don't want to help that along and cause trouble there. Let that work. I always have to check, you always need check even those multivitamins. Coq10 is great, we have really make sure.

There's no Code Q10 going on for that. So yeah, so I'll start with 30 days of that and not just that, but I always add to it. But usually I do, and I see a difference when we start using, like in the, you know, whether of course if we're in

that acute phase, even if this is the first time somebody's had this diagnosis and the time they're doing treatment, I think using pharmaceuticals in beginning does make a big difference.

And so that's my approach. my experience. So we'll start with the 30 days and we may transition after that. It depends on how they respond. And like I said, I'm not just using the pharmaceuticals in the beginning.

We might add some herbals at that point. I definitely will add Nystatin. antifungal nature of that medication, and that helps with just cutting down any fungal overgrowth.

So the otovacone is the anti-malarial, the azithromycin is an antibiotic, so it does have an antibacterial approach to it, but they see that it synergizes with The tovacone, sometimes that's a little confusing for people, but we need to take those together to get to Babesia.

And we had said in the beginning, like, you know, we can't use antibiotics for parasites. So not for for confused about that. Like, azithromycin is definitely an antibiotic antimicrobial.

But when combined with a tovicone is effective for Babesea. Exactly. Yes. Do you ever end up having to use tefenequin? Sometimes I do. I tend to wait on that.

But yeah, I mean, you know, what, a few years ago, coming out of Yale, it was tefeniquin and atovaquin. So you could use those together. And I've done that later on, but you can come out the gate trying that, yeah.

Are there any other pharmaceuticals that you like to us for Babesia? So I was actually using more Primaquin, so that one is covered by insurance versus tefiniquine.

I just, I see people, you know, that sometimes is a need, a request. So usually there are tovacone and azithromycin would be covered and then we might use permaquine, but tefenoquine is easier because it's once a week and that, and but it is out of pocket from a compounding pharmacy.

Permaquin is every day. But yeah, uh, You could, use Plaquenil. I've used that as a pharmaceutical option. The thing about using that is that if you use it with an antibiotic in combination, it will treat Lyme as well.

So sometimes these protocols set us up to cover Lyme, if that's in the picture as well. So with the atovacone and azithromycin together, you know, the azothromysin will get to the spirochete form of Lyme.

And then if we just add something to make sure to get the round form Lyne, then we have a Babesia N-Lyme protocol right there with, and I haven't said it yet, with anti-biofilm agent, of course, which can be in herbs, or we could use Cerapeptase, Natokinase Lumbrokinase.

One of these always on an empty stomach for those. Yeah. So, so can get creative and combine. different medications and natural therapies to get to more than one pathogen if we need to, for sure.

Right. So talk a little bit more about the biofilm since you brought it up. For our listeners that don't know, what is it and does the Biofilm for Babesia differ from that of Borrelia?

Yeah. One other thing, just probiotics. Can't forget that. In case people are piecing together. These protocols, do not forget the probiotics if you're using the azithromycin, because of that effect it does have on the gut.

We don't need them for everything, like atovacone proguenel, just to kind of go back to the other options for anti-babesia medications. That's easier in some ways because it's a pill and the atavacon progunel together makes it effective.

for Babesia, and then there's not that antibacterial, antibiotic effect. But it's a lot easier than taking that yellow paint, which is the people call the Tovacone.

So just to also mention that. Yeah, making sure to protect the gut as much as we can if we're using antibiotics. So yeah, so moving on to biofilm. I'll use the same treatments for each of these pathogens, but I'd love to know if you have a different approach.

No, I don't.

Biofilm and Botanical Strategies

I mean, when I'm looking at biofilm, usually I, you know, all of my patients I have on the G3M, and so the g3m helps to break down the galactin 3 component of the bio film.

And then, typically they're on like natokinase, especially if there's a spike protein issue. Sometimes I will use lumbrokinase and then using Chinese skullcap pretty much with every single patient.

And Chinese Skullcap does have some effectiveness against the biofilm. Then I'll typically use grapefruit seed extract because of its antifungal properties.

also a study that showed that it agitated the brown body or the cyst form, but also has some effectiveness at breaking down the biofilm too. So usually I have, you know, I would say at least three different botanicals on board for the Biofilm.

And I know that Dr. Horowitz loves using the combination of the essential oils specifically, right? I think he uses, is it cinnamon, clove, and oil of oregano?

Yeah. So there's a lot of options. Absolutely. A lot options, yeah. And like you're saying, it can cover multiple mechanisms or goals with sometimes one or two or three different items so that you know you are covering different.

Yeah, that's awesome. So, in addition to biofilm, what other roles do botanical medicine play in your treatment approach? Yeah. So I mean, absolutely killing off Babesia, also protecting the red blood cells, bringing down inflammation.

Be specific. Talk to us about which herb you're talking about. Yeah, yeah. Well, the Artemisia annua and Bidens has that CDK inhibitor function where it basically just protects that.

They call it chemoprotectants and all these different words about protecting your red blood cells, your hemoglobin in the red cells and therefore your oxygen, right?

Because that's a whole other story with Dapsone that we didn't talk about. We can talk about it. We could get back to Dapzone. You can use these herbs thinking about that part too with Dapsone.

But yes, so going back too, protecting the red blood cells and endothelium. Yeah, I mean, there's just a wealth of amazing properties that these herb have.

You know, so opposed to using a Tovacone and Azithromycin, which might work pretty well at killing off the bacteria, not the bacterium of the parasite.

Using these herbs provides so many supportive properties. So my favorites would be Cryptolapis, right, with the Cryptolepine, and that's an alkaloid that has more of that killing property.

but also brings down inflammation. And then there's the C. acuta, Bidens, like I mentioned, we might use some Alcornia, bicul skull cap, and Japanese knotweed.

So those are often the core herbs at all. I'm curious, I know you use a lot of these herbs too. To hear your favorites in Babesia will be interesting.

But that'll be a core set of herbs to start to get to all these different pieces of what's going on with thinking about Babesia and its effect on the immune system, the red blood cells, your blood vessels, in addition to the killing properties.

Yeah. So, I mean, those are my core herbs as well. I think most of those were the ones, too, that were studied by Feng in 2020 and showed to be effective against Babiesia.

And I believe the study was Babysia duncani, which is supposed to to eradicate. So yeah, like I use Japanese knotweed to protect the endothelial cells.

I used CETA to the red blood cell, the liver and the spleen. Typically, my antiparasitics would be the sweet Annie, Cryptolapis, Black Walnut, and then I use Alcornia as well, Chinese skullcap to help to block the inflammatory cytokine cascade along with Japanese knotweed.

And like you said, Cryptolepis has anti-inflammatory properties too, and then using some sort of like proteolytic enzyme and the G3M Pectisol to break down the biofilm.

And then I'm always using a variety of different genus and species, probiotics, just to help to rebuild the microbiome. everyone knows I'm crazy almost about rebuilding the immune system, resetting the system.

And we can't do that without a healthy microbiome. Because of our food, because of toxins, everything that we're exposed to, whether we are on pharmaceutical antibiotics or not, I feel like we just chipping away at that.

from the moment that we're born. So always doing things and lifestyle modification like I know you do with your patients talking about, you know, detoxing and removing toxins from, the internal and external environment as well as, cleaning up diet and trying to eat, polyphenol rich foods and enough protein and, all of the things that, we look at as naturopathic physicians.

Are you suffering from Lyme disease or another complex chronic illness and aren't sure who to trust when it comes to herbal supplements? Hi, I'm Dr. Mariah Hinchey, founder of Lynecore Botanicals.

As a naturopathic physician specializing in complex, chronic, infection-driven illnesses like Lymedisease, i needed herbal medicine I could truly trust.

Integrative Treatment Planning

That's why I formulated Lymencore botanicles, where our herbal tinctures are handcrafted in small batches right here in Connecticut. We use the whole herb, never isolates, to preserve the full spectrum of medicinal compounds.

Every single step from sourcing to extraction is done with precision to ensure maximum purity, potency, and consistency. These are the same herbal formulas I used to heal myself and have used for years to help my patients and family members heal too.

And now I'm making them available to practitioners and patients everywhere. Lyme Core Botanicals, herbal medicine you can trust from a doctor who lives this work.

Learn more at LymencoreBotanicles.com Yeah. Yeah, I mean, those things, yeah, it was built like per person, like thinking about what they need and all those different puzzle pieces, putting those together.

You know, sometimes I have people come, you know a lot of my patients are pretty well educated, pretty healthy otherwise, not everybody, but I'd have to say I've a really wonderful bunch that I work with and, they'll be already doing a lotta diet change or just live that way, with what's really low carb, high protein, organic foods, you know, no packaged foods.

This kind of thing, right? So for those people, we don't have to make as much change, but then sometimes we get

the soda drinkers and the pizza lovers.

I mean, here and there, who doesn't enjoy that? But yeah, sometimes, We need to do a lot of work because that inflammation you know, whatever we can control, if we control not adding sugar and inflammation to fuel the fire of these pathogens, that's great.

That's something within our control. Right? So, yeah, definitely that a huge part and detox. Absolutely. I don't know if you want to get into that, but it's like a whole topic unto itself.

And, you know, depending on the person, maybe acutely, a little detox is certainly going to be helpful, but more so with chronic disease, chronic infections, the detox component I see is so important, really, very important.

Yeah, absolutely. It definitely helps to mitigate herxing when you're supporting the detoxification pathways and elimination out of the body. So, talk to our listeners about integrating pharmaceuticals with these various botanicals.

How do you do it, and how often do do? Yeah, so like I was saying in the beginning, I recommend using those pharmaceutical. So maybe we'd start with a tobacone azithromycin, or maybe maybe start it with malarone, which is the tobicone progonil, then add it to something else if there's another pathogen involved or whatnot.

And then we'll go from there. So in the beginning, again, if somebody presents very ill, I will want to bring in a lot of supportive therapies, right?

So that detox piece is going to come on board. So things like, you know, herbs like milk thistle and burdock and berber pinella from your genetics that I love that people love, uh, You know et cetera, et Cetera that piece, um, Lymph thinking about the lymph thinking, about sweating because we have all these different detox organs.

It's not just the liver, but I do pay a lot of attention to the. I'm in water, right, the kidneys. So drinking enough water to flush out, which so many, I mean, used to be so dehydrated when I think about it.

Like I did not drink much water till whenever I realized, ah, that's a good idea. I see a lot of dehydrate patients, so really just boosting that water.

In the beginning, just boasting that and taking out sugar. That can make such a huge difference, but yeah, we'll think detox, component, what other supports do we need?

Maybe adrenal support. You know, if somebody's really stressed, they're really tired, maybe we need some sleep support. I mean, really just going back to the basics, right?

Food, sleep, stress. So, you know they may not be sleeping very well or very long or long enough and that affects our immune system hugely, so coming back all those supports that are so important for healing.

What else sometimes we'll think about mitochondrial support? at some point, not with the TOFA quote, but later on with CoQ10 and NADH and these other cofactors of the electron transport chain in the mitochondria.

So yeah, so kind of like seeing what are the person's symptoms, the severity, you know, that impact it's had on their life, what is their lifestyle, their diet like, stress, all of that.

and really building an individualized plan for them. So usually when we get into the chronic piece, then Yeah, this is what we're going to be talking about.

We're gonna be creating more of a lengthy plan, even though it's lengthy enough with the acute first month plan in and of itself, and also meeting people where they're at.

So some people really want to get into all of that and want that help and can do that for themselves. And

sometimes we just have to start small, talk about it, revisit it if they are not getting better.

really look at the whole picture and put things together. So when someone is in a chronic or persistent infection, does your advice remain the same to start out with the pharmaceuticals and do an integrative approach or do you treat it with botanicals alone if it's in this chronic state?

If they've never had antibiotics or anti-malarials, I will start there usually. I mean, then I do see a lot of sensitive patients, right? So some, well, interestingly, sometimes the most sensitive of patients do better with pharmaceuticals.

But anyway, again, everyone is unique. So we just say, like, we hear about their past experiences with anything that they have taken. And, you know, if it's a sensitivity issue, than herbs can be a little easier in the beginning because we could do really low doses.

But otherwise I tend to do the max dose if the person can handle that, you know, right out of the gate. But yes, if people are sensitive or they have mast cell activations that are, these reasons, different reasons that they may be sensitive, then we need to pick and choose what we're using a little better and really go with the low and slow approach.

Otherwise, yeah, I will start with pharmaceuticals and then move into natural therapies.

Dapsone, Safety, and Monitoring

And then I intend to rotate a lot. I mean, sometimes we'll use pharmaceuticals longer and rotate through different protocols, or sometimes, we will just rotate to different herbal protocols.

Yeah, I'll, use different companies and their preparations. So like a lot of what we're talking about is probably based in Steven Buehner's work with herbs.

I'll also use other protocols like Nutrametix or Beyond Balance or Byron White Fornilas. And I really see that, you know, I think part of the approach of changing it up over time, getting to the the pathogens in a different way.

Also, some of them have some homeopathic qualities, which is interesting, you know, a little mysterious, but I think there's something to it, so kind of getting to them in these different ways and even on an energetic plane can make a difference.

And kind on that note, I've had a lot of patients use biomagnetism and I'm think rotating through that. type of therapy can be very, very effective too.

So I like, you know, I liked that we have a lot of tools and I think it's great that. We can rotate through a of them, depending on the, again, the person's sensitivities or tolerance and such.

And then eventually, like so I don't, start right in with Dapsone or Tefenequin, but then I'll kind of revisit that idea later. If we've done a with natural therapies, then we might come back to saying, Do we want to do something like Dapsone or Primaquin typically?

And then we can think about that. Methylene blue too, although that might be a little earlier on. Again, it depends, like there are certain tests, you know, we need to just to make sure.

that somebody can tolerate some of these actually also, so methylene blue, Dapsone and Permaquin or Tiffiniquin, you need to get G6PD tested. The other thing with, methyline blue would be if somebody's on SSRIs or certain medications, and you can't take that.

So there are always these multiple factors that we're, you know, thinking about and paying attention to, whether someone's a candidate for something, right?

But then later on, I might use the Dapsone or the, for McQuinn. I have not had anyone have a mutation with that G6PD. So just being cautious, obviously, to test that.

Can you explain to our listeners what that is for those that don't know? Right. Right? So because, so these drugs can create, well for Dapzone anyway, it creates a hemolytic anemia basically using the drug.

We'll do that. It's a side effect. Not very pleasant. Absolutely. That's why I wait on that one. But if you don't have G6PD, if there's deficiency, it will be really dangerous to take that drug and have that effect on your red blood cells.

So you need that enzyme for one of the processes I forget. in the red blood cells to keep your hemoglobin working for you. Right. And so super important, by the way, if anyone is considering doing Dapsone therapy, that you're taking methyl donors, like you need to be on methylfolate.

Methylene blue is helpful to take because you don't want to end up with methemoglo… What is it, Alexis? Methemaglobinemia. Thank you! I can picture it stumbled over it.

But yeah, it's a very real thing. And if you're not taking the right things along with Dapsone, It actually can occur very frequently. I've actually had a handful of patients who have come to me who had ended up in the hospital because they weren't doing the Dapstone protocol appropriately.

So it wasn't just Dapstone, it was that they weren't, the practitioner that had them on it, was not following any Dapsone protocol, because there is a protocol.

Right? It's not just here, take the DAPstone. No, that's scary. Yeah. Because you have to be very careful. Yes, so for anyone listening who is doing it or considering doing, make sure that you're doing with a provider that has been adequately trained so that don't end up with any of these very serious side effects.

And you know what, there's the battery of tests that have to go through. So you do reticulocytes, you can measure methemoglobin. while you're taking Dapsone.

You start slow, of course, low dose, build up slowly, but you are getting these blood tests every one to two weeks. But, you know, there's a lot that can happen within a week, right?

So I see, which has been a game changer, having people have a pulse ox. So they keep that, they check their saturation, their oxygen saturation. At least once a day, I'd say, it's so easy.

Do it twice a. I mean, you don't have to do it all day long. Then we get people who are like constantly on it, like once or twice. And then leave it alone.

You know, and if you get below 92%, that's a concern. If you'd get. Go to the ER. I've never had that happen, which has been great because someone might check, it might, you know, see normally what are we at?

We're at like 99% for most people, maybe 98%. That's common, right? If we're otherwise healthier. So I have people get a baseline, say they're 99, now they are on Dapstone the first week, goes down to 97. All right, that's fine.

You know, they're feeling all right. They have to look for side effects. That's another thing, of course. But the side effect's, right? Fatigue. We have fatigue anyway.

Like, how do we know? Is it a herx or is this a side-effect? So that is why I think the pulse ox is so amazing. I mean, by the time you get blue lips and hands, this is an ER situation.

And telling patients to like for that doesn't always go over that well. So if we have a pulse ox to kind of like get in between those events, I've seen that really helps.

Yeah. Well, and another symptom too, right, would be like feeling tipsy, dizzy, shortness of breath, but it's like these are all symptoms of Babesia to begin with.

Exactly, exactly. So yeah, so it really helped differentiate and make me, you know, because I mean I'm responsible for this treatment and I I do not want people to get into that situation, but also I want the patient to be comfortable with this little bit of an aggressive, different type of approach.

Treatment Duration and Remission

So they do, they feel very much in control when they have that pulse ox. And not everybody gets to the high dose. I mean, for me, you know, I know we have a different population than Richar was, but, rarely do people get to that top dose or his double-dap zone 200 times a day.

But even a hundred twice a can be hard to get too. Usually people gets, 50 twice-a-day, something like that. And, it's effective, right? So we can use this as a tool.

It doesn't mean that we You know, go to like 93% oxygenation and push the reticulous. You don't have to make it crazy and stressful and just over the top in that way.

I think it's still effective. And for all of my people who have done Dapsam, they have felt much, much better afterwards. So it has been very, very interesting.

It's a great tool. But again, not everybody's a candidate, and that's just how it is. So, largely speaking, with an acute case, what do you typically see for treatment time?

With an Acute case? Acut, yes. I mean, three months? Could be four months, could be longer, but I'd say an average three-months. And then for a Chronic case what would you say your average treatment-time is?

Yeah, well that all depends on when did it start, right? Which sometimes we have no idea. And sometimes it's four years ago. And what other coincidences are present and all of that.

But if we're just talking babes, yeah. I mean, if got it within three years, I think it is going to be a much better outlook and a shorter treatment. Maybe, everyone is different.

It could happen in nine months or something, six, nine, 12 months, right? But a lot of times it could take longer because they may have had it for so long.

And then it's just harder to get that load down. Yeah. I just really wanted people to hear that, yes, like you could be looking at with Babesia alone nine months a year, year and a half, you know, depending on how compliant you are, how long you've been infected, if there's co-infections, Bart, Borrelia, et cetera, really jacked up, like all of these things really feed into, you know, how long it takes to get it into remission.

So I just want people to understand like this is not a short treatment, whether it's acute or chronic. True, very true. Yeah. And I think some people are very surprised unless they know like I have a lot of patients who know somebody who has gone through this before.

But if you really have no idea, then it is a shock. Yeah, to say, well, why aren't I better yet? And they're better. You know, there's improvement over this time, but it can take a long period of time to completely recover.

And then I always treat two months past the resolution of symptoms. Sometimes that's the hard part. People are like, what do you mean? I've done all this.

I'm like I want to eat some ice cream and I don't want go out to the bar and like be done. Yeah, so sometimes that part is hard, like sticking with it for that two months, but I really see that that works.

It's amazing. The calls I get six months later from the people that will go through and say, okay, did you do this part? I think I stuck with a week, you know, it was my birthday and I know.

And it's not like you're going back to zero. That's the other thing that happens. People get really upset and discouraged. I mean, there can be so much discouragement.

And, you know, it's not like you're going back to zero. I'd rather not have to restart dreaming and would have rather just finish. But yes, we can pick it up again and you can get better again than you will because we have that proof that you did.

So how do you determine when someone's truly in remission? Yeah, I mean, some of these complex cases are tough, right? But I'm always looking at my list of symptoms with the patient, and we're always going through tracking symptoms.

I have patients do that on their own, bring that in. So if there are multiple infections, it's hard to kind of sometimes know, all right, this is Lyme, but we do the best we can, because they usually do have different pictures of what else might be going on.

So we try and, you know, for each pathogen, treat the two months past what seems like that pathogenic picture, like if it's the night sweats and the chest pain and a pressure headache or whatever, once that resolves two-months past that.

And then we can retest. So, or if we tested in the past and we had a positive fish test, we then test that again, which is helpful. Some people, just Compared to Lyme, there's a little more nuance there.

So for the Babesia fish, I wait a month after somebody finishes treatment and then we retest. And yes, you can use that test over and over again, which is great because it tells us if the babesias active.

Yeah. So if there's one message you want every clinician treating Lyme and or Babesia to understand about Babsia, what would it be?

Key Takeaways and Closing Remarks

Let's see. I mean, the first thing is just look for that hallmark pattern, right? I think a lot of medicine is pattern recognition, and there's a lot of overlaps between conditions, but if we get that pattern recognition radar out there, I think just identifying it, thinking about it asking, because sometimes like mold, you know.

If you have it on a questionnaire, people don't say that they have mold in their house, But if you ask them three questions, like have you ever had a leak in the house?

Any water damage? You know, it's not just about smelling or seeing mold. You have to ask all these questions. Anyway, so sometimes you really need to ask, right, and probe around a little bit.

So even if it's on a questionnaire, I always ask because really it sticks in my head, you know, don't forget about Babesia. It was like, he says that back when I was just overwhelmed learning about Lyme.

And I'm like okay, someday. But it so true because if we're just focused on Lyne and not thinking about making sure there's not Babesi in the picture, they're not going to get better, we want to make sure to catch it.

So, yeah, I mean, those hallmark symptoms, just ask. Make sure to ask your patients. Ask them to track symptoms. Makes all the difference. Need to be informed.

A funny thing is I've had so many patients come in and they're like, well, i was tested for everything. Well, what do you mean everything? Everything.

I was told I'm clean. i don't have anything. I have a perfect bill of health. And it's like you realize that there's about 6,000 tests that you could order on somebody.

You know, if you don't actually test for it and test the different species, like you aren't going to find it, and if don t know symptoms of it like if it's not on your radar, then you're not being worked up for.

All right, so if anyone wants to come see you as a patient, how do they find you? Yeah, you can go to my website dralexischesney.com. You can read different articles and you schedule an appointment that way.

That's wonderful. So thank you so much for being here with us. It's always a pleasure to have you on, and thank for sharing with everybody. Thank you.

Yes, I hope clinicians working in patients or laypeople, anyone, is a little more educated and can bring up these questions if they're exhibiting these symptoms.

Great. So to all of our listeners, thank you so much for joining us for another episode of the Lime Bites podcast. If you enjoyed today's conversation, you won't want to miss Dr.

Chesney's in-depth presentation at the 2026 LIME BITES symposium. She'll take an even deeper dive into the treatment of babesiosis, sharing the latest research, practical clinical pearls, and specific pharmaceutical and botanical treatment strategies.

You can join us in person or virtually for her live presentation November 13th and 14th. And if today's conversation helped you better understand babesiosis, or if you know someone living with a chronic mystery illness who may still be searching for answers, please share this episode.

Every share helps us reach more patients, families, and clinicians who need this information. Until next time, keep asking questions, Keep advocating for your health, And remember, together, we all heal stronger.

See you next. If this episode gave you an answer, brought you new insight, or made you think differently, subscribe to the Lime Bites podcast and share with someone who's ready to take control of their healing journey.

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