CASE STUDY
Chronic Inflammatory
Demyelinating Polyneuropathy

Patient: Axel
Gender: Male
Age: 2
Occupation: Not Applicable

GALAXY™
ADVANCED MICROBIAL DIAGNOSTICS

"Anyone with an immune problem needs to look into *Bartonella* infection. There is a cause and you need to get to the right people to get tested." – Gloria Jablow

BACKGROUND

When the Jablow family's youngest son began to develop rashes in 2009, he tested positive for a number of food allergies and was placed on a strict diet. The rashes continued. His mother Gloria became concerned when she noticed small bite marks as well as the raised blisters. The health issue: young Axel had been bitten by Woodlouse spiders, which huddle under fireplace logs or in warm household crevices.

Over the next 1.5 years, Axel's symptoms became progressively worse. He had constantly swollen eyes, which were thought to be linked to allergies, as well as low energy levels, chronic sinusitis, and pain in his joints and mouth. Eventually, he developed an extreme sensitivity to light.

When Axel's pain increased at the age of 2, he was diagnosed with chronic inflammatory demyelinating polyneuropathy (CIPD), a rare auto-immune neurological disease. He required intravenous immunoglobulin (IVIG) treatment every 4 weeks to modulate his immune system. This treatment was difficult and made Axel feel sick, but his doctors believed he would be healthy after 6 months.

Axel remained on IVIG treatments for over a year without improvement. Gloria took him to see a pediatric chiropractor to help deal with his pain. The chiropractor was the first to suggest the symptoms could be linked to a vector-borne infection and recommended that Axel be tested for Lyme disease. In researching vector-borne infections, Gloria read about *Bartonella* and believed for the first time a diagnosis of neurobartonellosis might fully explain Axel's symptoms.

TESTING | TREATMENT

Axel was initially tested serologically for *Bartonella*, which came up negative. Axel continued his IVIG treatments, but the Jablows knew that something else was wrong that they and his doctors could not explain. Gloria kept doing research on her own and came across the work of Dr. Edward Breitschwerdt, Professor of Internal Medicine and Director of the Intracellular Pathogens Research Laboratory at the North Carolina State University College of Veterinary Medicine. His research team developed a new, more sensitive *Bartonella* test, *Bartonella ePCR*™. Axel was retested, and the results supported *Bartonella* infection.

Gloria shared the results with a pediatric infectious disease doctor and showed him Dr. Breitschwerdt's work. This physician started Axel on antibiotic treatment and the family began to see improvement within weeks. However, because of a lack of expertise with *Bartonella* infections, their physician did not feel comfortable continuing treatment after the first round of antibiotics.

CONCLUSION

Axel began seeing a doctor with experience treating *Bartonella* infections. Once on his new antibiotic regimen, Axel began to enjoy significant improvements in his health. His strength and coordination improved, his chronic pain subsided, and he was removed from IVIG treatments.

Axel's mother, Gloria, began experiencing rashes of her own, as well as headaches and shooting pains. Initially, she did not consider that her symptoms were related to Axel's and assumed they were caused by stress. However, Gloria and their oldest son, Max, have since tested positive for *Bartonella* infection by *Bartonella ePCR*™. Additionally, samples of the Woodlouse spiders in their area have tested PCR positive for *Bartonella*. The family has pursued treatment for bartonellosis.

Mascarelli PE, Maggi RG, Hopkins S, Mozayeni BR, Trull CL, Bradley JM, Hegarty BC, Breitschwerdt EB. *Bartonella henselae* infection in a family experiencing neurological and neurocognitive abnormalities after woodlouse hunter spider bites. Parasites and Vectors 6:98, 2013.

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