Brain Fog, Anxiety, And Fatigue: Is It Menopause Or A Tick-Borne Illness Transcript

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Introduction to Lyme and Menopause Overlap

Welcome to this episode of Hormones and Mental Health overcoming Anxiety, depression and ADHD in women. In women Summit. I have a guest today, Doctor Mariah Hinchey, and she is going to help us connect the dots with Lyme and tick borne diseases and menopause.

So some of you may be thinking like, well, what does that have to do with menopause? But a lot of these symptoms that sometimes get blamed on menopause, she was sharing with me can a lot of times maybe not be menopause or can be making your menopausal symptoms worse.

And a lot of these symptoms are anxiety, depression, ADHD, things like that. So Doctor Hinchey has been in the forefront of Lyme disease treatment for over a decade.

She's an experienced, Lyme literate physician. She couples conventional treatment conventional guidelines with unique natural products and protocols. She's been practicing for about 17 years, but for the last ten years, she's been very focused on Lyme disease.

She has a summit that she does. Your doctor talks as well as she did 1 in 2024 and is doing 1 in 2025 as well. And so we'll make sure and link all that here if you are interested.

After after we've talked you can find her there. But she does have her doctorate of naturopathic medicine from the University of Bridgeport College of Naturopathic Medicine.

So thank you for joining me. Thank you for having me. It's an honor to be here. Yeah. So I think how I want to start this summit talk is just in general tell people like, so some people are listening to this, is Lyme disease even common or is it just common in Connecticut where, where you're from, maybe where they're listening from, they think it's not.

So tell us, is Lyme disease or tick borne disease? Illness is common in the United States, and if so, how common? So it's actually very common. And, you know, just to make it clear, it is actually has been found in every state in the United States.

And it's in most countries in the world. So this definitely is not a local issue. This definitely is not a New England or a Connecticut issue. It's estimated and I feel like these numbers and most professionals feel like these numbers are very underestimated.

But it's estimated that about half a million new cases of Lyme disease are diagnosed annually. And now this is just Lyme disease. So this is just the bacteria Borrelia.

It's not the easy to analyze asthma or licky. Bartonella. Mycoplasma. Rocky mountain spotted fever. Any of the other organisms that are considered to be co-infections and can be transmitted, by ticks and other vectors as well.

There are some sources that estimate that it could be closer to 3 million a year. So a half 1 million to 3 million cases per year. And that's worldwide or just in the United States.

So that half a million is just in the United States. And by the way, that's like breast cancer incidence. It's actually higher. But we hear about it nowhere near as much, right?

As as we hear about breast cancer, for example. And I'm not minimizing. Please don't think for a second I'm

minimizing breast cancer. So yeah. So that's a lot of people.

So you know, when I think of Lyme disease as, as a doctor, you know, before I knew a lot about it, you think of like, oh, I got on you. Maybe, you know, your skin gets red, you pull it off and then you're sick, like you have a fever.

And, you know, maybe you take some antibiotics and it goes away. But what are the symptoms of, you know, if somebody does have Lyme disease or they have a tick borne illness, what sort of symptoms are they going to have that maybe they're going to go to a doctor and it's going to be, you know, misdiagnosed, or maybe menopause is going to be, you know, blame for it or something else, like what are they going to have?

How Common Lyme Disease Is

So I think it's important to talk about the difference between like an acute, case of Lyme disease versus like a chronic case so acutely. And also, I should point out less than 50% of people diagnosed with Lyme disease.

Ever remember seeing a tick or seeing a rash? Because the ticks are very, very small and they like to go to warm creases in the body. They go to the hair, they go to the armpit, the groin, things like that.

The belly button. So a lot of people never actually see that, that tick and know that they were bit in the first place. Secondly, it's estimated that only 20 to 40% of people that develop Lyme ever develop that erythema, migraines, or bull's eye rash that a lot of people use to diagnose, said. So, so whether you saw the bite or didn't get the bite or, get the rash acutely, you're going to have flu like symptoms.

So just malaise, achy ness. Some people get like a stiff neck, a headache. Some people get a fever, but a lot of times it's explained away. And a lot of times the symptoms do go away initially, but then they come back later on.

And when they come back chronically, it can actually cause everything, you know, from musculoskeletal pain and dysfunction and swelling to cognitive impairment, mood instability, severe anxiety, even panic attacks, heart palpitations.

And it can it if it infects every single cell in the body. Therefore, it has the potential to affect every cell in the body, therefore every organ system and every system.

So it typically will manifest as a multi-system presentation. And the symptoms are intermittent. So they come and they go and they typically come and go in cycles.

But over time getting worse and worse. And there are a lot of these like red flags, like, you know, when you feel like you're coming down with everything all the time, you're catching everything around you.

You have poor wound healing and you're getting, you know, chronic, like tendonitis all over your body. Things like that. And it's funny because with menopause and perimenopause, almost every single symptom that one would experience with menopause is actually can be a symptom of Lyme disease as well.

So everything from low libido to headaches to disrupted sleep to hot flashes, night sweats, mood changes, weight gain, all of that. Those are all symptoms.

And again, I'm not saying everyone with those symptoms has Lyme, but if you're going through that standard menopausal treatment, whatever that may be, and you're not getting relief from it, and that's a huge red flag that there's something else going on.

Hello, welcome to this episode of The Hormones and Mental Health Overcoming Anxiety, depression and ADHD and Women Summit. I'm your host, doctor Cassie Smith, and I have Doctor Mariah Hinchey here today.

She's going to talk to us about Lyme disease and tick borne disease, illnesses. And you may be thinking, what does this have to do with menopause? But what we're going to find out is that there's actually a lot of crossover

between tick borne illnesses and some of the symptoms that they cause, and menopause, most notably, a lot of the symptoms.

We're talking about anxiety, depression, ADHD. And so she's going to help us kind of navigate that and help people determine whether they maybe have something else going on besides just menopause.

She has done a Lyme, summit for doctor Talks. She did 1 in 2024 and she's doing 1 in 2025. She has been at the forefront of Lyme treatment for over a decade.

She's an experienced, Lyme literate physician who couples conventional guidelines with unique natural protocols. She's been practicing for 17 years, but has really been in line for the last ten years.

And her foundation, Holistic Care, integrates a rich educational background. She has a doctorate of naturopathy medicine from the University of Bridgeport, College of Naturopathic Medicine.

So thank you for joining me. Thanks for having me. It's a pleasure to be here. Yeah. So let's start with how common is Lyme disease. How common is tick borne illness diseases.

And then is this something that anyone listening to this should be worried about. Is this just in northeastern United States? Do we get this in other countries.

Yeah. So yes, Lyme is everywhere. So every state in the United States, has Lyme disease, despite what you might read online.

Acute vs Chronic Lyme Symptoms

And really, almost every country in the world has Lyme disease as well. It's estimated that between about half and what? Sorry. I feel like I'm stumbling over every word that I'm saying now.

Sorry. No. You're fine. We can just edit that out. Okay. So it's estimated that about half a million people in the United States of America alone have Lyme disease.

And that's just the organism called Borrelia that, causes Lyme. That's not taking into account the bco, Bartonella and a plasma or licky, Rocky Mountain spotted fever.

Any of the other organisms that are vector borne and can be transmitted by text as well. So half a million people, in the United States. But that can be much higher when you're talking about worldwide.

Absolutely. And that's probably a very underestimated number. There are some sources that suggest that the number could actually be closer to about 3 million.

So when you're talking about half a million people in the United States, or, you know, a couple million, then you're actually talking about things that are as prevalent as diseases that we hear a lot about, right?

Like right, like the cancer incidence is right. Just under I think it's at like 450,000. Yeah. Yeah. And some estimates up to 600,000. But yeah I mean so it's right there. So it's something that we hear a ton about.

But you don't really hear a lot about Lyme disease right. No. It's a big medical political controversy. Yeah. And so what are some of the common symptoms of Lyme disease like.

Well, people even know that they had Lyme disease. Well, they you know, know they were bitten by a tick. Like, tell me about, you know, how many people actually come in and say, oh, I was bitten by this tick, like, help me.

And what are kind of the symptoms that they have acutely and chronically. So typically I see the patients who have chronic Lyme disease. But I think it's important when we talk about symptoms to try to differentiate between an

acute situation versus chronic, because the symptoms are pretty different.

In an acute infection, you may or may not have the typical bullseye rash. So that rash is present somewhere between 20 to 40% of the time. And, it's important that everyone realize that you will get that rash less often than you know, then you will.

So typically you're not going to see that rash, which a lot of medical professionals and people rely on as diagnostic criteria for Lyme disease. It's also estimated that under 50% of people even remember being bitten by attack.

So a lot of times you're not going to find the tick that bit you because it's smaller than a poppy seed. If it's in the nymph or larva stage, or even as an adult male, it's pretty small.

So a lot of people don't find it. It drops off and then it takes off. You are going to get the rash. It can take anywhere from 3 to 30 days. And the onset of symptoms varies person to person.

So typically you just feel like you have the flu so you can have a headache, you can have a stiff neck, you can have some muscular skeletal aches and pains.

You know, you might have a low grade fever or something like that, but it's nothing astronomical. You, you know, everyone thinks, oh, it's arthritis and a really high fever and, a rash.

And that's what they're looking for. Even most medical professional tools out there. And a lot of people think it's no big deal. And you just take a couple weeks of doxycycline and it goes away.

And that can't be further from the truth. Untreated Lyme disease progresses to the heart. It progresses to the nervous system, and it causes a lot of debilitating neurological issues and a lot of mental health issues, especially in children.

So with Lyme disease, tell me about what are some of the said mental. So like are we talking anxiety depression? Are we talking forgetfulness brain fog ADHD like what symptoms.

Not acutely but chronically. Do they end up with chronically? It causes all of it. It can cause just like a general brain fog, it can cause cognitive impairment to where it's affecting your memory.

You're ability to follow instructions. It can even affect your ability to reason, right. It can affect your ability to learn to focus. And then it can cause bipolar symptoms.

It can cause schizophrenic symptoms. It can cause regular anxiety. It can cause anxiety so bad that it's inciting panic attacks. And then it can cause regular depression as well.

So really, because it causes inflammation in the brain, it's going to basically cause symptoms that you already or kind of predisposed to have. So people that already have anxiety, they get the really bad, debilitating anxiety or anxiety that turns into like panic attacks, for example.

So how long does this typically take? Does it depend on how old you are? Does depend on like let's say I got bit by a tick two years ago, you know, is that like, is there like a timeline for when you're going to get worsening anxiety versus depression?

I know you said acutely within the first couple weeks you're going to get that like flu, like illness, fever, maybe a rash. But how long does it take for these other symptoms to develop?

Honestly, I think it depends on the person. It depends on their genetic vulnerabilities. It depends on, you know, previous injury trauma. I have a lot of patients that can't get better because they've never dealt with the trauma that they've experienced in their life, and it really depends on the status of their immune system.

It also depends is it just Lyme? Is it just Borrelia, or do they have one of these other co-infections? Because Bartonella can cause like homicidal rage.

So it depends what other organisms are in there and how many of them, because they all work synergistically together to turn on that pro-inflammatory cytokines cascade that we all heard about in Covid.

And that's really what breaks the immune system. And for example, if you have Epstein-Barr or you have, you know, other viruses in your body, there are actually going to emerge and your your levels of them are going to go up and they're going to run rampant because your immune system can no longer do its job.

So when you get bit by these sticks or tick, you can actually end up with more than one infection. Yeah. And just from one tick bite. So you have to think about it when that tick, let's say it was on a mouse when it takes its blood meal from that mouse, every single organism that was in that mouse, it now draws into itself.

And when it waits you, you're going to get everything that was in the blood. Doctor Bureau Schiano calls them nature's dirty needles. Right. So it's just like if you were sharing a needle with somebody, you're going to get everything that that person had, you know, virus wise, infection wise in their body.

So yeah, that's oh. And so is it common for people to get bit by these ticks then I guess since they're everywhere and they're so small that we can't see them, like is it is it becoming more common or is it just that we're looking at it more?

I mean, does that make sense? I totally understand your question. It's becoming more and more, prevalent.

Mental Health and Neurological Effects

I think it really depends what you're doing for activities. But, you know, everyone also has this misnomer that you have to be hiking in the woods or you have to be in the woods, you know, to get a tick.

And I use my son as an example. He was waiting to do his little kindergarten moving up ceremony. And he was playing literally in front of his school, which is sprayed monthly for ticks because I am crazy when it comes to ticks.

And he got a, a nymph tick on his face, and I saw it from across the room. It was like everything I could do to stay in that seat and not run up there while he was on the stage.

But, I mean, he was outside for a few minutes and got a tick on him in a very well groomed, sprayed area. Not in the woods, not hiking, not camping, not fishing, not doing any of the things.

So did he get sick? So he didn't get sick? But the tick ended up testing positive and he ended up testing positive later on. But I had put him on treatment immediately and he never had any symptoms.

And you know, it's now been two years, but I tested him at six months and tested him a year later. And it looked like his infection had resolved, from what you can tell from bloodwork.

Okay. So you can actually look at bloodwork acutely when you think that you've been bitten. But you can also check the ticks. Yeah. So oh my gosh, anyone who's listening, if you get that by a tick, please send your tick out to a company that is reputable for testing the tick.

They will look at its genetic material and tell you what organisms that tick is carrying. Because if your tick comes back clean and you've used a reputable company, you have nothing to worry about, right?

But if the tick comes back in. So here's a good example. So with my son's ticket had Borrelia, ambrosia. But really is the bacteria that causes Lyme. But these is the parasite.

So let's just say that to cover the bases I was like I'm putting him on Doxy for 4 to 6 weeks, because of the Lyme

and hadn't tested the tech. Doxy doesn't treat parasites because docs is an antibacterial.

It's not an anti-parasitic medication. So to treat the bco, you have to use anti-parasitic medications like a Tova clone, combined with the zapper myosin.

Or there's another drug called to Fennec when, there are different classes of pharmaceutical drugs that need to be used for different organisms. It's not a one size fits all with antibiotics.

So what is it like? Is this something? If somebody found a tick on them listening, they could take it, assuming they can't take it to their primary care doctor and be like, test this.

I mean, how do you find this reputable company to send? Yeah. So there's a lot of companies that do it. The one that I send out to is called Tick report.com. So tick report.com and it takes maybe 30s do you put in all of your information.

I highly suggest people pay for the comprehensive panel. It's $200, but it looks at every testable pathogen that the tick could be carrying because there's also viruses like the Austin virus, which can be deadly as well.

And so obviously the tick can be dead. Like you can kill the tick used up. Okay. You just plastic bag and put it in an envelope and send it out. Okay. Great. Yeah.

And then you made some another comment that and we're going to go back to testing in a second. But you made another comment. You were saying that, you know, a lot of times people haven't processed the trauma or the stress from their life, and so they end up really sick.

Do you think in people that have really good, healthy immune systems that aren't chronically stressed, like if they do get bit by these ticks and they get Bartonella or Lyme or but be like resources, do they not get as ill like in their body, actually fight this often they have no infections.

Is it just the people that have high insulin and high inflammation and high cortisol that get sick? Or does it matter when you're bitten? I don't think I can answer that in an absolute, but I can say in general, the worse your immune status is, the more inflamed you are, the more inflammatory foods you eat, the worse your diet, the bigger chance that you're going to end up being one of these patients that has a debilitating or, you know, a significant chronic case of these infections.

And I would say your chances, you probably fare much better if you only have one of these organisms and you don't end up with two or 3 or 4 of them, like a lot of my patients do.

So when you're talking to somebody about this, how do these people get to you? So are these people who come to you and say, is because you said 20 to 40% of the people don't even like they'll get rashes, but almost half the people don't even know they were bitten by a tick.

So how do people end up with you? It's like, oh my gosh, I have debilitating joint pain and fatigue and anxiety and depression and no one can help me.

And so do I, you know, can you test me for Lyme or like, do people come to you already tested? Like, how does this how does one listening who thinks maybe I have Lyme?

How do they go about like getting diagnosed? Does that make sense? Stories. So, remind me to come back and give the example of menopause, for example.

But I'll we'll start with how does one get diagnosed? So Lyme and tick borne disease are a clinical diagnosis for whatever reason in the medical community.

Somehow it has been translated into if you're positive on a test your positive, and if you're negative on a test, then

you're negative. And that's not what you're taught in school.

And that certainly isn't what you're taught when you join organizations like Islands, the International Lyme and Associated Diseases Society, who to me is the authority hands down on vector borne disease.

But you're taught to make a clinical diagnosis. And so any clinical diagnosis obviously the symptoms matter right. So Lyme Borrelia infects every single cell in the body.

Therefore it has the potential to infect every cell, every organ, every organ system in the body. So you will see symptoms in almost every different system of the body.

And Lyme will go to the areas of weakness, either from further injury or surgery for genetic predisposition, right. Or from medial things. Right. And it will prey on those weaknesses, usually because it's a source of inflammation.

Tick Exposure, Co-Infections, and Testing

So we have all of these symptoms ranging in all of these various systems in the body. And then we do our exclusion. So here's our differential diagnosis.

Here's all of the different diseases and disorders. Right. That could cause all of these symptoms. And you rule those out. Right. And so now you're like okay.

It's you know, it's not as you know, it's not hypothyroid. It's not fill in the blank. Right. You go down the whole list and then you do your testing.

And so the testing isn't if you're positive, you're positive, and if you're negative, you're negative. First of all, conventional labs do a terrible job at evaluating this.

They look at one species of Lyme. There's like 20 that need to be looked at. And they're looking at a simple part of the immune response. If you use other labs that are specialty labs, like for example, I, I looks at all of the species of Borrelia that can cause Lyme disease.

And then they also look at the co-infections and all of the species of the co-infections, not just the main species. So there's a big difference between going to lab for or quest versus going to like I, Gen-X or vibrant or one of those specialty labs.

You can use T labs, you can use in Doe labs. There's there's many different labs out there. And so again, it's looking at the patient's clinical presentation, ruling out other things and then looking at supportive evidence.

Of the immune system. So looking at antibody production, but also, you know, we can look at inflammatory numbers. We can look at natural killer cells.

We can look at, various things just in regular blood work that can give us clues as to whether the immune system is functioning properly or not, and whether there's excessive inflammation or not in the body.

And again, it's kind of like all of these pieces of the puzzle that would then lead someone to that diagnosis. It's complicated. It's not as simple yes or no on a test.

Yeah. So it almost sounds like kind of what we do at Modern Endocrine with looking at just like very extensive labs and trying to determine, you know, when I look at some of these hormones, what are all the pieces here?

Right. Because I want to know what's going on with their thyroid and what's going on with their CRP and their ESR. Like, are they inflamed what's going on with their insulin and their cortisol?

And like you and I were talking about prior to this, their gut like your gut, I mean, you can tell so much about

somebody by a gut study. I reviewed probably six D maps today, you know, and I can look at a map before I go into a room and tell you how sick the person's going to be. I mean, you know this, right?

Like no secretory IGA, horrible dysbiosis like, and so you're trying to get like a good picture of overall their health, which makes sense. And so if somebody comes to a primary care doctor or goes to a primary care doctor and, and has a bunch of, you know, maybe their white count's high or maybe even it's low, and they do have a lot of high inflammatory markers.

And now all of a sudden they're insulin resistant or their hormones are messed up or their thyroid. I mean, these are all things that you could think, maybe something else is going on right?

You know, it's tough. So before I started only specializing in Lyme disease, you know, I kind of I did, I did everything, that's really what we're trained are trained to do, you know, as a primary care naturopathic doctor.

And not that I was practicing primary care. I was still a specialist, but I would help anything with anyone, with anything in the functional medicine realm.

And I would have a lot of women come in to me. And their chief complaint was menopausal symptoms, you know, and so they'd come in and they say, okay, I'm having hot flashes and night sweats, I'm having brain fog.

I'm having low libido. I'm having, you know, a decrease in bone density. I'm having, heart palpitations, loss of libido, headaches, incontinence, all of sleep disruption, mood changes, all of these things that are actually all symptoms of Lyme disease as well.

And so a lot of times, using my standard sort of intervention to help people to balance their hormones, or you do like a salivary hormone panel and you're like, oh, your hormones aren't out of balance, you know?

And a lot of times it was no, they had an underlying tick borne disease that was actually causing their symptoms. So if somebody would go to a primary care doctor and say, oh, I think I have Lyme disease in a primary care doctor, it's like a typical Lyme panel from DLA or a quest diagnostic.

And it comes back negative. You're saying they could still technically have Lyme. It's kind of like with me, I go crazy when people say, oh, well, you're a onesie.

And you're, you know, insulin is normal, but it's not optimal type of thing, right? Are you? So is that what you're saying? Even though you run these panels, you really need to have somebody that understands what they're looking at.

Interpret these labs. Right. And I mean, there's so many things we can talk about it. And I can go down that rabbit hole if you'd like. But to make it plain and simple, like number one, if you go to a lab like quest, the test that your doctor is more often than not going to order on you has a 5,050% chance of like a 50% chance of being accurate.

So you're going to miss half the cases right off the bat doing this. This EIA test, which is what most of the doctors do, even when they know enough to order and immuno blot, they're only looking at 13 of the CT bands when there's really about twice that that need to be looked at.

And again, when they're only reading the word positive or negative. I've had so many patients come in where they have four bands, but they just don't have five.

In the diagnostic criteria is you need five out of the ten bands for IgG to be reactive, for that word to say positive, or you need two out of the three exams and it's like, how do you think it's like just because they have four bands and not five.

So they're making antibodies to four proteins on a spiral key, not five. And so we're just going to rule out Lyme disease right there when they have every symptom of it.

And this is the 10th time they've been tested for it because they have every symptom of it. But yet we're going to rely on that test and say, no, you don't have it.

Yeah. So it's using your brain, which sometimes is hard in medicine because in school they teach us to put people in boxes. I say this all the time like box what they want to put you in a box.

They want to get you a diagnosis. They want to write you a pill. Like that's how it goes. And so when you have to like, think outside that box, it becomes difficult for a lot of people.

So go back and give me your menopause example that you were going to give me. We were talking about, I had asked you about the criteria and like how to diagnose Lyme, but you said you were going to give me a menopause example.

Where are you going to maybe give you? Oh, we were talking about how patient get to you. Yeah, yeah. So I've had a lot of patients come in who think that they are having perimenopausal symptoms or are going into menopause, and they have all of these typical symptoms, like the brain fog, the incontinence, the sleep disruption, weight gain, joint pain, mood swings, anxiety, all of it.

And a lot of times they don't respond to like the typical treatment that I would do to try to balance their hormones. Or let's say they need to increase their progesterone.

Or their hormones are actually normal. And it turns out that they have one of these infections that are causing their symptoms. Instead or exacerbating the symptoms.

And so this can be anything from hot flashes and night sweats to irritability, to weight gain, to anxiety, depression, palpitations, brain fog, forgetfulness, ADHD, lack of, you know, ability to concentrate.

All these things can be front line and even things like bone density issues, right? Who would ever think that Lyme could affect bone density? But it causes inflammation and it affects your body's ability to remodel the bones.

I mean, it makes sense for sure. So if somebody is listening and thinks, okay, well, maybe I do have a tick borne illness or I want to be treated for that, is there like somewhere they can go to find a provider?

I mean, obviously we can link your information, but I don't know how busy you are.

Diagnosing Lyme and Interpreting Labs

If you take new patients, is there like some society website they can go to to find someone who's like certified in Lyme treatment or how does that work?

So the international Lyme and Associated Diseases Society or Islands I allardice.org I think is like the number one that's to me that's like they're the authority on Lyme disease.

There is also Lyme disease.org. There is the most sorry. There's providers listed there that they feel like are associated or have been trained by them. Yes.

And I mean honestly, you know, I think that I think that going to islands and finding someone who is an active member of islands is probably your best bet to know that you are seeing someone who's been adequately trained.

You know, there's no way to know that's your best bet. Yeah, well, I would agree. I think, you know, sometimes in medicine there are people that pop up and say they're specialists at certain things.

I mean, we were talking about this because they read something on the internet, got intrigued, taught themselves a few things, and then are trying to treat other people.

And while I appreciate that, you know, wanting this to help other people, sometimes you're going to end up harming other people more than helping them.

So making sure they've been trained appropriately, I think is is a good point. You know, and then if somebody does have this, which you said, I mean, it can take any I mean, it can take a couple of years.

It could present make did I understand this correctly? It could present, you know, a year after a ticket could present ten years after a tick. Is that right?

Like it's a variable time frame depending on. Let me ask you this. Let's say I got bit by I grew up on a farm, wooded area. Let's say I got bit by a tick when I was ten.

And you know, I'm approaching 40 now. Let's say that I just haven't taken care of myself for the last year or two. I got super stressed. I've got leaky gut, you know, all the things.

Could that present now at 40 when it had never presented prior, 30 years later? Yeah. And it happens to a lot of people. So it's like when you have something that hits your immune system and causes the immune suppression that can allow the infection that your immune system has been basically like, you know, holding in remission for your whole life or a year or ten years, it can actually just be enough that it can actually come out and kind of reemerge and come out of its dormancy.

Is there like a general symptom that most people present with, or a general like top three or not? Really. Everyone's different. I mean, everyone is different.

I would say the biggest complaint that I hear is some sort of like brain fog, typically on some sort of either. And it's not always like joint pain. A lot of times it's muscle pain.

So some sort of like musculoskeletal issue. And then the other is just like poor immune dysfunction and or immune dysfunction. And I will have patients that come in and say that they don't know that they're describing like immune incompetence, but that's exactly what they're saying.

It's like either they catch everything or like their body doesn't heal the way it's supposed to heal. You know, things are just off with the immune system.

Yeah. So it's not necessarily like fatigue or weight gain per se or like headaches, depression. But it could be. But yes, it certainly could be. Some of the red flags are if you've ever been diagnosed with something and you have the word atypical put in front of it, if it's atypical, guess what?

You did not meet the diagnostic criteria, but they can't figure out what else is wrong with you. This. This is what fits you best to get. It's like you said, putting someone in a box and giving them a diagnosis so you can write a script for a pill.

Right. So number one is atypical. Diagnosis is number two is that these symptoms will come and go and they'll come and go to the point where you almost start to think you're a hypochondriac.

And it's like one day your elbow can hurt so bad that you're like, I must have like fallen on it and not remember, like, the pain is excruciating and then it will go away as quickly as it came.

And then two days later it's like, oh, now my hip hurts and you start to think that you're going crazy and you think that you're a hypochondriac and the symptoms will kind of like ping pong around the body, and then you'll feel great for a week, and then all of a sudden something's back.

And so it's like this intermittent sick little pattern that seems to get worse and worse over time. Now, here's another interesting thing. From a hormone standpoint, a lot of people think that it's some type of PMS because it only happens for like one week out of the month.

But if you look at the life cycle of Borrelia, it actually births the next generation inside of you. It replicates very slowly, and its replication is about 21 to 23 days.

And so a lot of women will start thinking that it's a cyclical issue and they'll start blaming hormones. That's interesting. So atypical comes and goes cyclic.

What about like if somebody has been diagnosed with fibromyalgia or IBS, you know, those are like the I call those the catchall. Like, I don't know what's wrong with you.

So I'm going to give you this diagnosis or it's going to feel like a soft ride. You know, there's lots of diagnoses that really get under my skin. But those are a couple.

So if somebody like if somebody has those, then maybe that could be a sign that they have something else going on too. Yes. To me, those are, you know, we call them wastebasket diagnosis.

Now the symptoms are very, very real. But the diagnosis doesn't explain anything, which means they know what's wrong with you. Yeah. And then they try to give you a drug to just Band-Aid it instead of really trying to figure out what's causing it.

So do you get a lot of GI symptoms with, Lyme and with tick borne illnesses or. Not really? No, I do, Bartonella has a lot of GI issues. Lyme does as well.

And then, you know, unfortunately, the treatment, you know, for Lyme with all of the antibiotics, you know, does a number on the microbiome can cause a lot of fungal overgrowth, leads to increased intestinal permeability, then leads to food sensitivities and mast cell issues.

And, you know, the whole ball of wax that really needs to be addressed in order to get rid of these, infections. And, you know, it's important to note that even once you find out that you have Lyme or a co-infection, it's not as simple course of antibiotics.

You know, if you catch it in the beginning, which is why I think it's so important to get your ticks tested and you get on the appropriate, pharmaceutical medication and herbs, then you can prevent this from becoming chronic.

But once it's chronic, it's a lot harder to deal with, and it usually takes years to turn it around. That was kind of leading into my next question is if somebody has this and it's not acute, it's chronic at the point that it's chronic.

Are we still using antibiotics, antifungals and type parasites or is this more of a we got to do herbs? I don't know if you do any ozone. Like what do you do with these people.

It depends who you see. Right. So you're going to have very smart, Lyme literate doctors who really only use pharmaceutical agents. And that's how they treat you will find a lot of practitioners who will do integrative treatment.

With me, I've kind of I've been through the whole thing over the past several years, you know, well over a decade.

Menopause Symptoms That May Be Lyme

And now I am treating people solely using herbal medications as well as lifestyle style therapy. So my focus is not on killing these organisms. My focus is on restoring proper immune function while we're shrinking the load of the organism.

Because in the end, when you stop taking whatever the antimicrobial is, if your immune system isn't there and ready to stop that infection from growing back, it's just going to grow back.

So the only shot that we have of eradicating it from the body or holding it in remission is a fully functioning immune system. And you can't get that without fixing the gut.

And dealing with all of the other imbalances, including hormones. I mean, my gosh, for the people who do have hormone issues, I mean, think about what hormone imbalance does to the body and to the immune system, right?

And think about all of the immune enhancing activity that estrogen has and that progesterone has. And they both decrease interleukin six and tumor necrosis factor.

They both have positive effects on the microbiome. I mean, you can't have a healthy functioning immune system without a balanced, healthy functioning microbiome.

Estrogen in increases increases natural killer cells. Enhances B cells ability to make antibodies the T helper cells, etc.. Aids in in wound healing, right?

One of the things that I just said is, is a red flag for Lyme disease. So like there's so many ways that bioidentical hormones can actually play an integral role in the treatment of Lyme disease.

If somebody has deficiencies. Yeah. No, I completely agree with that. So when you are talking about acute versus chronic so an acute phase, if they are infected and you give them antimicrobials or antibiotics and you kill it and it doesn't become chronic, then they can technically be treated and it's eradicated.

But if it's chronic in nature, it's just really trying to, decrease the load and increase your immune system. So is it always going to be in their system?

Is it kind of like Hashimoto's, I guess is my question. So the way I think about that is like, once you have Hashimoto's, you have Hashimoto's. Now you can put it into remission, but that's still present.

And so if you don't do your job every day, stay healthy, then your Hashimoto's comes back. Is that kind of how this is as well? Like once you have it in it's chronic, you can kind of put it into this remission state where your body doesn't really realize it's there because your immune system is functioning.

But as soon as you get out of line, it comes back. So I think that nobody actually knows that answer, and I think that it's different per person. So I do truly believe that some people can fully eradicate it from their body.

I also believe that other people have it their to some extent hiding out the immune system strong enough that it's not able to come out and replicate and cause a huge, huge, massive infection.

But if they become run down or they have an induction of inflammation into their body, like I saw a lot of this with Covid in my patients. So whether they went out and got vaccinated and had massive inflammatory cytokines cascade from the spike protein, or they got Covid and had the same sort of response.

I had a lot of patients come back whose Lyme disease had been in remission. They had not been treated for several years, who all of a sudden came back and all of their symptoms were back again.

So it could be an incident like that, or it could be an instance where you're going through an extremely stressful time. You know, someone could have gotten into a severe car accident, had a major surgery, got infected with something else.

Right. All of those things that are going to cause inflammation and immune dysfunction is what allows the infection to come back out. Yeah. Okay. So that makes sense.

All that makes sense. So and you said it can take years to treat this once it's chronic. Like what is the typical timeline. Are we looking at at least a year.

Are we looking at two like at least a year. So if somebody is listening and they have anxiety, depression, some of these mental, you know, brain fog, you're looking at least a year of treatment.

And when you say treatment you're talking about herbs, lifestyle modification I am talking about that. But also like if you are seeing a Lyme literate physician who's, prescribing pharmaceutical antibiotics and or antiparasitic, you're usually not going to finish treatment any time sooner than that either.

And then there's a whole world of things to fix and clean up after after that. Right. Like that definitely is going to impact the gut.

Treatment Approaches and Recovery

And you're going to have to do work to to detox and heal the gut and, and deal with all of the ramifications of taking excessive antibiotics. Yeah. And I want to make one thing clear acutely, there's no guarantee like there's no guarantee if you take the, the standard treatment, of antibiotics.

And by the way, it's very, very different across the board. So some sources say 14 days of doc see some say 21 eyelids. Again the body of a physicians and researchers that I believe say 4 to 6 weeks of doxy.

So it certainly is not a short course of antibiotics even in that acute case. And there is no guarantee that you're going to fully eradicate it. So I just want to make that clear.

Yeah. It's a long it's a lot of antibiotics. All I can think about is the gut. There's the nightmare of your gut after 4 to 6 weeks of of doxy. So. Yeah. Okay.

Well, I think that this was very helpful for people. I hope that are listening especially, you know, if they're, if they're having these symptoms that we discussed this anxiety, depression, ADHD type stuff just to give them some other thoughts as to things that could possibly be, if it's not just your hormones.

And so I think this was very informative. So I appreciate you coming on and just kind of teaching people about this. Do you think there's anything that we missed that's very helpful for patients?

If they're possibly dealing with a tick, tick borne illness, I would just say, you know, make sure that the answers that you're getting makes sense to you and resonate with you.

If you think that the diagnosis and what you're being told, if it doesn't sit well with you, then it's probably not the answer. And so I would say, don't give up hope.

And, you know, even if you find out you have a tick borne illness as the underlying cause, don't give up hope. There's a lot of fantastic doctors out there that have literally dedicated their career to doing this.

So the other thing is that it's not normal to all of a sudden develop a psychiatric disorder. So if you have an abrupt onset of depression, anxiety, anything like that, you know, and also cognitive decline, cognitive decline is usually pretty slow.

You don't all of a sudden lose your inability to reason and remember the names of people, places, things or where you put your keys. So any sort of like abrupt onset with anything to do with your brain is not normal.

And don't let anyone explain that away as you know, your typical depression, anxiety, etc., right? I would agree with both of those statements. Number one, trust your gut. Always.

That's something I kind of learned in 2024. And then definitely have already had that reiterated in 2025 to me. So when you feel something in your gut, trust it.

So if you don't like the answers you're getting from doctors, then find a different doctor too. Because to your point, there's a ton of them out there that I've spent a lot of time just really getting educated on things like this and and trying to help people.

And then the second one is, you know, to your point, the acute psychiatric illness like that's not common, especially when you're older. And I see this a lot to 21 year old, 25 year old all of a sudden acutely depressed or anxious like there's usually always and everyone that I've seen, there's an explanation, and it is a hormone issue.

It is a, you know, gut issue. Usually in those younger people, older people, hormone issue. And so, yeah, if you're all of a sudden super depressed or anxious and you truly have done some soul searching, and it's not that you've been upset about your life for the last five years and just haven't processed it, then you need to you need to be mindful of that and find someone who will listen and help you get better.

Finding a Lyme-Literate Provider and Closing Advice

For sure. So Doctor Mariah, thank you so much for your time. And then we're going to link all your stuff obviously in the show notes, so we'll have her stuff available.

We'll have information about her summit as well. So if you guys found this useful or want to know more information about Lyme, we'll have all her stuff.

She's on social media as well. And so we'll link all of it there. If you want to tell people, I guess, how to find you on social media or any of that, do that as well.

Sure. So it's just Doctor Mariah and she on Instagram. And my clinical practice is Tao vitality auto V is in Victor Italy city. And yeah, I'm taking new patients, but I have about a year long waitlist, so just want to put that out there. Wow.

That's awesome okay. And you do telehealth I'm assuming. Yeah okay. Can you see patients in any state? Not as their physician. No. So I can do general consulting, but not as a physician, if only in New Hampshire and, Connecticut, the two states that I'm a licensed physician and.

Okay, your doctor. Okay. All right. Well, thank you for joining us on this summit episode. Thanks for having me.