Could Lyme Disease Be Causing Psychiatric Symptoms? Transcript

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Podcast Introduction and Guest Background

In children, one of the most common presentations is psychiatric illness. But you can see where that would be hard to recognize. Kids are a work in progress.

Okay, everybody's kid is a genius. If you get an infection, that's changing them, but you don't even know they have an infectious. In childhood, a kid's a working progress, and so anywhere that you cause some bumps in the road, or some deviations from the natural path.

It's going to affect that kid's development, how they learn social, emotionally, cognitively, and of course affect their future, whether they'll go to college, what kind of job they will have, What type of relationships they won't have.

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 Hinchy, 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 We share the facts that most people miss, we challenge outdated thinking, and we give both patients and practitioners the tools to heal smarter.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 Lyma. Welcome to another episode. I'm your host, Dr. Maria Hinchey, and today we're going to talk about such an important topic.

We are going way beyond being in chronic pain or having a chronic illness leading to the feelings of depression or depression because of our situation or the anxiety of not knowing when our body or our brain isn't going to show up for us at an important event or have brain fog causing anxiety.

This is really about how these infections themselves and how they manipulate the biochemistry of the body and the brain leading to true psychiatric manifestations.

And here to discuss this with us tonight is Rosalie Greenberg, MD. She is a board certified adolescent, child and adult psychiatrist, and she specializes in complex conditions resulting from tick-borne disease.

So Dr. Greenberg, if you would please introduce yourself to our listeners and tell us how you became involved and specialized in how psychiatric manifestations are caused by tick-borne diseases.

Well, thank you for having me. But you know, I did my initial training at Columbia University in medical school, adult psychiatry and child psychiatr.

And it was right at the time that psychiaty was shifting from being more analytically oriented to being much more biologically oriented. So I got trained with some of the best minds and the early minds in terms of biological illness, psychiatric illness in kids.

And so that's always been my interest. I've gone from expertise from attention deficit disorder. to depressive disorders, to pediatric bipolar disorders and just kind of following I guess what we're seeing, you know, with our children and adolescents with the population.

And I've always been very curious. So in the late 1990s, Sue Cuito from the National Institute of Mental Health started doing publishing studies in PANS or PANDAS, and that stands for Pediatric Acute Onset Neuropsychiatric Syndrome.

That's PANs. And then pediatric autoimmune neuropsychiatric disorders after strep infection. Basically, what Dr. Suido and her colleagues found is that, you know how some people get strep infections and afterwards there's an immunologic reaction that occurs and they may have heart damage or damage of the heart valve or other kinds of neurologic or physiologic problems.

PANS, PANDAS, and Early Psychiatric Clues

Well, she found that in some kids after strep infections, they develop a variety of emotional types of symptoms, obsessive compulsive disorder, eating disorders with a lot of anxiety, depression, and a whole bunch of other symptoms.

Well I found this fascinating and after her first lecture, I've found my first case three weeks later. So, and it was interesting because the idea is that they're autoimmune, at least pandas, which is related to streptococcal infection, with just a strep throat, but you know, all kids get.

That from that, you could have the sudden onset of obsessive-compulsive disorder. And so the parents will describe the child woke up the next day and they can almost, you know, tell you, often they tell the exact day the kid woke and he was a different person.

He was much more anxious, cranky, unhappy, et cetera. And, so treating this has to address not just the psychiatric symptoms, but the immunologic reasons that they're occurring.

Okay. So, but as I learned more about this, I said, gee, these kids that have pans or pandas sound a lot like my bipolar kids because I had lectured about that and I've written books on that, et cetera.

And when I did some. research, I found that a lot of the symptoms were really quite similar. The only thing that my bipolar kids didn't have is bedwetting, which is what you can find, or urinary problems which you find in kids with pandas.

Okay, so I've started to work up my newer patients looking for infections and Then I had one young man who was around 11, and he had four psychiatric hospitalizations in one year.

Okay, this poor kid, he was just out of control. He looked bipolar, manic-depressive, He was suicidal, very aggressive, And it was very hard to stabilize him with medication.

Okay, we were discharged from the hospital, came to see me, and we're okay for a while. But then it was very clear to me that he was going to need to be in residential treatment.

I couldn't get him better. So I racked my brain and said, okay. Okay. What else can I do here? And I remembered, Okay check for all of these infections.

Well, his mother said that never had a strep throat in his life. His sister and brother did though. Okay. We get the blood test and his titers were very high.

Normal is less than 200 and this was like 800 something. Well, we may not have known that he had a strep, but clearly his body was reacting to a strap.

And so working with an immunologist colleague, started addressing that. Then when the kid came back a few months later, I saw a completely new person.

And it was something I had never seen in all my years of child psychiatry. He comes in and Dr. Cranberg, you know what? He told me to get all A's in school this year.

and he's like grabbing his mother, leaning against her. So sweet and affectionate. I'm like, what happened here? This is something I have, I've never seen any medicine do that.

This was a whole new ball game. And so after that started on my newer patients, because I was getting a lot of bipolar kids, cause that's what I'm known for.

I would also get these tests. They had more infections than I thought. Then I heard that actually. Ticks carry mycoplasma. Mycoplosma is a very common childhood infection.

It's walking pneumonia, which many kids have. Okay, ticks carry microplasma. Maybe I should learn something about ticks. And I never went back after that.

I mean, that was it. So what I found once I learned about the nuances of tick-borne illness and tickborne testing is that My bipolar kids, almost 100%, were positive for tick-borne illness.

Well, okay, but we have to remember that I practiced in New Jersey, which is a Lyme endemic area and, you know, it has one of the highest rates in the country.

Okay. So then I went, well I thought, you know, I've been treating kids for 15 years or more that are bipolar. What if I want back and looked at they had tick-borne disorders?

And I was shocked. I have to tell you I'm shocked because most of them were positive too. Now the majority of these kids had no history of a tick bite and definitely not the era theme of migrants, bullseye rash that, you know, people talked about.

Right. But there was clearly evidence of exposure to tick-borne illness. And that was the start of it all. Since I got into it, I began, well, it changed my whole view of how you approach medicine.

I must say I had to learn a lot more about immunology and go back to my EKGs and all these other medical tests to really understand what was going on with my kids.

and how to treat them. And it's very interesting. So I mean, that's, I remember Bob Ransfield, who was one of the pioneers in this area of tick-borne illness.

You know, had called him up and said, "I heard you have a listserv and I think I want to learn about tick borne illness." And then a few months later he said.

"You know why don't you give a talk at ILADS?" I'm thinking I just got into this, but okay. I looked at my bipolar kids and I was almost embarrassed to present my findings because almost everybody had evidence of exposure to a tick-borne illness.

Lyme, Co-Infections, and Neuropsychiatric Effects

I mean, I remember because I told my girlfriend who's a physician, you know, kind of embarrassed. because I was so surprised, but over time I've become much less surprised.

And it's very interesting. I mean, Lyme, when it was first written about and discovered, so to speak, in the United States, it, everybody was talking about Lyne arthritis in children.

But if one paid careful enough attention, There were a lot of other types of symptoms and a lotta psychiatric symptoms. And that was actually well documented by the mother who brought all the rheumatologic cases to Yale to kick her off all these studies.

So, and what's become pure to me over time is that in children, I think, Probably one of the most common presentations is psychiatric illness. But you can see where that would be hard to recognize, because kids are a work in progress, okay?

Everybody's kid is a genius until they're not. So, I think so, but they change over time. And if you get an infection,

that's changing them, which you don't even know they have an Okay, you know, maybe we thought he was, he could focus incredibly so, but maybe really is struggling or whatever.

And it makes sense if you have an illness in childhood, a kid's a work in progress, and so anywhere that you cause some bumps in the road, cause deviations from the natural path.

It's going to affect that kid's development, how they learn social, emotionally, cognitively, and of course affect their future. Whether they'll go to college, what kind of job they will have, What type of relationships they won't have.

So this whole world of tick-borne illness was really a game changer. You know, we know that let's say half of mental illness begins by age 13 or 14, okay, that winds up adult chronic illness, and two thirds by 24. Well, among the many things that tells us, if you're going to intervene and make a difference, you've got to get there early in childhood to intervene.

And so these are our crucial years. So the more awareness we have of the factors that are impacting our kids, And the earlier we can intervene, the better chance we have of allowing them to have wonderful futures.

Yeah, absolutely. It's crazy too, because it's like, you know, with kids, it like they're always changing and, developing and new siblings come in and circumstances change and it gets blamed on the new teacher and all of these other things that are happening and you it easy to pick out a regression.

But it's not easy to pick out a change, you know, unless it is a very abrupt onset change. And sometimes that can be a clue. But thank you so much for sharing that story with us.

That's fascinating. Fascinating. To me, it was the most amazing thing I had ever seen. Yeah. Because that meant you could do something. You could really make a difference in a child's life if you catch it early.

Right. So you can actually help the child to heal as opposed to managing the condition literally for the rest of their life. Absolutely, absolutely. So can you explain to our listeners, like in your opinion, how does Lyme, for example, the infection of Borrelia impact the brain and manifest as neuropsychiatrics?

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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 limebites.com. That's L Y M E B Y T E S dot com. Symptoms.

Well, you know, lime is like syphilis. Syphillis was the great imitator. While lime it's the new great immitater. And so it can cause just about any type of illness and that includes any kind of psychiatric illness, illness.

Okay. And, and in kids, so, you know, it, can, cause depression. There are studies indicating it be associated with

suicidal behavior. You know, you have to wonder, we're having such a mental health crisis in this country.

I really think that these infections play a role. And as we know with Lyme, there are co-infections. And they also compound your clinical picture. So it makes the illnesses harder to treat and more complex because you'll have Babesia, Bartonella, Anaplasma, all these things in addition to Lyme.

Or instead of Lyme. And they have major effects on the child and they affect the neurotransmitters. I mean, they effect the immune system and we're discovering, you know, our neuropsychiatric genes and our immune genes are like neighbors in DNA.

They effect each other. And that is so important. I was talking to a mother today and she was telling me her child had just started one of the antibiotics.

And she said, can it cause psychiatric symptoms? And this is a young lady who has psychiatric, symptoms, depression. and I said absolutely. You know, we talk about Herxheimer reactions in adults.

where someone starts the antibiotic and in the process of killing off the bugs, they get an exacerbation of their symptoms. So a hot knee, a painful knee becomes a hotter if they have a Herzheimer reaction, okay?

Well, if you have kid with a Hot Temper and they had a Herxheimer, you're gonna have Hotter Temper. Or if they're depressed, they may suddenly become suicidal or much more aggressive or out of control.

And that's crucial to be able to recognize because then you have to decide how you're going to approach it. And as I said, the immune system is involved, so some of it may be using anti-inflammatory ibuprofen, things like that, to just lower the immunoresponse so that the child is not so out of control.

But it's going to vary and you have to have awareness of these things. Because if not, you're not going to know. I mean, as the mom said to me, gee, we're dropping the kids anti-psychotic.

So do you think that was it? And I said, no. That was three weeks ago. The kid was okay with that. It's when you started this newer med three days ago and suddenly the child is acting more strangely.

that's your reaction to the antibiotic. And also, psychiatrically, these symptoms will be less responsive to psychiatric medication. Just like that boy that I told you about.

I mean, there was no question he was bipolar. But, and there was a family history of it. I mean, I've always been very careful about I believe genes really have a lot to do with who you are.

Okay. So the kid was genetically loaded, but there is no question that once he was on antibiotics and the right antibiotics, for a few months, it made a dramatic difference.

Right. So that's one of the clues. My next question is actually some of these clues, so you pointed out.

Recognizing Symptoms and Diagnostic Red Flags

A child or a person that doesn't respond in a way that you would typically expect them to respond to a certain medication is a huge red flag that something else is going on.

It can be. Okay, look, everybody is not the same. And so we know that the antidepressant that works in one child may not work in another. Right. But what you find is these kids that are very ill and they may be psychotic, they maybe having breaks with reality.

Seeing things, hearing things and get our most powerful medicines don't touch them. Right. All it does is make them more tired, but it doesn't take away the voices or the delusions.

And in my view, I always say if something is treatment resistance, then you have to think maybe you're looking at the wrong thing. Right. Okay. And maybe you're misunderstanding what is going on.

I think that's crucial because what happens is, oh, well this one doesn't, this med didn't work. Well, maybe a little, but okay, we add another and another, and the kids get tons of meds piled on and it doesn' help.

Or it does'nt help enough. That's, that's just not the right way. One has to really, one has be very medically oriented and biologically oriented. And if, if something doesn't respond the way it should typically respond, then why?

That said, you can't just simply go by an algorithm, which means like, You know, a chart and go, but go to the left, go the the, right. You have to think.

You have to really think about what you're seeing in front of your face. And it's been amazing. I mean, I've had kids that go on vacation and suddenly they're obnoxious and they ruining the whole family's vacation.

and the mom will call me and I'll say, you know what? Give them Motrin and give them a fever dose of Motrine and, uh, You know, give it twice or three times a day for the next few days.

That can make a real difference for some. because it's quelling that immune response. Right, decreasing the inflammation. So when you are evaluating somebody, are there specific symptoms or a way, like a pattern of onset with symptoms that would tip you off to think that it was Lyme disease or one of the co-infections as opposed to a psychiatric condition that is more, I guess, organic for lack of a better word?

Right. But as we know, this is all organic. And you're right when you say it that way. You know I've learned that I do my psychiatric history a little differently.

We would always say, okay, what grade are you in? What school do you go to? Who's in your household? Well, now I ask about the pets. How many dogs do have?

How much cats? what are their names? how old are they? Have they ever been bitten by a tick? Do they go on hikes with you? Family vacations. Where have you gone?

I know there was one young man that I saw. When he was nine, they went to visit his brother who was in Japan and they wanted this area called Nara, which I never heard.

But Naram was the old capital of Japan. And in Naira, They have deer. They're like miniature deer roaming the streets. And that is a special thing about Nara.

And I would bet my money, that's where he got his first tick bite. But if I had not gone through the detailed history with the family, I never would have known that.

Bartonella. Well, we know Bartronella can cause cat scratch disease, as well as other types of illnesses, and it's a bacterial infection. And so one of my kids, actually, well, a few different things.

One kid, he had two guinea pigs. Got them at the same time, but one was very aggressive and tried to kill the other one. And so they gave it back and got rid of him.

But they did keep the other one. And I wonder, Bartonella is associated with aggression. I wondered if that one guinea pig that went back to the store didn't have Bartonella, which he then shared with the others.

Because the kid later on was sick and one of the things he had was Bartonnella. And you can get Bartonella from different animal species. You can't get it, we think, from ticks.

That's a whole controversial area. Probably you can. Fleas. Bed bugs. Lice. Okay. I had one young man who he had a sudden change in his personality. He became much more anxious and agitated and it was sudden onset.

And he has two cats. I had the cats get tested by the veterinarian. The veterinarians called the parent and said, your cat is like four plus positive for Bartonella.

Wow. And he was amazed that, you know, the parents even came in and says, test this cat. and of course then the cat needed to get treated for the Bartonella as well as the kid.

But that's why you have to look at the whole environment and every member in there. And especially if your kids sleep with their dogs or cats or whatever, and they go outside, it's very easy to get these tick-borne and other infections.

I want to make sure that our listeners know how and where they can contact you if they would like to. Then if you had any exciting upcoming news to share, please do so.

Okay. Well, I have a website, www.rosaliegreenbergmd.com and on there I list a bunch of articles as well as lectures that I haven't given related to tick-borne illness and infection.

And there's also a way to reach me on that website. I mean, i'm continuing to do talks. i'll be doing one. about tick-borne illness in Germany, and I may well, I think about doing one or presenting at least at one of the bipolar meetings, because I it's really important for people to recognize.

There's been a dramatic increase in bipolar disorder in kids. And what about for, so those would be more for practitioners. What about, for patients? Like what can you tell us the name of your book and where patients could get a hold of you book?

I do have it on bipolar kids, but like I said, there's such overlap that, you know, if you keep it simple, If you understand something, You can make the complex Very simple.

And that's what I try to do in my writing. So it's really, there's a lot I think that a parent can get out of just tuning into my website and listening to various talks and things.

Wonderful. Let's get back into what would you say are the most common neuropsychiatric symptoms of Lyme disease? Are you suffering from Lyne 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 Lime Core Botanicals. As a naturopathic physician specializing in complex, chronic, infection-driven illnesses, like Lyme disease, i needed herbal medicine I could truly trust.

That's why I formulated LIME Core 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 to use? Well, mood disorders. I see a lot of kids that are very sad or very angry or irritable or a lots of anxiety.

A lot separation anxiety, they don't want to sleep alone at night. They don t want go to school. The can t even explain to you why they do t wanna go because they really know, but they know they didn t to and they dont want t separate.

And these things are ver common in He's with tick-borne illnesses. But in addition to the more emotional

symptoms, there were also a bunch of neurocognitive issues.

So what'll happen is you'll have a youngster who seems fine, you know, paying attention well, very bright.

Treatment Approaches and Medication Response

doesn't have to even pay that much attention because you're so bright and then suddenly start to struggle and look like they developed an attention deficit disorder because the bugs can affect you cognitively so that you can have problems processing information and if you think about it If you have problems processing, it's going to get in slower and it'll get out slower.

So it is very easy in the classroom to start falling behind if it takes you longer. And that will look like a kid who has an attention deficit. Also, you can get problems with what's called working memory.

Working memory, I also have the example of like the SATs or standardized testing. You read a paragraph, You have to take that information, fold it over here until you go to the questions and then you access that.

If you have problems with working memory, you'll read it. It'll be here. Whoops, it's gone. You gotta go back and read again so that you can see where these kids are gonna struggle on standardized tests.

So there are a variety of cognitive things. Like I said, You'll have the brightest child who suddenly, well, they may be able to keep up their grades, but now they have to work a lot harder to do it, Cause it's just not as easy for them.

So it is a whole sphere of neuropsychiatric, neurocognitive difficulties that the child can show. You know, problems, decrement and handwriting in their reading ability.

as you see in a pants type of kid. I was just going to say that's one of the big things that Dr. Nancy O'Hara talks about all the time is the change in handwriting being such a telltale sign.

Well, I tell the parents go back and get a notebook from two years ago. Yeah. So what percent of Lyme or tick-borne disease patients would you say have neuropsychiatric symptoms?

And before you laugh, because, you know, to me, I don't think I've ever had any patient that hasn't had some sort of neuropsychiatric manifestation of a tick borne disease.

But I just think that it is so important for our listeners to hear this, you know, to here this answer and especially from a psychiatrist. Well, I think, look, In my experience, I really do believe it's probably the most common presenting symptom, including arthritis and everything else than any other presentation.

There just have not been studies looking at it. They have been studied, but they've shown no problem. But actually the problem is in the way the studies were You know, designed really, because if you use very good measures, which we can in terms of memory and cognitive learning, you can see differences.

Is it in everybody? I wouldn't say that, but I don't know how many. I know that a study was done by Anita Bellman in the 1990s at Stony Brook, and they looked at 96 kids that presented to a neurologic clinic with possibly pediatric Lyme, pediatric neuroborreliosis.

And the most common symptom was headache. Okay. 70% headache The next most-common one was Oh, it might've been like a Bell's Palsy, a facial partial facial paralysis.

But that was only in like 14, 15, but there was a group, which actually was 40, 50 of the kids, that the little ones had no interest in playing. I think you call that depression.

They looked at the sudden onset of ADD or the suddenly onset anxiety disorder, very typical of my guys. So, you know, they're much more common than people realize.

And it may be 40 of the kids have that type of presentation. I don't know. Because as I said, I think we need good studies. Yeah. And I mean, I think too, if you lumped, you know, If you added up all of the ones that complained of depression and then OCD and anxiety and insomnia and we put all those together, it's because they're all neuropsychiatric conditions, right?

Then we're going to be at a much, much higher percent. Well, also, you know, Dr. Brian Fallon at Columbia worked with Michael Benros over in Denmark and my other colleagues, and they reviewed almost 7,000 medical records of individuals who presented to a hospital or a hospitalized clinic.

And what they found is that 40, 42%, I think something like that. the group that had Lyme also suffered from depression, okay? It was much higher than predicted.

And also the Lyne group had more suicidal behavior and more actual suicides. Now, if they divided the groups up into 10 year spans, so like age 0 to 9, 10 to 19, et cetera, they found that The individuals, the kids that had Lyme disease before age 10 were most likely when they are older to make a suicide attempt.

They had the highest rate. Okay. I mean, and, if you look at it, there's just a lot more evidence in their data. that really shows that these kids are getting depressed and getting upset.

Obviously, it needs to really be more focused studies on children, but there's no question if you go through that data, can you imagine if get lying before age 10, you're at higher risk for making a suicide attempt when you are older?

Yeah, that's scary. That's frightening. There's no question. Also, now I've told you that my interest has been bipolar disorder in kids, which means mood swings, manic depression, ups and downs.

And that has dramatically increased in the United States between like the late nineties and beginning 2000, so it's like a 40-fold increase. And there's a lot of question, well, what is that really about?

Are some of those just kids with temper tantrums and whatever? Well, one interesting thing is we in America have a higher rate of bipolar disorder in our kids.

Okay, so at a young age, and they're just sicker. They're like our sickest adult bipolar. And what causes Lyme, the type of Borrelia that causes lyme in the United States is much more inflammatory than the Borrelia that induced Lyne in Europe and other parts of the world.

So it may well be that we've just got. a more aggressive form, because in Europe, the onset, I think two thirds occur after age 19 or 21, while in the US, two-thirds occur by age, 19, beyond set of bipolar.

And I can't help but think that that's playing a role. I wondered too, if, you know, If anyone were to look at or study having multiple species of Borrelia, right?

And then also having these other, you know, having Bartonella, have Babesia having mycoplasma, chlamydia, then all the viruses on top of that, it's like, how does all of, that then impact somebody's mental health?

Well, there's no question, and especially with these infections, Borrelia and Bort, what they do is they, it's almost as if an immune barrier is lifted.

So that these other infections, which we all have in our bodies, suddenly are coming out to play. Right. And that's why you get all these positive viral titers.

It's hard because sometimes people will mistake the viral titer. That's what's going on. You know, it's a hypoxic level or whatever, and it really has to do with these infections.

Right, that's more a side effect or a manifestation of these other infections. Okay, so what do we do? I mean, and

obviously, this could be a whole week long talk about what to do.

But what treatment strategies do you utilize to address, let's try to stick more to the neuropsychiatric symptoms? I mean, I know it's like, look, you've got to treat the infection, right?

If that's the underlying cause of the neuropsychiatric symptoms, but I guess try to stick to that realm of this, if you could. Okay. Well, But I work with a lot of people to do.

Yeah. Okay. Yup. My feeling is that I am the expert in prescribing the various psychiatric medications, but I'm not the experts in these other herbal things or antibiotics.

And if a kid gets into trouble, I not going to know what to well enough. And I think every child needs to be treated the way I'd want my child to treated by somebody who really knows this stuff.

So that I work with these other doctors and, and look for some kids, they need to blasted with antibiotics.

Key Takeaways and Contact Information

I really, They do look like that. Okay. They need it. Other kids forget it, but they can't take it they fall apart. and they really need to go with the Japanese knotweed and all these other herbal supplements.

And that can be very, very helpful too, but it will go by the individual. You know, a lot of people, I guess, look down upon using psychiatric. Well, if it's an infection, an autoimmunity, why are you using psychiatry meds?

Well because if he beats his mother up, he can't live at home. You know, or he has such bad anxiety, he can't go to school. Right. You definitely need a crutch or a band-aid or something to get through the crisis.

It's a mixture. And there are probably three different groups of kids. One that, okay, they will need these meds during the treatment for the infections.

But maybe once they're better, the infections are eliminated or controlled by their immune system. They don't need any psychiatric meds. I've seen that.

That's a small group, but it does exist. There are other kids that will need to be on psychiatric Meds during the acute episode, But need less. as time goes on, but they still need to stay on some.

And what's interesting, which makes you there, is they'll start showing more of the side effects of this psychiatric meds as their body is getting better.

So before, you know, they were on a ton and it didn't knock them out. Now they're so sleepy. It's their bodies getting back better, and then you have other kids where they need stay significant psychiatric meds, as well as, you know, the antibiotics or whatever.

I mean, these infections are just hard to treat. And because there are so many, it's peeling an onion and you don't know what's coming out of the next layer.

How many times have you seen it where you'll treat a kid and suddenly you see the onset of The Bartonella Stria? Who knew? But, you know, and these are the things that one has to think about and it will vary.

I mean, there's a case in the literature that I reported with Dr. Breitschwer and a few other investigators of a young man who had a sudden onset of just what looked like schizophrenia.

He thought the cat was trying to kill him. And he had all these delusions. I mean, this kid was scared to death and was psychiatrically hospitalized in a few different places.

It wasn't until somebody noted the stria, those stretch marks. He may have Bartonella and they tested him for it. The psychiatric meds, he was on a ton of them and he'd been on ton antibiotics.

None of them really touched him. But once they treated him appropriately for the Bartonella Hensley infection, he got much better. Yeah. And I was going to ask, do you see the effectiveness of the medications that you're using work better as the patient is resolving their infection with the other practitioner that your working with?

Absolutely. That's just it. Sometimes what you'll see is You feel like you're throwing everything you ever heard of in your life at them and nothing's doing anything.

But once the infection is under better control, then these psychiatric medicines then start to work, which is, you know, great. It's really a matter of figuring out where you are in that process with an individual child.

Right. So Dr. Greenberg, before we conclude our interview, is there anything else that you would like our listeners to know? Any pearls of wisdom? If there's one thing, you know, that, what would it be that people need to hear regarding tick-borne disease and psychiatric symptoms or complications?

Well, I do believe that these infections do bring out biologic predispositions. Okay, so the kids that I saw that, I called bipolar, they have family histories bipolar.

I just think just like the barrier was broken on the immune system and you started getting these viruses, you starting getting the genetics of these psychiatric illnesses that they were predisposed to in a way.

Okay. And those may not go back and, you know, back in the body and go away. They may, they may know. and I think that's, so you always have to be thinking with these kids and that kind of the fun thing, what's happening?

Why is he suddenly getting the way he's getting? You know? Is it the antibiotic or is it something, really some stress? So they keep yawning their toes.

Yeah. They sure do. Thank you so much for joining us. Before we go, please, one more time, tell our listeners where they can find you. Sure. My website, www.rosaliegreenbergmd.com.

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