Decode The Acute Vs Chronic Lyme Mystery Transcript

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Introduction and Guest Background

Hi, and welcome to another episode of The Healing Lyme Summit. I'm your host, Dr. Myriah Hinchey. And today we're going to discuss a very important topic.

We're going to talk about the differences between acute and chronic Lyme disease. This is so important, you know, when we're trying to look at various symptoms, various medications, prognosis, etc..

So here to help us navigate through it all is Dr. Eboni Cornish. She is a medical doctor at the Amen Clinic. And she is board certified in family medicine, specializing in treating complex chronic diseases.

Welcome, Dr. Cornish, tell our listeners a little bit about yourself and how you came to specialize in treating complex chronic diseases. Thank you so much for that intro and this invitation.

I'm a mama. Triplets, first and foremost. They're seven, and that makes me already out of the box. So my first introduction to Lyme disease, it was actually an ad that said for doctors who think outside the box.

And I was like, you know, bored with what I was doing. Traditional medicine. I didn't know much about tick borne diseases. I was like, fine, I'm outside the box.

And then kind of the rest is history. This was back in 2011 and where we were so different back then, what we knew even today. So that's how I came here.

And my passion is looking at the brain because we always say, Oh, neurological Lyme, but what does that mean? So that's kind of where I ended up to where I am.

Wonderful. And you are actually on the board for iLABS, right, which is the International Lyme and Associated Diseases Society. So it's a great honor to be on the board of such a wonderful organization that does so much for the Lyme community.

That, yes, and I'm actually elected as our new treasurer this year and we have a physician training program. So I'm a part of that. And a part of revitalizing that program so that it's zoom.

So it is education for other doctors, making them aware how to treat this and how to help so many suffering patients out there. That's wonderful. Thank you for that.

All right. So let's dive in. So let's start with what are the symptoms of Lyme disease? So when you have the following features, you know, migrating joint pain that you just can't quite explain why you've been ruled out for other illnesses.

And it's just kind of maybe beyond acute onset or gradual onset. And then patients will see these different types of rashes. Now, erythema migrans is what we traditionally think of as the rash.

So it's like a red rash that looks like a bull's eye. And people of color may be more of a darker shade, kind of, you know, still with hypo pigmented center.

And that's what we thought. Okay. When I was trained, that was the clue.

Recognizing Lyme Symptoms

But now we know it looks like everything. You know, that red rash, that ring can be blotchy. There can be multiple

erythema, migraine rashes, it can be one color, it can be circular, it can be rectangular.

I mean, the list goes on and on. And not only do you think of, you know, the joint pain, but also chronic fatigue. So these patients present with this debilitating fatigue.

They just can't shake off. You know, they're sleeping, but then they wake up and it's like, you know, interrupting their day. I call it non restorative sleep.

Also, you can see joints in your neck, you know, kind of feeling like neck pain. I can't quite crack it because usually people think of joint pain like these elbows.

But then that that neck pain that you can't quite get rid of and also nerve symptoms, you might feel a little tingly or a little numb. And it's really just nebulous. Right.

Things you just really don't understand that no one can diagnose you with. So that's what I think of a lot of patient. Okay. And so in an acute case to important, I think has you brought up the rash and did such a great job of describing all of the different things that it can look like important to know for people that are listening, that don't know that that rash actually only shows up in about 27 to 48% of Lyme patients.

So it's not always there. And we can't always depend on that rash. But if the rash is there, that rash is diagnostic of Borrelia, right? The spirochete that causes Lyme disease.

And it doesn't matter what your test says, if you have that rash that is diagnostic of Lyme, end of story. Correct? Oh, of course. And that's kind of one of those misconceptions, right?

I have this cartoon that I always show patients that says, oh, you know, you don't have Lyme disease because you don't have that rash and it is missed.

I would even say 40% of the time that it might be missed. And even in acute onset, always think of like I call it the summertime or just any type of flu symptoms.

Definitely in the summer and spring because you really shouldn't have flu during that time of year. So if you're having flu like symptoms, headaches, you know your lymph nodes might be enlarged.

Those could be some early onset symptoms of chronic tick borne illness and the EM rash, you know, it doesn't just represent one organism, right? Lyme is why we call it vector borne illness, because there's a lot of different bugs that can be transmitted by this tick.

So it's just things to be aware of that it might not just be one thing that's been that you've been exposed to. There are multiple other infections as well.

Yes. And you are literally leading me into my next question. So can you talk a little bit about the co-infections, why it's important to test for co-infections and how the symptoms might differ from Lyme disease in both the acute and chronic phases.

All right. So now I'm going to get to what we call the fancy words, right. The trifecta. Like I like to look at it initially, the trifecta is Borrelia Burgdorferi, the three B's, Bartonella and Babesiosis.

So those are usually the most common. So we're going to talk about those first Babesiosis and Bartonella, because when you go to your primary care doctor, you're not usually thinking of that.

Even if you have a positive Borrelia test as their traditional Lyme test, you may also have some of these other infections as well. So let's start simple and kind of carefully build it up a bit.

So with Babesiosis the common thing I'll see is that patients present to my office, especially their female patients,

and are like, am I going through menopause or are these night sweats?

Because those debilitating sweats are very common. When I joined Amen Clinic, you know, they would send patients to me who had abnormal what we call SPECT scans or brain imaging and personality changes.

Co-Infections and Their Clues

And so a lot of my Babesia patients would have this anxiety, you know, that they couldn't be treated with medications for their mood or they would have this dizziness when they lay down in these stood up, call it on a normal dysfunction.

See that a lot in my babesiosis patients as well. So those are kind of some of the basic symptoms. Before we get into too much detail. So if you wake up like, oh my God, I'm having these sweats, I can't explain it.

Oh, wow, I am having that anxiety. You know, just think about Babesia on that list. Those are just a few symptoms. Right? And then you have what's called Bartonella.

That's my other be in this trifecta. And with Bartonella, a lot of times I'll hear the oh, my, I'm standing and I'm walking and it feels like I'm walking on glass.

So that's kind of a neurological feature of Bartonella or I kind of think of it with numbness and tingling. Now, mind you, these symptoms can overlap with other co-infections, but we're specifically talking about the neurological changes you see with Bartonella or just the brain fog, which you can see across the board with vector borne illnesses.

And then kind of like the stretch marks. So women, children, men, they come into my office and they'll say, Oh God, you know, I may I can't, you know, change my weight, but I look like a cat is scratchy.

Or it could be hypo pigmented, which means light colored, just stretch marks that don't make sense. That's culture. And that's another classical symptom of Bartonella.

And then you have others, you have what's called mycoplasma pneumonia. A lot of patients may present with this because it's airborne and it's tick borne vector borne illness.

So they may present an acute onset with kind of some upper respiratory things or may not. They might also have features that mimic some of the other Borrelia Babesia bartonella symptoms, Ehrlichiosis, or in a plasma is another vector borne illness, and I look for elevated liver enzymes as well as a lot of and with this organism as well as kind of the chronic fatigue.

And then what we see a lot of times, which is shocking to me, is two. One is Rocky Mountain spotted fever. Now, when we learned about Rickettsia or Rocky Mountain spotted fever in medical school, we thought, Oh my God, send these people to the E. R.

because, you know, they have a rash on the palms and soles and they are critical. But now we found that there are so many different types of rickettsia, just like with all of these organisms, they call it strains.

So I look at it as like siblings, right? So you have the same first name, but it may be another kind of name associated with that same kind of bug, right?

So it's different species under the same umbrella. And we found that those patients with that different form of rickettsia, they may test positive for Rocky Mountain spotted fever.

They don't have that emergent rash and critical symptoms. So it's more of a chronic presentation or to the acute presentation of another type of that Rickettsia The other one that I learned about maybe about five or six years ago as it relates to tickborne infections is brucella brucellosis.

That's another reportable illness that I see all across the country that doctors may not screen for, but it can be found in pasteurized milk, you know, tick borne illness and you know, your health department will call you for that one.

So those are some of the first one I like to say vector borne diseases that you should be screening for. There are others, but you at least want to start with the things that you can get your primary care to test you for until you get to a Lyme specialist who will do more kind of advanced diagnostic testing.

Wonderful. Thank you for that. Can you go into for these infections and I'm going to use the word minimum and highlight it. What do you feel is the minimum treatment time with the appropriate antibiotic for an acute situation, starting with Lyme disease?

So so Lyme disease, as we know, is an umbrella term. You know, we like to even in our lives, which is that international Lyme and associated Diseases Society, we more promote vector borne because these are all usually transmitted by some sort of vector.

So we traditionally think of Lyme disease as all of these organisms. But traditionally, you know, Lyme disease is Borrelia burgdorferi, but you hear the word Lyme and it can include the co-infections as well.

So I let's we published guidelines in 2014 and it told it was kind of spelled out the differences in the controversy between the diagnostic and treatment criteria of Lyme disease, acute onset versus what compared to what's out there in some of the other publications.

So I my belief, if you're in acute onset one dose of doxy cycle, it is not enough. All right I labs we say that for acute onset in our guidelines may that be doxy cyclin amoxicillin or CFR Roxy a minimum of 20 days where preferably 4 to 6 weeks for treatment and then you have to get reassessed because like, I'll never forget my first patient who I met with Lyme disease because I went to school at Georgetown.

So we're in D. C., right? And he had Lyme disease. And then he came back after I was training and my attending said, oh, given, you know, they came back saying, oh, I still have joint pain and I'm still tired.

Oh, give him two weeks. He came back, still tired with joint pain. And then I'll never forget my attending. Said he was drug seeking. Who drug six antibiotics right at all.

The man was sub therapeutic treatment for a vector borne disease. So for Borrelia burgdorferi that's what we have published is preferred 4 to 6 weeks, but minimally 20 days.

And in my practice I have a minimum for acute onset of 4 to 6 weeks and you got to reevaluate because that might not be enough. You know, you may catch it in the acute stage and someone might still change to a more chronic state.

So you have to get revalue weighed it even if you've been through that treatment, if your symptoms still persist. Right. And now do you think that there is a window of opportunity in which someone should start doxy cycling now, specifically talking about Borrelia? Yes.

Is there a window where it's going to be most effective. Usually 24 to 48 hours. You know, because we know that vector borne diseases can be transmitted very quickly, you know, usually less than 24 hours.

Acute Lyme Treatment Timing and Duration

So and especially in those first two days, no longer than a week after, you know, symptom presentation that's new, has the best outcomes. Okay. And so where would you say the differentiation is between an acute Lyme infection and it progressing into a chronic Lyme infection?

Are there certain symptoms? Is it surely just a matter of time? How do you make that distinction? That's an

excellent question. So there are definitely different schools of thought as it relates to how you transition from an acute onset to chronic.

Now, as you mentioned earlier, you know, most people don't even have a rash that are testing that. We know that request can be controversial. So it can miss a lot of cases and people who might present with acute onset, you don't know if they've had other exposures in the past because the test and the clinical presentation is so nebulous and may be missed.

So we're just thinking about purely those unicorns, those patients that I may see who've only had exposure for the first time in their life. Nothing else is going on in their body, their immune system is great.

They don't have any other preexisting conditions. You know, I don't know how they see that patient, but typically in that person, Right. If they have persistent symptoms, let's say after the first round of treatment, you start or they start presenting with more of those neurological changes, because as I told you in the beginning, you think more 50 big flu muscle aches and pains, headaches, but then it starts transition to more Bell's palsy, where they're more like, oh my God, I look like I'm having a stroke, you know, because of the asymmetry.

Or they start having the really severe neurological like severe brain fall, right? They also start having that neurological numbness and tingling in different areas of their body.

That's when you start when you start seeing those neurological symptoms, you get worried or when they're going through treatment and they're persisting.

You also get worried. So that's what is kind of trying to transition over to that more chronic, persistent phase. Okay. And then once you get into that, more persistent and I mean, I know obviously many different medical providers have so many different styles and ways of combining different antibiotics together and obviously different co-infections are going to warrant using different combinations of antibiotics.

But just as a more general response on how would you how would you say the treatment of a chronic condition differs from the 4 to 6 weeks of doxy that you would use in an acute condition?

So as stated earlier from our guidelines in acute onset, and that's still debatable depending on what that presentation is, you may just start with one treatment option to see how a patient responds, making sure you're optimizing their gut, making sure they're detoxing, and also making sure you let them know, hey, you might get worse before you get better because of that die off reaction.

You know, when those bugs die, they cause inflammation. And then when you have more persistent as a doctor, you have to take a step back and say, okay, what am I missing?

A lot of times that's when you start using multiple types of therapy. May that be dual antibiotic therapy or triple therapy? If you think that they have more of what we call biofilm form, meaning it's so smart and has been there for so long, that is, you know, you know, created this kind of biofilm protective layer.

And I don't know if you remember, the analogy I use for my patients is like He-Man and Shira. Remember, they had like that forcefield and when they put it up, they disappear and that's kind of when you get into that chronic state, you can have a development of that biofilm form so that your silly immune system, because it's hiding it, doesn't recognize it, so it doesn't fight it.

And then when your body's under stress, they come out of that forcefield and they have another party because they start causing symptoms all over again.

So that's when you use kind of like biofilm treating agents like, you know, like gel to the max or others out there and possibly dual agents. And then when you get to that really severe stage and that's a lot of the patients I treat, I treat more of the chronic and the really severe patients.

That's when you start getting things like the auto immune process, meaning because some of these infections go inside your cells, they make your cells look foreign, so your immune system targets you and your cells and then you're testing positive for things like lupus, rheumatoid arthritis.

But it may just be chronic Lyme and its ability to create autoimmunity in those late stages. And then the neurological changes are very severe. As I stated earlier, I'm really because I'm at the Amy Clinic, we look a lot at SPECT scans, so I'll see some areas of the brain in certain kind of treatment options that are specific for neurological line.

And that's why I have such a passionate looking at the brain because you get that like support, like, oh, there's certain patterns that we may see in Lyme and other bugs themselves that we have here.

So that's a neurological presentation.

From Acute to Chronic Lyme

That's when that bug is in the brain. And we I've also seen, you know, kind of like multiple sclerosis presentation, Parkinsonian features in those really critical late stages of tick borne diseases.

And that's when you have to think about crossing the blood brain barrier. That's when you have to think about the big guns, the ivy, you know, depending on what co-infections you may have, you know, triple therapy, dual therapy, depending on if you're treating one thing or multiple things.

Now, there are others, you know, including incorporate things like herbals. You know, I know usually a lot of herbals. And I think that they work hand-in-hand with antibiotic treatment.

And I also think that when you're treating with the therapies that are evidence based for guidelines, you need to also make sure you're optimizing the gut, because a lot of times I'll find in that critical stage that the gut is so impaired.

People have been and, you know, I remember when I first started, you know, years ago, I was like, oh, antibiotics are only the thing. And I'm like, wait, their gut is destroyed, right, because of antibiotics alone.

So you have to make sure that you have optimal gut support, bringing probiotics spread throughout the entire course, but especially on someone who's been on prolonged treatment.

And at the same time, there is room for herbals that work in here with those antibiotics to restore that patient. Yeah, absolutely. So can you talk about some of the things that you would do to try to maybe offset some of the side effects or effects of taking a lot of these like heavy duty antibiotics, especially if you have to be on them for a long time, like with, you know, treating the chronic phases of these infections, you know, as well as like how to prevent overgrowth of opportunistic bacteria and leading to further dysbiosis and disruption of the microbiome.

Yes, I am a member of I am, which is more of our functional organization. And one thing we always discuss, one of the things I really became passionate about was gut health, like repairing the gut.

We inoculating the gut, you know, removing the toxic foods. That's really key. And just kind of having that rebel alliance. So when you think about that, that means, all right, you're treating someone, even sometimes if they're herbal, they're still can have some ability to kill those microbes in the gut.

You want to make sure and I stress this all the time, that you optimize the foods. You can't necessarily get into a remission if you're eating the junk.

So I have my patients less removed. The inflammatory foods. So we're thinking about inflammatory conditions and a lot of times it's neural inflammatory conditions.

So all you can really control is what you eat and where you live, because everything else is called treatment. So as it relates to what you eat, to make this process of treatment work better, that's depending on the patient is where I make the recommendations.

Or it might be gluten free, it might be autoimmune, it might be paleo, it might be ketogenic. But the goal is always not to starve you and make you eat rocks and paper, right?

The goal is to find a lifestyle change that is anti-inflammatory because if you think about it realistically, you're taking meds to treat a debilitating illness.

Don't you want to absorb those meds? And if you have things like leaky gut or impaired microbiome, those treatments are not going to work as well as you would want them to.

And the way you think about it, the more you know things you eat toxic, the more meds and supplements your Lyme provider is going to have to give you.

And it may unfortunately become the point that you have pill fatigue and supplements and pills become your food. You don't need to go that approach. You need to find a way to figure out what foods make your gut happy and what foods do not.

And think about it logically. Because who wants to take all these meds and have them go right in the toilet because it's leaky gut and not into your system?

The other thing I do, I do a lot of work with detoxify because no matter how you're treating, like I said earlier, you have that risk of a toxic response or what's also called a time response.

So some of my line patients who have that reaction, right, they get worse before they get better. They're at home like it's a victory. No, it's not a victory.

That just means, yes, things might be working, but you're toxic and toxins cause inflammation. And these bugs love a hostile, inflammatory environment.

Treating Chronic Lyme and Supporting the Body

They love it. One doctor spoke at a conference one and once and it was such a great analogy that they used, they said is like the faucet in the drain.

Right? You turn on that faucet, you're killing those bugs, the water's flying. But then when you can't detox, maybe MTA, your farm mutations, genetic or food or inflammation or other toxins like mold and other environmental illnesses, then that drain gets blocked in.

What's going to happen? That water flowing can't go down the drain. So you can have a flood. And that's the way I look at toxicity. It's a flood, so it's not a victory.

So toxins in detox is huge. So gut health detox. And then if you don't have that debilitating fatigue using something like, you know, cardiovascular activity or exercising, but you don't want to push yourself too much because then you'll have you crash after, right.

Goals, exertion, you'll be like, Oh, I'm passed out for a week because I heard this doctor tell me that I need to run the my know just take your time and things like infrared sauna.

Big fan of that. Oh my God I can't tell you how I love that Epsom salt baths. Great. So that all comes out under detox and also cardiovascular activity.

So there are a lot of other things I use, but also like the main ingredients of a good line. Really wonderful. Thank

you. And so a lot of them, you know, the wonderful thing is that a lot of them are free, right?

It's like controlling what you eat, you know, like not putting certain things and Right. Very different than here. You have to take this, this and this.

Right. Doing various self-care things to help you detox. You know, a lot of them are very, very inexpensive, but they make a world of difference in supporting the treatment and tolerating the treatment.

I'm okay. So can you comment a little bit about why you think some people progress? Like let's say that the person was caught in time, they were put on the right antibiotic, they were put on it put they were put on the right antibiotic for the right amount of time.

Why would somebody like that maybe progress into a chronic Lyme situation? Like is it the role of biofilms? Is it the presence of co-infections? Like what are some of the things that could actually have a patient who was properly treated progress into a chronic Lyme situation?

And you hit the nail right on the head multiple right? A lot of times it might be that they are not being adequately treated or the organism that they have right in that goes back especially I see a lot with the BGA, because you know what?

It's not a bacteria, it's a parasite like similar to malaria. And there are specific treatments that's more that works better for babies in a lot of times I'll see patients who primarily present with Borrelia symptoms because.

Right, it's new, but it's really the bees illnesses and that type of medication is more focused on parasites. So that's a real reason when you're missing the right bug or bartonella, where you need certain medications that seek their ways inside of your cells, they're like, you know, I need something that gets across, especially that central nervous system.

So that's a common reason. Another thing that happens is that you can have other pre existing conditions in your body. So let's say you get Lyme in the acute phase, right?

You may have had Epstein-Barr or you have cold or your guts inflamed and your body basically is already inflamed. That person may also have a harder time despite being treated early, getting into remission because Lyme disease is so inflammatory in nature that it tends to fester up other things that might exist already.

Also, if that person is being treated now, we go back to what we both like to talk about. The gut in there, treat it. But they're eating McDonald's all day and, you know, drinking Coca Cola, eating Snickers or just not even that, but might be eating more inflammatory foods.

Not everyone. Is that right, then that might take a lot that might require a longer time of treatment. And as it relates to the biofilm form, I tend to think of that developing later on.

Right. Because those organisms need time to create that what we call biofilm. So if I'm if you are, like I said, that unicorn that comes to my office or just has nothing else going wrong but is a cute tick bite, you're less likely when you start treatment to quickly develop that biofilm form.

It does take time, right? But typically either you're treating the wrong thing, are you eating the wrong things or from a lifestyle where you're drinking and smoking so you're doing the wrong things, You have to think about it as treatment as well as your body's inflammatory burden.

Wonderful. Thank you for that. I want to go back to something you said earlier. So you had brought up a scenario where maybe somebody has an arm rash.

They were bit by a tech. They know they were bit they're in this like a Q sort of Lyme situation, but maybe they already had a tick borne disease earlier.

So can you talk about maybe some testing? Is there a test or are there tests that can help you to distinguish how long and infection has been present?

Ooh, that's the million dollar question. And that's why we always say Lyme is a clinical diagnosis, meaning you treat based on a person's clinical presentation.

And as you get more comfortable understanding what kind of signs and symptoms are clues to certain organisms, you kind of use your clinical acumen for that.

However, you know, when I was in training, you know, we were like, Oh, I am an IG. That's what it is. You know, it's IDM, it's new. This IG is called Ignore the IG, focus on IG.

That doesn't matter because the longer I treat this disease, the more discrepancies I see with those antibodies whereby I might even have a patient. Right.

Who has IG and an IG. Does that mean then means that their infection has most likely reactivated. Right. And I've seen IG EMS show up later with patients who have IG.

So that school of thought of the three six months convergence unfortunately doesn't always you know associate with tick borne diseases because there's such a waxing waning cause and on top of that when you're looking at LabCorp and Quest, it missed so many, you know, over 40% of patients.

And in my state in Virginia, we're fortunate enough to have a law that was passed by neck camp Lyme advocate, another advocate whereby if a person has a negative Lyme result on LabCorp or Quest, legally, you can not tell them that they don't have Lyme disease.

It's against the law. The people are. Maybe not, but that's law here, because we know that this can be a persistent, you know, disease complex. Right.

So that perfect test is not available yet. We have tests that help us better understand if it's or not. Right. But it still doesn't say, oh, it was active yesterday or you know, you just got it is now more chronic.

Why Some Cases Become Chronic

I we had that there's a lot of controversy with testing and that's why I always tell patients and providers when I'm training them that you need to first be a clinician and understand the symptom complex of these vector borne illnesses so that even despite a test being negative or positive, if a person is still having Bell's palsy or neuropathy or numbness, tingling or headache or any of those symptoms under that complex, well, they might still have that disease in their system.

So don't ignore that based just on a test result. Yeah, absolutely. And I think it's important, important to make that distinction for our listeners too, that like these are indirect tests that we're talking about with the antibodies.

They're measuring the immune system's response to this infection. I'll never forget the day that I had a patient walk in and she was like, You made my Lyme disease worse.

And I'm like, What? Like, okay. Or like, what's going on? How do you feel? Well, you know, I still am feeling better. You know, nothing had changed clinically, but she was somebody who had never had a positive test before.

And all of a sudden, like, not only did she have more antibodies to more of the Katy bands, but they were strong enough that her test now actually said positive.

And so it took a bit to explain to her like, look, this is this is a good thing. Like this is showing like we knew it was there, but this is showing now like we've done enough support and we had shrunk the load of the infection low enough that her immune system was actually now able to like, fully respond in pitch in and fight infection.

And it wasn't that her Lyme had gotten worse, it clearly hadn't because her symptoms were so much better. It was that she was showing such stronger immune response that, you know, if you don't know what the tests are looking at, yes, she would look at that and be like, oh, my gosh, like my Lyme is worse.

I absolutely agree. And the way I look at it and I explain to my patients, it's like those immunoglobulin tests are your immune system saying, hey, I've been here in a lot of times, depending on how strong your immune system is, because the majority of people from vector borne illnesses, that's one of the things that becomes compromised is their immune system.

So you have this blood test that's looking for a signal, all the say, Hey, I've been exposed, and then it doesn't have enough strength to test positive because you're thinking of the test as like a helicopter or airplane.

How is going to see that weak little signal versus when you do like you did an excellent job describing start boosting that immune system, then that signal gets stronger, your immune system gets stronger and it's able to mount what we call an immune response because that's what those Western blots are.

They're immune responses. And I even see that when I'm treating patients, or if some of my pediatric patients who have autoimmune Neuropsychiatric syndrome associated with Lyme, they have IBS, IGG in that boost their immune system.

They're like, Oh my God, now I have all these bands. Well, your immune system is stronger. So instead of being a little wimpy person waving to their airplane, you're now like King Kong, you know?

So of course, that signal is going to be recognized does it stronger. But yeah, and that's kind of why patients, when they go to their providers, they get missed because that immune system is so weak.

Right. And that signal doesn't show up. And that's actually a problem like your patient. That was that. When I tell people when you test negative because that could potentially mean your immune system was so compromised and that contributed to a lot of your debilitating and persist sting symptoms.

Right? Yeah, there can be you know patients I forget what the exact percenters but you know there's a percent of patients who can be serum negative meaning they're not making detectable levels of antibodies.

Yeah. So, Dr. CORNISH, tell our listeners how they can get a hold of you if they would like to become a patient. All right. So I work at the Amen Clinic in Washington, D. C.

I'm the functional medicine director of all of our Eastern clinics. So that's one way is calling Amen Clinic or going to amenclinic.com we are starting what we call a neuro inflammatory intensive program, which is a two week program where patients who have Lyme disease co-infections, mold, autoimmune disease, environmental toxicity, they'll be traveling from all around the world to our clinic to have intensive two week treatment whereby they're treated for they see me twice a week, they're treated with IVs.

They're getting started on their treatment regimen. They have their nutrition. Is there teach you how to cook, you know, So it's all in like an intense program for two weeks then to say that cure is you.

Testing Limits and Clinical Diagnosis

But then you go home and got a jump start on recovery and you can learn more about that at the Amen Clinic. I can be found. I'm just just started all this social media stuff, but I do a lot of talks.

I'm on Instagram @dr.ebonicornish. @dr.ebonicornish And that's that Instagram and then TikTok @drebonicornish. So that's just kind of where I give tips and advice is in.

Our phone number is 703880 4000. So just to get some information and then I think that last way is my assistant who is drcornishasst@amenclinic.com So you can reach us, you know, numerous ways.

Wonderful. So in addition to the resources that you just shared, what advice or additional resources would you give to who are trying to better understand, like their progression and the timeline of this infection?

Of course, I'm treasurer of ILADS so ilads.org is amazing. You know, you can learn, you have the research there, you learn more about our mission, you learn more about acute versus chronic Lyme.

You know, national Camp Lyme is another organization, Bay Area Lyme, they have great resources there. lymedisease.org so you know, there are places where you can get like really quality evidence based material.

Some others not so much. I always advise patients don't become doctor Google, don't Google something, go home with it and say, Oh, I can do that too. Like ABC or no, you need to find and health care and by provider in ILADS which is I L A D S we have directories of other doctors in your area.

So if you call us or look us up, you can call in because you might seek help in an area where they're telling you Lyme doesn't exist because it's everywhere, or in an area where you can't find a Lyme literate doctor.

They will guide you in the right direction. Wonderful. Thank you. Okay. And so lastly, before we wrap up, what would you say are the most important? Let's say three most important things that you think our listeners should know, someone who may think they have Lyme disease or know they have Lyme disease.

What are the three most important things you think they should know?

Finding Care and Key Takeaways

The first thing is, if you listen and you're having some of these nebulous symptoms, you know, like we talked about, the headaches, joint pain, neurological changes, fatigue, don't wait, don't just get dismissed by your doctor and advocate or you're not.

It's not all in your head. The other thing is have hope, especially because, you know, people may not believe you, especially like I told you, that analogy I had with the the attending who told me they were antibiotic drug seeker, you know, seek care.

You know, I have hope that there are people who can help you and they're just kind of stay healthy and know that, you know, the best is yet to come and you find the right resources, the right team.

You know, there's hope. There's always focus on the next step because the best is really yet to come. That's great advice. Thank you so much, Dr. Cornish, for joining us.

Thank you, everyone at home for listening. And we will see you next time on another episode of Healing Lyme. Take care. Thank you.