Neuroinflammation And Lyme: What Your Brain Is Telling You Transcript

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Introduction and Guest Background

AI and welcome to another episode of the Healing Lyme Summit 2.0. I'm your host, Doctor Mariah Hinchey, and today we're going to be talking about neuro inflammatory symptoms of Lyme disease and other vector borne illnesses.

Here with me tonight to talk about this is Doctor Ebony Cornish. Doctor Cornish offers integrative medicine services to a global patient base. She specializes in functional medicine neurological imbalances, brain imaging autoimmune diseases Lyme disease, environmental toxicity, genetic disorders, gut imbalances, chronic infections, and mold illness, among other chronic conditions.

She employs a comprehensive approach to identify the root causes of health issues within the bodies various biological systems. Doctor Cornish's treatment philosophy is both integrative and evidence based at the Avon clinics.

She has played a pivotal role in developing the Neuro Inflammatory Intensive program, which is a two week inpatient program addressing neurological complications of Lyme disease and other chronic inflammatory conditions.

Welcome, Doctor Cornish. Tell our listeners a little bit more about yourself and how you became involved in treating and specializing in the treatment of Lyme disease, as well as developing this very much needed program.

Thank you for that introduction. When you were talking, I was like, what don't I right? So yeah, originally born in Detroit. Detroit, Michigan. There are no ticks there according to models, right.

And went to Rhode Island. That's where I saw when I was at Brown. I went to undergrad in med school, and I fell in love with what we call drug seeking patients.

And that means my landscapers and people who would come to their local clinic, who had had Em rashes or still would have persistent joint pain and seek help with antibiotics and was told they were drug seeking by my attendings at that time.

And then when I moved here to DC and went to residency at Georgetown, the same thing happened. And then it was like I this job came up, I was doing primary care, and I was bored, and Craigslist, a job came up that said, for doctors, you think outside the box like I was shopping for a couch, right?

And I'm like, I'm outside the box. Let me go. And so my life changed and I will never go back. And so when it comes to treating tick borne illness, I've been doing this for probably 14 years now.

And I'll never forget my term was we got to figure out the missing link and we don't figure that out. We're in a world of trouble. And so when it comes to thinking about brain inflammation and things like that, I want to see it because the brain is one area you got to look, I want to know.

And so many of these patients with tick borne illnesses come back with these normal MRI's, these normal CT scans, normal everything. And so when I decided to come up with the idea for the program, I was like, look, I want to give you some love.

And for two weeks I want to get your brain scanned. I want to treat you based on your test results, based on your brain scan. I want to get you on the type best diet, possibly best diet possible.

And I want to make sure I just take care of you in an aggressive manner. And I love it.

What Neuroinflammation Means

I mean, it's been working really well and collaborating with colleagues like you and others just to get that consultation, and that intensive management that these patients deserve.

And that's how I got into it. I wanted to do one that was realistic, comprehensive and functional to help those suffering. Now that's it. That's all I got.

That's awesome. So for our listeners who are sitting here going, okay, what exactly is neuro inflammatory disease? Help the listeners understand what what what could this manifest as what are common symptoms.

And then also what disorders fall into this category? All right. So let's break it down very simply. Inflammation is a fire right. You know a fire looks like and you try to put it out.

Some people put oil on it by mistake or they might put water. Neuroinflammation basically means your brain is on fire for whatever reason. And it can be due to infections.

It can be due to environmental toxins. It can be just due to lifestyle and diet. And so basically what happens is let's talk about some of the disorders.

One of my favorites that you bury, into the field is autoimmune psychiatric associated with strep throat and other infections. Boom. They change overnight.

Personality changes. You have psychiatric symptoms. You know, chronic fatigue, OCD, and someone who's completely normal. So even with Lyme disease, you can see that same change.

You can see cognitive impairment. You can see, you know, mood instability just changes neurologically. Chronic fatigue. You see that with environmental toxins like mold and heavy metals, some people are too sensitive.

And those changes occur. And then also you think about those those diseases that we're aware of, like Parkinson's and allergies and multiple sclerosis.

But keeping in mind that I've seen patients who are diagnosed with some of those conditions and actually have an underlying trigger like vector borne disease causing it.

So just always remember it's brain on fire. Something changing as little as chronic fatigue to as big as Ms., ALS or Parkinson's. Okay, so how does an infection like Lyme or other vector borne diseases cause neuroinflammation?

So the one thing we know is that these bugs are smart, these vector borne illnesses, they are brilliant. And they have the ability to cross into what's called our blood brain barrier.

And not only do they do that right, they get so fancy that they're going to say, okay, I'm smarter than this brain. I'm going to cause your immune system to start fighting off your nerve cells.

And so it's like party time. It's like inflammation everywhere. And then you get that thing called an autoimmune neurological process that occurs because these bugs have crossed the blood brain barrier.

How Lyme and Other Infections Affect the Brain

And then you get all kind of things that are released, like, you know, cytokines, which is a fancy word for just inflammation, right? And it's it becomes a mess.

So it becomes this big fire. These bugs are in places where they don't belong. And then you're suffering from things like mood instability. Oh, my mom was so nice.

Like, I'll never forget I. This old lady, she was the nicest lady. She was 83. And I was like, oh, she is so sweet. The next minute she threw like my papers pins down at a nowhere, like this cute little lady in the lobby.

And her husband was like, look, she's had Lyme disease for 15 years. And her personality has been like this for the last two years, and that's called Lyme rage.

So those are just different kind of presentations. You can see you can see psychiatric. You can see cognitive. But don't be afraid to look for it. If something has changed with your brain, it's that simple.

Right. And especially if it's like an acute onset as well. Like I think that's a really big red flag, especially in in adults. Like if you have this change in personality.

But and even with kids, like an abrupt onset of some sort of neuropsychiatric symptom. And another key thing is that it does respond to other things. Right?

You're taking all the psych meds and benzos and sleep meds and still isn't working because you can't treat an underlying infectious process with an antidepressant, a stimulant, or any of those other supportive medications you got to find out the root cause.

And that's really what I see a lot, in my patient population, they've tried all the psych that they tried all the neurological myths, they've tried it all, you know, all the M. S. meds.

And it's really when you get to the root cause that they start seeing some changes. Yeah, exactly. So generally speaking, what is your approach to healing patients from these conditions, like what are your main principles or the main basis that you're trying to cover?

Now I always make sure I cover the basics because so many people think when you go see a limb specialist, I consider myself a generalist because I'm also looking at everything else.

I always make sure hormones are stable. Someone is sleeping and someone is eating right. So many doctors jump to trying to treat the problem without setting the stage.

So I always tell patients, this is boot camp. In the beginning, I got to make sure that your gut is stable. So these things I give you will be absorbed in your body and not in the toilet, right?

Because if you have leaky gut, you're going to get minimal absorption of those nutrients and medications that you want to work. I also work on sleep with natural remedies or making sure our mood is stable, you know, with either colleagues or giving them easy things like live HTP or L-Theanine things like calm them.

And that kind of gets me started. And then I'm like, if I need to do some diagnostic testing. So that I understand the root cause, I understand the environment, and I make always realistic expectations.

I never go in a room and say, gloom read.

Treatment Principles and Brain SPECT Scans

I've reached over, you know, I find out where they are because I know the person's eat McDonald's every day and they're showing up to my office with chronic vector borne illness and they're not sleeping.

I have to find out. Okay. What can you give up? What's one thing that you think your brain doesn't like? That you can give up? And it might be that one thing.

Maybe that McDonald's French fry that we work on. And every week and every week start, you know, making it so that we titrate slowly. So I feel like if anyone is in this field treating these complex, critical or inflammatory conditions that you have to set the stage for success.

I also in a lot of my severe patients, I have found that Spect brain scan imaging is crucial because it allows for me to determine what actually is going on in the brain.

And then when I get down to the bottom line, I have a good plan. I've got my data start treatments, but I'm already preparing you for success. But more importantly, figuring out what may prevent this from working right?

So yeah. So tell our listeners more about a spec scan. What is it show what is it evaluating and how does it guide you in your treatment? Oh I love Spect scans because like with the brain and everyone's heard doctors talk about neuroinflammation.

Right. You hear that term just like today. But you need to actually look for it. And Spect scan which stands for single proton emission and computed tomography actually does that.

It looks at anatomy. It looks at what areas of the brain are not working well. It looks at what areas of the brain are working too much. It also rules out things with patients like traumatic brain injury or sleep apnea or ADHD or trauma.

But more importantly, it gives me a clue of if this patient even is still inflamed from a neurological standpoint, because it tells me what questions to ask.

And when I first started working and collaborating with, the AMA clinics, when I had my private when I was working in private practice, it was because the psychiatrist would send the referral codes for patients who had abnormal brain scanner like, oh, no, this is not depression.

You know, this is something else. And so I was that detective who would look at the brain imaging and try to also figure out what else was going on. And of course, it would be vector borne illnesses or mold or heavy metals or, you know, even sleep apnea.

So it's really good. So not only do I get to ruin things, I also get to rule out, because there are sometimes patients who present with those neuro inflammatory symptoms and they're Spect scan has symptoms of just traumatic brain injury or trauma or prefrontal dementia.

Something else that might be going on outside of a pattern that's consistent with infection or toxins. So I feel like it's critical for my patients if they can do them to have them.

I love collaborating with colleagues like you, looking at the brain itself, because you can determine not only what's going on, but what therapeutic methods can be helpful.

Because guess what? We talk about mast cell activation a lot. We talk about basal ganglia and stuff a lot as we talk about all these things. But are we looking at it in the brain?

And when you take a peak and then you treat a person and you might see, oh my God, they're hurting, or oh my God, they're in a big flare. And you visually see that it's so rewarding for you and for the patient and their family because you really know what you're doing, right.

And you really know if you're going in the right direction. Right. And then it's got to be pretty amazing, too, especially like as a patient sitting there to be able to look at your scan before and after treatment and see, you know, that you've resolved a lot of that neuroinflammation and that your brain is looking more functional, right?

More likely. So obviously, the Spect scans are a big part of the two week intensive program, correct? Yes. Okay. So what else would a patient expect to experience during this two week program.

So before they travel because it is in Reston, Virginia. So it's residential. They stay in our area for two weeks. They would expect to meet with the nutritionist because we're there will be staying has a kitchen.

So they'll get a shopping list and all the things that help them heal their gut. They'll also have to exams per week with me. Doing comprehensive testing, reviewing their specs and following up after treatments.

And then they'll get anywhere from 3 to 4 different types of I. V. agents. May that be antibiotics for those who have severe neurological, Lyme or vector borne diseases, or things like NAD or B12, or a thigh on or Myers cocktail or, you know, Alpha life, acid, vitamin D, whatever that patient needs.

We try to make it an individual. We try to make it an individualized approach. So whatever that patient needs, we try to make it an individualized approach.

And then we have the ability to add on things like hyperbaric oxygen, which can increase blood flow, but at higher levels can be anti-microbial. So it's just looking at the entire patient because it's not like I can tell a scan and say, oh, you have Lyme disease from your brain scan.

No, I can say, ooh, this is significant inflammation. And this part of your brain here, what's called the top, the parietal lobe, it's not well. And so that could be toxicity or infection.

And then we work on strengthening other parts as well. So it's really cool I have a lot of fun.

Two-Week Intensive Program Overview

We've had some great success stories, you know, of people coming in and frankly, psychotic going back. You know, verbal patients coming in never tolerate any oral treatment.

I have severe Bartonella came back out being able to go back into her work environment. So it's never a cure. You know, some patients are at some program say, oh, we're going to cure you.

I call this on. Two weeks. Not two weeks. We're going to and some and some of my friends will send my patients like, hey, make sure they're compliant.

At least they'll be compliant for two weeks. But it is it is great. I'm really I'm really excited about it. I know in my brain you're. So passionate about what you do, and I'm so excited for you to be, you know, launching us.

Thank you so much. And I'm so happy to have people like you out here in the trenches doing what we do and supporting each other. I'm very happy to have. That is a blessing.

Yeah, it has. So, Doctor Cornish, where do you think most treatments go wrong? I think it's when, just like in primary care, when you jump to trying to treat something without looking at the big picture, like we talked about earlier, so many of my patients, because I see kind of like some of the sick or the sick being referred and seeing at least three doctors before they come to my office.

And the number one reason they fail is because the doctors didn't look at the big picture, you know, just had that monolithic approach that, oh, this is either Lyme or if it was a mole patient, it's only low bold because a patient is patient is only this.

And they and the person sitting here, you know, not sleeping anxious God is awful. Like that McDonald's example. That was a person who had seen numerous other doctors.

Right. And so they just jump and just do antibiotics. That's it. You know, kill, kill, kill and then give supportive meds. If you got pain, I'll give you a narcotic.

If you got this, I'm gonna give you this. But not looking at the big picture, I also find that environment has a lot to do with it. And, I mean, it takes time to look and try to treat every part of the human body, but look missing that environment, missing that mold, that water damage building, missing that, you know, toxic metal.

That's critical. And that's another reason why a lot of people fail, because someone is not looking at environmental causes. And then another reason is they might not have the right thing.

You know, they might be missing the right, you know, diagnoses. They might be risking their right bug. You know, they didn't factor in what Covid could do or they're not treating yeast or viruses or the right vector borne disease.

And that, I mean, if that happens, no one knows everything in this field. Nobody. So those are the real reasons why I've seen failure and what I've personally learned from through the years.

When I first started, it was all about just treating vector borne disease. Well, we just called it only Lyme. We didn't think about inflammation. There was no detox.

It was kill, kill, kill, kill. All the bugs in the body forever. But then I realized I didn't work. That's not it. You got to look at the big picture.

And that's why people fail in. The last thing that I think about is when people go to aggressively and these very sensitive patients, these patients who have limbic system problems where they're in fight or flight or they have masto issues and someone's pushing all these drugs on them, even if they're herbals, like, oh, yeah, you better take it.

It's going to work. So not paying attention to what the patient is saying in their body, that's another reason. Yeah. Yeah, I think it definitely the focus needs to be on healing the patient, not killing the infection for sure.

So what would you say is the most fascinating presentation of chronic Lyme or other vector borne diseases that you've seen?

Common Reasons Treatments Fail

Oh my God, you put me on the spot. Oh. So I would say probably my patients who've been dismissed the most because, you know, we see patients who seen 3 or 4 doctor before they come to our office.

Right. But my most rewarding patients are those who suffer from Morgellons disease. And it's fascinating because these are patients who've been dismissed by numerous doctors, their families, they present with these non healing ulcers on different areas in their body, which are wounds that don't heal.

And then they have this collagen fiber or excretion from these wounds that are black or red in color. And you know, people think they're nuts. We believe they're crazy.

And it's official diagnosis that was provided was delusions of a psychosis. And they think they're delusional. And a lot of times they put on antipsychotic medications and the like.

But my first patient with more gel ins was a lime patient. I had no idea what Morgellons was. She taught me about it. I was blown away. And Charles iHome and Foundation, it's like a support organization for Magellan's patients.

But I always tell doctors because I trained on Morgellons, you treat it like you treat takeover disease, you find out what that underlying infection is.

And I guarantee that those symptoms will get better. And it it blows my mind. And sometimes I'm even cheerful behind closed doors when I see great results.

I have one more patient. She told me she was diagnosed with leprosy. The wounds were everywhere, and now she has a three year old baby and I mean, it's just like stories like that is too many to even think about.

But that is the most fascinating part of these vector borne diseases that they can have is dermatol logic manifestation. Yeah. So have you had a morgellons patient that did not turn out to have an underlying vector borne

disease?

Have you seen causes outside of it? I have, and I may tell you something. The one I saw, this person, I call it the Eminem's, I call it Morgellons mold and mast cell activation and multiple infections.

So I guess that's the M for but I saw a patient who had H. Pylori and also had Morgellons. But the literature, because I try to keep things evidence based, was based on cows and it was called bovine digital digitalis.

And they found on the hoof of these cows that they were excreting, these filaments from these wounds. And this is research by Ray Stryker and Ginger Stavely.

And so typically we want to use evidence as we justify the nature of this disease. But clinically I have seen H. Pylori in some cases I have seen bio toxin illness be remediated in some cases.

But a lot of times there's an underlying infection. And the one misconception is that a lot of, you know, a lot of my patients think they have parasites coming out their skin and they're going to infect their families.

And they're these are living things, know their derivatives of collagen. If it qualifies as Magellan's, you have to see those fibers under microscope.

Morgellons and Other Complex Presentations

You can't just say, oh, yeah, I got this. No, you need to diagnose and treat. So I would say I keep it evidence based. But anecdotally I've seen a few other causes.

Yeah, it's devastating. I've had a couple handfuls of Morgellons patients and almost every single one of them has been told that they're delusional, that it's all in their head.

And, I've had patients who are very afraid of infecting their families. They've also been alienated by their families, by their coworkers and, it's just it's so, so isolating.

But if you can get to and and treat and correct and heal that underlying cause, they will get better, you know and it's and it's amazing. Yeah. Always about finding that root cause and especially with my morgellons population, I'm even more aggressive than other populations about gut health and diet.

I'm like, absolutely no sugar, no good, no dairy. Because we know you have a neurological manifestation of whenever your diagnosis is. And on top of this, that dermatologic manifestation of a chronic, infectious process.

So we got to go aggressively. And you know what? Sometimes that starts to turn that cycle around and then treating the gut, checking for toxins, treating that underlying infection that goes a long, long way.

And like you said, it's so rewarding when people get better. But it does take time. And that's the challenge. It's not one of those miracle. Not anything we treat is miraculous. Right.

But it definitely those are some of my more challenging patients. But I love it. God. So if any of our listeners want to be a patient, how would they get Ahold of you?

How do they find you? You know, so they can reach me on, I am in clinical. I'm in the Reston office, which is also called a main clinic, D. C. we also have a link on that page to our neuro inflammatory intensive program.

Or they can call my office and, you know, say they heard me on this podcast at, 703880 4000 and just say, hey, we heard Doctor Cornish, we want, tonsil for functional medicine or take for diseases and go from there.

So and then I'm also on social media, I'm on Instagram at Doctor Dr. Ebony Cornish and at Tick Tock Down trying to get cool and, doctor Ebony Cornish, Dr.

Ebo in Cornish. One word. Awesome. And I know you have a lot of speaking engagements coming up. So in addition to that, do you have any special events that you would like to share?

Oh gosh. Yeah, I'm always running my mouth somewhere, but, I'm always because I mean, I'm passionate about it. I get the word out. You know, if you invite me, I'm going to say yes.

My poor triplets, they'll say, you know, what's mommy doing in her office again? But I'll be on. I'm doing the Gaslight True gaslit. I'm doing the Gaslit Truth podcast.

I'm also doing the IHS for Integrative Health Care Symposium podcast. I'm doing a podcast with Gaby Chung in Australia. All of these will take place in December and January.

How to Reach Doctor Cornish and Closing Remarks

I'm also going to be speaking at IHS in New York, and that's in February. Med maps, which is one of my favorite organizations for pediatric patients and physicians.

And that'll be in March. And then who knows, I'll be somewhere else. Well, thank you for sharing. And thank you for being here with us tonight. It's been an absolute pleasure, as always.

I'm so happy you invited me. And whenever you call, I will answer and I will always say yes, I will. I'll do my best. I mean, I hope you do the same when it comes to babysitting these triplets.

Drop them. Off. They can entertain my one. Hey, I got quads now, so bring them over to, But. Yeah. So. All right, well, and we're adding a dog, I should say that's another one of my hobbies.

All right. Yeah, well, you've got your hands full as usual. All right, doctor Cornish, thank you so much. And to all of our listeners at home, thank you for joining us.

We look forward to seeing you at another episode of Healing Lyme. Have a great night.